

**SUFFOLK COUNTY PRESCHOOL SPECIAL EDUCATION PROGRAM
RECORD OF RELATED SERVICES LOG NOTES**

Suffolk County NPI # 1760586978 Voucher # _____

Voucher Date ____/____/____ Pg. ____ of ____

1. Student's Name (Last, First) DOB ____/____/____ M__ F__	2. School District: Month/Year of Service	3. Type of Related Service:	4. IEP Dates – Start and End dates ____/____/____ to ____/____/____ Frequency and Duration
4. Name of Service Provider Agency & NPI # UP WEE GROW, Inc. 1699821868	5. Name of Individual Service Provider, License # NPI #, Exp. Date:		6. Prescription Yes [] No [] Date of Prescription ____/____/____

Date of Service: _____ Location of Service: _____ Make-up Session: Yes [] No [] Date of Missed Session(s) _____
 *Status Code: _____ Session Time In: _____ Session Time Out: _____ Ind. [] Group [] Size of Group _____
 CPT Code(s): _____ ICD Code: _____
 Goals Targeted

Activity/Lesson:

Child's Response(s): Made Progress [] No Progress []

Session Percentage toward Goal:

I certify that the above services were provided on the dates and times indicated in accordance with the Student's IEP:

Signature of Related Service Provider, Provider License # _____ NPI# _____
 I certify that I have reviewed the above services: _____ Date: _____
 USO/UDO Supervisor Signature, Credentials, License, NPI#

PARENT(S)/CARETAKER: DO NOT SIGN BLANK LOG NOTES

Parent/Caregiver Signature: _____ Date: _____
 Print name of Parent/Caregiver: _____ Relationship to Child: _____

Date of Service: _____ Location of Service: _____ Make-up Session: Yes [] No [] Date of Missed Session(s) _____
 *Status Code: _____ Session Time In: _____ Session Time Out: _____ Ind. [] Group [] Size of Group _____
 CPT Code(s): _____ ICD Code: _____
 Goals Targeted:

Activity/Lesson:

Child's Response(s): Made Progress [] No Progress []

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PARENT(S)/CARETAKER: DO NOT SIGN BLANK LOG NOTES

Parent/Caregiver Signature: _____ Date: _____
 Print name of Parent/Caregiver: _____ Relationship to Child: _____