

**SUFFOLK COUNTY PRESCHOOL SPECIAL EDUCATION PROGRAM  
RECORD OF SERVICES LOG NOTE**

Suffolk County NPI # 1760586978

Voucher #

Voucher Date

Pg. 1 of \_\_\_\_\_

1. Student's Name (Last, First) DOB ___ M ___ F ___	2. School District, Month/Year of Service	3. Type of Service:	4. IEP Dates – Start and End dates/Frequency and Duration
4. Name of Service Provider Agency & NPI # <b>UP WEE GROW, Inc. 1699821868</b>	5. Name of Individual Service Provider, License # NPI# , Expiration 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: \_\_\_\_\_

CPT Code(s): \_\_\_\_\_ ICD Code: \_\_\_\_\_ Ind [ ] Group [ ] Size of Group \_\_\_\_\_

Goal(s) 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, License #, NPI#**

I certify that I have reviewed the above services: \_\_\_\_\_ Date: \_\_\_\_\_

**USO/UDO Supervisor Signature, Credentials, License, NPI#**

**PARENT/GUARDIAN/CAREGIVER DO NOT SIGN BLANK LOG NOTES**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*STATUS CODES: P=Service Provided, CA= Child Absent, TA= Therapist Absent, H=Holiday, C= Conference/Training, O= Other-Explain**