

KIDSS

### 2007-2008 MEDICAID SERVICES LOG

Provider (Other): \_\_\_\_\_

Attend School: \_\_\_\_\_

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

DD/MM/YY to DD/MM/YY: \_\_\_\_\_

Date of Service	Provider	Start Time	End Time	Total Time In Service (Minutes)	Service Provided Code	Progress Report	Which Goal(s) were worked on during this session? Indicate the Goal Number(s) from the IEP.
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							

17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							
31.							

Document Attendance \* When child does not attend school, indicate by writing '**Absent**' in the Progress Report section for that day.