### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNTY SPEECH THERAPY PROGRESS NOTES/LOGS

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| **BEGINNING DATE:**  | **ENDING DATE:** |

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| **LAST NAME** | **FIRST NAME** | **BIRTHDATE** | **PROVIDER NUMBER** |
|  |  |  |  |
| MEDICAID NUMBER | DIAG. CODE |  **WVEIS#**  |  **SCHOOL** | PROCEDURE CODE |  **UNITS**  |
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| Future Goal: \_\_\_\_\_\_ Continue IEP until completion date  \_\_\_\_\_\_ Reconvene IEP Team to address change  |  |  |
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| *IEP Goals and Objectives:* |
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| Datemm/dd/yy | TimeIn | TimeOut | IEP Objective | Proc. Code | Activity/Progress |
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| Datemm/dd/yy | TimeIn | TimeOut | IEP Objective | Proc. Code | Activity/Progress |
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| Datemm/dd/yy | TimeIn | TimeOut | IEP Objective | Proc. Code | Activity/Progress |
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| Datemm/dd/yy | TimeIn | TimeOut | IEP Objective | Proc. Code | Activity/Progress |
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| Speech Evaluation | 92506 | Individual Speech Therapy–15 minute session | 92507 | Group Speech Therapy–15 minute session | 92508 |