### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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** | |
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| 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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| Speech Evaluation | 92506 | Individual Speech Therapy–15 minute session | 92507 | Group Speech Therapy–15 minute session | 92508 |