NJ SBHS Service Log - Speech Therapy Services 09/2024

Student Information

District Name: _____

Dates of Service: _____

Student Name: _____

Student Date of Birth: _____

Student ID: _____

Instructions

Please enter accurate information for each individually numbered session. This includes: **Session Information, Session Description, Direct Medical Services,** and **Non-Billable Services.**

Provider **must** select from the choices listed for each category.

NOTE: All fields must be filled out electronically or by hand.

Session Information and Description

Session Keys	Enter the date service was rendered.	Enter the number of hours/mins service was delivered.	*Select 1:*		*Select 1:*			*Select 1:*			Comments Section
			Size		Progress			Location			Session Notes Use for Notes in regard to Session Information and Description. Include all applicable notes.
Session Number	**Date of Service (MM/DD/YYYY)**	**Duration**	**Individual**	**Group**	**Progressed**	**Maintained**	**Regressed**	**In District**	**Out of District**	**Out of District at an NJ APSSD (NJ Approved Private School for Students with Disabilities)**	
1											1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10

Direct Medical Services and Health Evaluations

Session Number	Treatment of Speech, Language, Voice - Individual (92507)																	Evaluation of Sound Production (92522)		Expressive Language Evaluation (92523)	Evaluation of speech sound production w/ Evel of Language Comprehension and Expression (92523)	Feeding/Swallowing Evaluation (92610)	Evaluation of oral and pharyngeal swallowing function (92610)	Evaluation of speech fluency (92521)	Evaluation for prescription of speech-generating AAC device (92607)		Therapy using speech-generating devices (92609)		Auditory Rehabilitation (92630)		Non-Billable Services			Comments Section
	Articulation	Fluency/ Stuttering	Auditory Training	Language Therapy	Expressive Language	Phonological	Phonological Awareness	Pragmatic Language	Processing	Rate/Rhythm	Receptive Language	Semantic Language	Speech Reading	Syntax	Voice Therapy	Voice Therapy: Quality	Voice Therapy: Resonance	Speech, hearing, language therapy	Speech evaluation	Evaluate speech production	Expressive Language Evaluation	Speech sound language comprehen	Feeding/ Swallowing Evaluation	Evaluate swallowing function	Evaluation of speech fluency	Eval for speech device rx 1 hr	Augmentative Communication	Use of speech device service	Aural Rehabilitation	Aud rehab pre-ling hear loss	**Instructions:** If a Direct Medical Service and/or Health Evaluation was not conducted, you will choose from the 3 following selections below. ***NOTE*** **:** If you select "Other", provide a description of what occurred in the comment section for the individual session.			Session Notes Use this section for any additional notes in regard to Direct Medical Services and Health Evaluations. Include all applicable notes for each service rendered.
1																															**Student not present**			1
2																																**Service Provider not present**		2
3																																		3
4																																		4
5																																		5
6																																		6
7																																		7
8																																		8
9																																		9
10																																		10

Direct Medical Services and Health Evaluations (continued)

Session Number	Treatment of Speech, Language, Voice - Group (92508)																	Behavioral and Qualitative Analysis of Voice and Resonance (92524)	Treatment of Speech, Language, Voice - Individual (92526)	Treatment of Speech, Language, Voice - Group (92526)	Treatment of Swallowing Dysfunction/Oral Function for Feeding (92526)	Pure Tone Audiometry, air only (92552)	Acoustic Reflex Testing, Threshold (92568)	Acoustic Immittance Testing (92570)	Auditory Rehabilitation post lingual hearing loss (92633)	Sensory Integrative Techniques, Individual (97533)	Cochlear implant, External Controller Component Replacement (L8628)	In ear binaural hearing aid (V5130)	Speech Therapy Re-evaluation (S9152)	Comments Section Session Notes Use this section for any additional notes in regard to Direct Medical Services and Health Evaluations, along with comments regarding Non-Billable Services. Include all applicable notes for each service rendered.
	Articulation	Auditory Training	Language Therapy	Phonological	Phonological Awareness	Pragmatic Language	Processing	Rate/Rhythm	Receptive Language	Semantic Language	Speech Reading	Syntax	Voice Therapy	Voice Therapy: Quality	Voice Therapy: Resonance	Speech, hearing, language therapy	Fluency/ Stuttering	Expressive Language	Behavioral qualitative Analysis voice	Feeding/ Swallowing	Feeding/ Swallowing	Oral Motor Dysfunction Swallowing	Pure tone hearing test air	Acoustic reflex testing, threshold	Acoustic immittance testing	Aud rehab posting hear loss	Sensory integration techniques	Cochlear implant	Hearing Aid	Speech therapy re-eval	
1																															1
2																															2
3																															3
4																															4
5																															5
6																															6
7																															7
8																															8
9																															9
10																															10

Service Provider Information

Provider Name (Printed):

Provider Name (Signature):

Date of Signature:

If providing the health related direct service "Under the Direction", the following information must be completed:

Supervisor Name:

Supervisor Signature:

Date of Signature: