

Student Information																Instructions						
District Name: _____																Dates of Service: _____						
Student Name: _____																Student Date of Birth: _____						
Student ID: _____																*NOTE: All fields must be filled out electronically or by hand.						
Session Information and Description																Comments Section						
Session Keys	Enter the date service was rendered.		Enter the number of hours/mins service was delivered.		Select 1:		Select 1:			Select 1:			Session Notes Use for Notes in regard to Session Information and Description. Include all applicable notes for each service rendered.									
Session Number	Date of Service (MM/DD/YYYY)	Duration	Size		Progress			Location														
			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																Non-Billable Services			Comments Section			
Session Number	Evaluation for Physical Therapy (97161)	Measurement of Range of Motion (95851)	PT Self-Care or Home Management Training (97535)	Physical Therapy using exercise to develop strength, endurance, range of motion and flexibility (97110)			Neuromuscular Reeducation (97112)				Other Therapeutic Procedure (97139)		Therapeutic Procedure, 1 or more areas/gait training (97116)	PT Activities, Individual, use of dynamic activities to improve functional perf. (97530)			Therapy Procedure in a Group Setting (97150)	Student not present	Service Provider not present	Other	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.	
	PT evaluation	Range of motion measurements/e valuation	Activities of Daily Living	Aquatic Therapy	Fitness/Endurance Training	Therapeutic Exercise	Balance Activities	Motor Planning Activities	Posture and Positioning Activities	Sensory Motor Development	Pulmonary Enhancement	Skin Condition	Gait Training	Gross Motor Activities	Mobility Training	Strength Training	Group Therapy					
1																				1		
2																				2		
3																				3		
4																				4		
5																				5		
6																				6		
7																				7		
8																				8		
9																				9		
10																				10		
Service Provider Information													If providing the health related direct service "Under the Direction", the following information must be completed:									
Provider Name (Printed): _____													Supervisor Name: _____									
Provider Name (Signature): _____													Supervisor Signature: _____									
Date of Signature: _____													Date of Signature: _____									