



Person's Name (First / MI / Last):		Record #:	Service Date:	DOB:
Organization Name:				
Type of Service: Group Name: _____ No in Group:		<input type="checkbox"/> Individual intervention / Medicare Only: <input type="checkbox"/> 914		Start Time: Stop Time:
Medicare Only: <input type="checkbox"/> 915 <input type="checkbox"/> 942 <input type="checkbox"/> 904				
Person Served Did Not Attend: <input type="checkbox"/> Removed <input type="checkbox"/> Refused Service <input type="checkbox"/> No Show <input type="checkbox"/> Cancelled Explanation:				
Goal(s)/Objectives(s) Addressed As Per Individualized Action Plan:				
<input type="checkbox"/> Goal _____ <input type="checkbox"/> Objective 1 _____ <input type="checkbox"/> Objective 2 _____ <input type="checkbox"/> Objective 3 _____ <input type="checkbox"/> Objective _____		<input type="checkbox"/> Goal _____ <input type="checkbox"/> Objective 1 _____ <input type="checkbox"/> Objective 2 _____ <input type="checkbox"/> Objective 3 _____ <input type="checkbox"/> Objective _____		
Therapeutic Interventions Delivered in Session:				
Person's Served Response to Intervention/ Progress Toward Goals and Objectives <u>OR</u> Plan to Overcome Lack of Progress:				
Provider Signature/Credentials:		Date:	Co-Provider Signature/Credentials (if applicable):	

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<input type="checkbox"/> Goal 1 <input type="checkbox"/> Objective 1 <input type="checkbox"/> Objective 2 <input type="checkbox"/> Objective 3 <input type="checkbox"/> Objective _____	<input type="checkbox"/> Goal 2 <input type="checkbox"/> Objective 1 <input type="checkbox"/> Objective 2 <input type="checkbox"/> Objective 3 <input type="checkbox"/> Objective _____	<input type="checkbox"/> Goal 3 <input type="checkbox"/> Objective 1 <input type="checkbox"/> Objective 2 <input type="checkbox"/> Objective 3 <input type="checkbox"/> Objective _____	<input type="checkbox"/> Goal _____ <input type="checkbox"/> Objective 1 <input type="checkbox"/> Objective 2 <input type="checkbox"/> Objective 3 <input type="checkbox"/> Objective _____	<input type="checkbox"/> Goal _____ <input type="checkbox"/> Objective 1 <input type="checkbox"/> Objective 2 <input type="checkbox"/> Objective 3 <input type="checkbox"/> Objective _____
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