

RELATED SERVICE PROGRESS REPORT – CM-5 Contract year 2015-2016

Progress reports are to be submitted to the school districts for monitoring purposes at least once for the summer term and at least four times during the school year. Although progress reports may be prepared on a more frequent basis, the County requires, at a minimum, Progress Reports be submitted for all preschool children receiving related services as follows: in September for services delivered in July & August; in November for services delivered in September and October; in January for services delivered in November and December; in April for services delivered in January, February and March; and in July for services delivered in April, May and June. School districts may prefer more frequent submissions. Please check with your School District. Agency providers must follow the schedule as outlined above but are to maintain progress reports at their sites in each child's file. Individual providers are to submit progress reports with their claims and are strongly encouraged to submit progress reports on a monthly basis. Use the "Submission Schedule" above to indicate whether you will be submitting monthly or quarterly reports on a per child basis. Once selected, you must follow that schedule throughout the contract period.

CHILD'S NAME _____ DOB _____ CA _____ SCHOOL DISTRICT _____ DATE OF REPORT _____

SERVICE _____ THERAPY FREQ. _____ SERVICE DURATION: _____ METHOD _____ CPT Code _____

PRINT NAME OF AGENCY _____

THERAPIST NAME _____ License #/Certification/Designation _____

ASHA _____ NPI # _____

SERVICE PERIOD																															
Month/Year (circle or cross out dates of service)																															
_____ : _____	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
_____ : _____	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
_____ : _____	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

ASSESSMENT OF STRENGTHS AND NEEDS At beginning of service period As of last progress report, dated _____ :

OBJECTIVES/OUTCOMES ADDRESSED DURING PERIOD AND DEVELOPMENTAL LEVELS

PROGRESS ACHIEVED IN AREA OF OBJECTIVES/OUTCOMES Since beginning of service period Since last progress report:

RECOMMENDATIONS:

Continue with service on IEP Request change in service (change freq./dur., etc.); special review; declassify. Incl. rationale Other

The following must be completely filled in.

PLEASE NOTE: Speech services delivered by a TSHH/TSSLD **MUST BE** completed under the direction of a licensed and registered Speech and Language Pathologist. Occupational Therapy delivered by a COTA **MUST BE** done under the supervision of a licensed and registered OTR. Physical therapy services delivered by a PTA **MUST BE** done under the supervision of a licensed and registered RPT.

_____ (therapist initials) A copy of this quarterly report has been given the child's parent/guardian.

Signature of Direct Service Provider

Print Name

Certification/Designation

If provider is a TSHH/TSSLD, COTA or PTA, LPN, LMSW, the therapist providing "under the direction of" or supervision must sign the following. I have provided the "under the direction of"/SED required supervision for the therapist signing above.

Signature of Licensed/Registered Therapist

Print Name

License #/Certification/Designation

Speech- Language Pathologists providing service **MUST include their TSSLD certification information. TSHH must indicate Special Education Teacher designation. Both TSSLD and TSHH must have documentation on file with their agency.