

**UTICA CITY SCHOOL DISTRICT  
SOCIAL WORKER DAILY TREATMENT NOTE**

<b>Attendance Dates</b>																			<b>Month:</b>											
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

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SCHOOL/GRADE:** \_\_\_\_\_

**IEP THERAPY FREQUENCY/RATIO:** \_\_\_\_\_

\_\_\_\_\_

Goal 2 \_\_\_\_\_

Goal 3 \_\_\_\_\_

Goal 4 \_\_\_\_\_

\_\_\_\_\_

	<b>NOTES:</b>	<b>CPT CODES:</b>
<b>Time in</b> _____	//	<b>Ind.</b> <input type="checkbox"/> <input type="checkbox"/> 90804 indiv. behave mod <input type="checkbox"/> 90810 indiv. Interactive (play, video, etc) <input type="checkbox"/> 90853 group therapy  <b>Group</b> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>Time out</b> _____		
	<b>Name:</b> _____ <b>License #:</b> _____ <b>NPI #:</b> _____	

<b>Time in</b> _____	//	<b>Ind.</b> <input type="checkbox"/> <input type="checkbox"/> 90804 indiv. behave mod <input type="checkbox"/> 90810 indiv. Interactive (play, video, etc) <input type="checkbox"/> 90853 group therapy  <b>Group</b> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>Time out</b> _____		
	<b>Name:</b> _____ <b>License #:</b> _____ <b>NPI #:</b> _____	

<b>Time in</b> _____	//	<b>Ind.</b> <input type="checkbox"/> <input type="checkbox"/> 90804 indiv. behave mod <input type="checkbox"/> 90810 indiv. Interactive (play, video, etc) <input type="checkbox"/> 90853 group therapy  <b>Group</b> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>Time out</b> _____		

		Name:	License #:	NPI #:	
Name: _____					
		DOB: _____		School/Grade: _____	
Time in _____	//				<b>Ind.</b> <input type="checkbox"/> <input type="checkbox"/> 90804 indiv. behave mod <input type="checkbox"/> 90810 indiv. Interactive (play, video, etc) <input type="checkbox"/> 90853 group therapy  <b>Group</b> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	Time out _____	Name: _____ License #: _____ NPI #: _____			
Time in _____		//			
	Time out _____	Name: _____ License #: _____ NPI #: _____			
Time in _____		//			
	Time out _____	Name: _____ License #: _____ NPI #: _____			
Time in _____		//			
	Time out _____	Name: _____ License #: _____ NPI #: _____			
Time in _____		//			
	Time out _____	Name: _____ License #: _____ NPI #: _____			

<b>Time out</b>		<b>Group</b> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
	<b>Name:</b>	<b>License #:</b>	<b>NPI #:</b>	