

**UTICA CITY SCHOOL DISTRICT
SPEECH THERAPY DAILY TREATMENT NOTE**

Attendance Dates											Month:																			
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:
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IEP THERAPY FREQUENCY:

NYS Standards: ELA 1 & 4 - Student will listen, speak, read, and write for information and understanding or for social communication.

1.

2.

3.

4.

1.

2.

3.

4.

DATE: Time in/out	NOTES:	CPT CODES:	GOALS:
MINS: Ind. G 1 2 3 4 5		<input type="checkbox"/> 92506	1
		<input type="checkbox"/> 92507	2
		<input type="checkbox"/> 92508	
		<input type="checkbox"/> 92526	3
		<input type="checkbox"/> 92626	4
	_____ CCC-SLP License #: NPI #:		
MINS: Ind. G 1 2 3 4 5		<input type="checkbox"/> 92506	1
		<input type="checkbox"/> 92507	2
		<input type="checkbox"/> 92508	
		<input type="checkbox"/> 92526	3
		<input type="checkbox"/> 92626	4
	_____ CCC-SLP License #: NPI #:		
MINS: Ind. G 1 2 3 4 5		<input type="checkbox"/> 92506	1
		<input type="checkbox"/> 92507	2
		<input type="checkbox"/> 92508	
		<input type="checkbox"/> 92526	3
		<input type="checkbox"/> 92626	4
	_____ CCC-SLP License #: NPI #:		

NAME:		DOB:	SCHOOL/GRADE:		
DATE: Time in/out	NOTES:			CPT CODES:	GOALS:
MINS: Ind. G 1 2 3 4 5				<input type="checkbox"/> 92506 <input type="checkbox"/> 92507 <input type="checkbox"/> 92508 <input type="checkbox"/> 92526 <input type="checkbox"/> 92626	1 2 3 4
	_____ CCC-SLP License #: NPI #:				
MINS: Ind. G 1 2 3 4 5				<input type="checkbox"/> 92506 <input type="checkbox"/> 92507 <input type="checkbox"/> 92508 <input type="checkbox"/> 92526 <input type="checkbox"/> 92626	1 2 3 4
	_____ CCC-SLP License #: NPI #:				
MINS: Ind. G 1 2 3 4 5				<input type="checkbox"/> 92506 <input type="checkbox"/> 92507 <input type="checkbox"/> 92508 <input type="checkbox"/> 92526 <input type="checkbox"/> 92626	1 2 3 4
	_____ CCC-SLP License #: NPI #:				
MINS: Ind. G 1 2 3 4 5				<input type="checkbox"/> 92506 <input type="checkbox"/> 92507 <input type="checkbox"/> 92508 <input type="checkbox"/> 92526 <input type="checkbox"/> 92626	1 2 3 4
	_____ CCC-SLP License #: NPI #:				