

Professional Services Log for Psychological Assessment

Student _____ D O B _____

Home School District _____

Parent Name _____

ADDRESS _____

Psychologist's Name: _____

Diagnosis/Symptom(s): _____

Activity	Date	Time
MDT Meeting		
Reviewing Records		
Preparing and Sending Materials to Parents		
Preparing and Sending Correspondence to Other Professionals		
Administering and Scoring Psychological Tests		
Completing Classroom Observation		
Consulting with Teacher		
MDT Staffing/Determining Eligibility Recommendations to IEP Committee (excluding IEP meeting)		
Preparing MDT Assessment Summary		
Meeting with Parents (excluding IEP meeting)		
Travel		
Other (Explain)		
IEP Date (Billing Date)		
Total Time		

Comments: _____

Psychologist's Signature: _____ Date: _____

**NOTE: Only Psychological Assessments That Lead To And Result In The Creation
Of An Iep Or The Continuation Of An Iep Can Be Billed To Medical Assistance.**