Occupational Therapy Service Provider Log

Student's name:		Provid	der's Name:
Student's date of birth:	PA Secure ID:	Provi	der's Title:
School:	Date:	Provi	der's Signature:
Disability/symptom(s):		🗆 Ear	rly Intervention 🗆 School Age

Service	ice Treatment			Re	Refer to the keys below for an explanation of the treatment codes and progress indicators			
Date	Start Time	End Time	Treatment Key (see Pg 2)	Group Size	Service Type	Progress Indicator Key	Description of Service	

Service Type:

In-Person:				
D = Direct – In-person Session	DM = Direct – In-person Make-up Session			
Session Did Not Occur:				
PA = Provider Absent	PNA = Provider Not Available			
SA = Student Absent	SNA = Student Not Available			
Telehealth:				
10 = Direct – Telehealth	02 = Direct – Telehealth Session (student			
Session (student at home)	somewhere other than home)			
10M = Direct – Telehealth	02M = Direct – Telehealth Make-up			
Make-up Session (student at	Session (student somewhere other than			
home)	home)			

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Progress Indicator Type:

Mn = Maintaining	Pr = Progressing	In = Inconsistent
Rg = Regressing	Ms = Mastering	

*A Licensed OTA service needs a supervisory signature by a Licensed OT. 49 Pa. Code § 42.22. Supervision of occupational therapy assistants

Supervisor's Name: ______

Supervisor's Signature*: ______

Date: _____

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Treatment Key:

1	Assistive Technology; Access to Device	28	Neuromuscular Development; Trunk Control
2	Assistive Technology; Student Training	29	Neuromuscular Development; Upper Extremity
3	Domestic Maintenance; Adaptive Activities	30	Personal Maintenance; Adaptive Dressing Skills
4	Equipment; Splint/Orthotic/Prosthetic Check	31	Personal Maintenance; Adaptive Grooming/Hygiene
5	Equipment; Splint/Orthotic/Prosthetic Training	32	Personal Maintenance; Therapeutic Feeding
6	Equipment; Student Training	33	Personal Maintenance; Toileting
7	Equipment; Student Training; Headstick, Dowel Pointer, Mouthstick, Switch	34	Positioning; Adaptive Seating
8	Fine Motor/Upper Extremity; Functional Range of Motion	35	Positioning; Adaptive Standing
9	Fine Motor; Bilateral Hand Coordination	36	Positioning; Alternative Device
10	Fine Motor; Desktop Manipulatives	37	Recreation/Leisure; Adaptive Activities
11	Fine Motor; Finger Isolation	38	Relaxation/Facilitation Techniques
12	Fine Motor; Grasp/Release	39	Sensory Processing; Classroom Focusing/Attending Skills
13	Fine Motor; In-Hand Manipulation	40	Sensory Processing; Management of Classroom Tools/Materials
14	Fine Motor; One-Handed Strategies	41	Sensory Processing; Self-Regulation Skills
15	Fine Motor; Strengthening/Endurance	42	Sensory Processing; Transition Behaviors
16	Functional Academics; Adaptive Handwriting/Writing Accommodations	43	Therapeutic Exercise; Coordination Activities
17	Functional Academics; Adaptive Handwriting/Writing Implement	44	Therapeutic Exercise; Endurance Training
18	Functional Academics; Adaptive Handwriting/Writing Surface	45	Therapeutic Exercise; Functional Range of Motion
19	Functional Academics; Handwriting Control/Coordination	46	Therapeutic Exercise; Muscle Strengthening
20	Mobility; Grasp of Ambulation Device	47	Therapeutic Exercise; Organization/Motor Planning/Spatial Concepts
21	Mobility; Transfer Training	48	Therapeutic Exercise; Stretching
22	Mobility; Transition Training	49	Vocational; Adaptive Activities
23	Mobility; Wheelchair Mobility	50	Visual; Motor Skills
24	Mobility; Fine	51	Visual; Perception Skills
25	Mobility; Gross	52	Psycho-Social Skills
26	Neuromuscular Development; Head Control	53	Environmental Adaptations
27	Neuromuscular Development; Lower Extremity		

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Notes:

- All Direct Services should be provided in person with the student whenever possible.
- Services rendered via telehealth must be provided according to the same standard of care as if delivered in person.
- Use the "Service Provider Evaluation Log" for evaluations and/or assessments.

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