

AIKEN COUNTY PUBLIC SCHOOLS
PSYCHOLOGICAL SERVICES LOG FOR MEDICAID

Student Name _____ Date of Birth ____/____/____

Medicaid # _____ Social Security # ____/____/____

Diagnosis Code _____ Place of Service: ____3 (school) ____12(home)

TESTING / EVALUATION (96101)

	<u>Date(s)</u>	<u>Time</u>
Classroom observation	____/____/____ ____/____/____ ____/____/____	_____ _____ _____
Interview school staff	____/____/____	_____
Interview parents	____/____/____	_____
Interview outside staff	____/____/____	_____
Administer test battery	____/____/____ ____/____/____	_____ _____
Analyze test results and Generate psychological report	____/____/____ ____/____/____	_____ _____

Total Time _____ **Units** _____
Hours and minutes

_____, School Psychologist: I II III
Signature

Note: Level I must be co-signed by level II or III.

Co-Signer: _____, School Psychologist: II III
Signature