

Child's Name

NEW YORK CITY EARLY INTERVENTION PROGRAM SERVICE LOG

Instructions: A <u>service log</u> signed by the parent or caregiver which documents that the service was received by the child on the date and time recorded must be completed after each session. (10 NYCRR 69-4.26(c)). All fields are required. Each field must be completed and must match the appropriate fields on accompanying session notes. Typed signatures are not acceptable. Session notes and service logs must be maintained by interventionists and collected by service provider agencies to support billing. Session notes and service logs must be furnished for program monitoring, fiscal audits, and due process proceedings. Refer to the **New York City Policy and Procedure Manual Policy 6-K**

Child's FI#.

Data of Divth

Ciniu s Name:				Date of Birth.		Ciliu S E1#:	
Service Type:	:				,		
Interventionist Name:				Discipline:		NPI #:	
Provider Age	ncy Name:			1			
Date of	Start Time	End Time	In-person (I)	CPT Code	Signature of Parent/C	aregiver Verifying that the	Date Signed by
Service			OR Telehealth (T)		Service was Delivered on the Date and Time Indicated		Parent/Caregiver
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