St. Lucie Public Schools
Documentation of Occupational Therapy Services
Provider # 1669547451

Month of: ________________

Student Name ______________________ **Diagnosis Code** ________ **School #** ______ **IEP Date** _____
Student ID # _________________________ **Medicaid #** ____

DOB ________________________ **Minutes Per Week** ______________	Place of Service	Therapy Method	Progress
Date: _________ Length of Time (Minutes) _______ ☐ 97003 Evaluation by Therapist ☐ 97530 Individual Session with Therapist ☐ 97530HM Individual Session with Assistant ☐ 97150GO Group Session with Therapist #________ ☐ 97150UC Group Session with Assistant #________ ☐ 29799HA Cast or Splint	(Circle) School Home	FM SM R/F OM Hw VS V/P ROM/Str SC Ad/Asst.D Lf S LS TCD TC Pa C Ph C MCT TSP TPCG Other:	☐ Mastered ☐ Progress ☐ Regression ☐ Other: Signature Credentials Date
Date: _________ Length of Time (Minutes) _______ ☐ 97003 Evaluation by Therapist ☐ 97530 Individual Session with Therapist ☐ 97530HM Individual Session with Assistant ☐ 97150GO Group Session with Therapist #________ ☐ 97150UC Group Session with Assistant #________ ☐ 29799HA Cast or Splint	(Circle) School Home	FM SM R/F OM Hw VS V/P ROM/Str SC Ad/Asst.D Lf S LS TCD TC Pa C Ph C MCT TSP TPCG Other:	☐ Mastered ☐ Progress ☐ Regression ☐ Other: Signature Credentials Date
Date: _________ Length of Time (Minutes) _______ ☐ 97003 Evaluation by Therapist ☐ 97530 Individual Session with Therapist ☐ 97530HM Individual Session with Assistant ☐ 97150GO Group Session with Therapist #________ ☐ 97150UC Group Session with Assistant #________ ☐ 29799HA Cast or Splint	(Circle) School Home	FM SM R/F OM Hw VS V/P ROM/Str SC Ad/Asst.D Lf S LS TCD TC Pa C Ph C MCT TSP TPCG Other:	☐ Mastered ☐ Progress ☐ Regression ☐ Other: Signature Credentials Date
Date: _________ Length of Time (Minutes) _______ ☐ 97003 Evaluation by Therapist ☐ 97530 Individual Session with Therapist ☐ 97530HM Individual Session with Assistant ☐ 97150GO Group Session with Therapist #________ ☐ 97150UC Group Session with Assistant #________ ☐ 29799HA Cast or Splint	(Circle) School Home	FM SM R/F OM Hw VS V/P ROM/Str SC Ad/Asst.D Lf S LS TCD TC Pa C Ph C MCT TSP TPCG Other:	☐ Mastered ☐ Progress ☐ Regression ☐ Other: Signature Credentials Date
Date: _________ Length of Time (Minutes) _______ ☐ 97003 Evaluation by Therapist ☐ 97530 Individual Session with Therapist ☐ 97530HM Individual Session with Assistant ☐ 97150GO Group Session with Therapist #________ ☐ 97150UC Group Session with Assistant #________ ☐ 29799HA Cast or Splint	(Circle) School Home	FM SM R/F OM Hw VS V/P ROM/Str SC Ad/Asst.D Lf S LS TCD TC Pa C Ph C MCT TSP TPCG Other:	☐ Mastered ☐ Progress ☐ Regression ☐ Other: Signature Credentials Date

Therapist Name:
(Please Print) ____