\_ School District SESSION NOTES Independent contractor

## Student’s Name: Location: Month: Yr:. 20\_\_\_\_\_

Service Provider: Related Service: IEP Mandate:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | Start Time  End Time | Indiv./ Group | SESSION NOTES:  Goals Addressed/Activities and outcome/progress | Parent’s name and signature |
|  |  |  | .  CPT Code: |  |
|  |  |  | CPT Code: |  |
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I certify that the services were provided on the dates indicated in accordance with the student’s IEP:

Name Signature NPI# Date