Additional Activity Documentation Form

_____ **School** (if services were provided by a **Program Specialist**)

PROGRAM SPECIALISTS ONLY		TSS Supervision & other Assistance	Psychologist Billing for meetings, etc.
Assessment Instruments	Consultations & Report Writing	(BSC: use code 24 for A&A you deliver. TSS documents A&A with CRF & TSS PN)	(Use a CRF to bill for all psychological evals, including transportation time to the eval site)
1 WISC IV	10 Strength/Needs Assessment	20 TSS Group Supervision (who attended?)	30 Psychologist transportation to a meeting
2 WIAT II	11 Other Test (specify)	21 TSS Phone Supervision (who got it?)	31 BSC meeting (usually Monday AM)
3 BASC II	12 Teacher/Staff consultation	22 TSS Personal Supervision (who got it?)	
4 DSMD	13 Parent consultation		40 Other (specify)
5 Brown/Conners	14 Behavior Support Plan writing	23 Psych. Assistant OFFICE (specify who asked for your help and what you did)	
6 CARS	15 Functional Behavior Analysis		
7 Vineland	16 Classroom Observation		
8 WPSSI-R	17 School Record Review	24 Psych. Assistant FIELD (specify who you worked with and what you did)	
9 WAIS III	18 Evaluation Report Writing		

Client Name & activity performed (specify fully)	**DATE**	**Start**	**Stop**	**Hours**	**Service Code(s)**

Be sure you have identified **WHO**, **WHAT**, **WHEN**, **WHERE** and **WHY** in your documentation to assure prompt processing!

Notes:

Provider: _____ Title: _____ Phone: _____

Provider: Print Name here if your signature may be illegible: _____