



## NEW YORK CITY EARLY INTERVENTION PROGRAM SERVICE LOG

**Instructions:** A service log 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**

<b>Child's Name:</b>	<b>Date of Birth:</b>	<b>Child's EI#:</b>
<b>Service Type:</b>	<b>Service Authorization (one SA per page)#:</b>	
<b>Interventionist Name:</b>	<b>Discipline:</b>	<b>NPI #:</b>
<b>Provider Agency Name:</b> Important Steps Inc.		

Date of Service	Start Time	End Time	In-person (I) OR Telehealth (T)	CPT Code	Signature of Parent/Caregiver Verifying that the Service was Delivered on the Date and Time Indicated	Date Signed by Parent/Caregiver
/2024	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				/2024
/2024	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				/2024
/2024	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				/2024
/2024	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				/2024
/2024	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				/2024
/2024	AM PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				/2024
/2024	AM PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				/2024
/2024	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				/2024
/2024	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				/2024