



PRESCHOOL DAILY SESSION NOTES

Child's Name _____ DOB _____

Provider Name _____ Title _____

Service Provided: _____ License # _____ NPI # _____

Under the Direction Of Supervisor Name _____ License # _____ NPI # _____

Date: _____ Time In: _____ Time Out: _____ CPT Code: _____ Units/Sessions _____

CPT Code: _____ Units/Sessions _____ CPT Code _____ Units/Sessions _____ ICD-10 Code: _____

Group #: _____ Individual: _____ Location: Classroom _____, Home _____, Head Start _____, Daycare _____, Other _____

Billed _____, Unbilled _____ Brief description of student's progress:

Blank lines for progress description

Therapist Signature & Credentials: _____, Date _____

Supervisor's Signature and Credentials: _____, Date _____

Date: _____ Time In: _____ Time Out: _____ CPT Code: _____ Units/Sessions _____

CPT Code: _____ Units/Sessions _____ CPT Code _____ Units/Sessions _____ ICD-10 Code: _____

Group #: _____ Individual: _____ Location: Classroom _____, Home _____, Head Start _____, Daycare _____, Other _____

Billed _____, Unbilled _____ Brief description of student's progress:

Blank lines for progress description

Therapist Signature & Credentials: _____, Date _____

Supervisor's Signature and Credentials: _____, Date _____

Date: _____ Time In: _____ Time Out: _____ CPT Code: _____ Units/Sessions _____

CPT Code: _____ Units/Sessions _____ CPT Code _____ Units/Sessions _____ ICD-10 Code: _____

Group #: _____ Individual: _____ Location: Classroom _____, Home _____, Head Start _____, Daycare _____, Other _____

Billed _____, Unbilled _____ Brief description of student's progress:

Blank lines for progress description

Therapist Signature & Credentials: _____, Date _____

Supervisor's Signature and Credentials: _____, Date _____