

THERAPIST NAME: Danielle Wertman																										MONTH/YEAR		1, 2005				
Child Name:	Sat	Sun	3	4	5	6	7	Sat	Sun	10	11	12	13	14	Sat	Sun	17	18	19	20	21	Sat	Sun	24	25	26	27	28	Sat	Sun	31	<input type="checkbox"/> Check All
aditya	Sat	Sun	0.5	0.75	1.0	G1	G2	Sat	Sun	G3	G4	G5	G6	G7	Sat	Sun	G8	C30	C45	C60	C90	Sat	Sun	MU	RC	MC	S15	S30	Sat	Sun	ARW	<input type="checkbox"/>
priyank	Sat	Sun	H	CU	CA	TU	TA	Sat	Sun	SF	ARW	S30	S15	MC	Sat	Sun	RC	MU	C90	C60	C45	Sat	Sun	C30	G8	G7	G6	G5	Sat	Sun	G4	<input type="checkbox"/>
deepti	Sat	Sun	0.5	0.75	1.0	G1	G2	Sat	Sun	G3	G4	G5	G6	G7	Sat	Sun	G8	C30	C45	C60	C90	Sat	Sun	MU	RC	MC	S15	S30	Sat	Sun	ARW	<input type="checkbox"/>
hitesh	Sat	Sun	H	CU	CA	TU	TA	Sat	Sun	SF	ARW	S30	S30	S15	Sat	Sun	MC	RC	MU	C90	C60	Sat	Sun	C45	C30	G8	G7	G6	Sat	Sun	G5	<input type="checkbox"/>
pradeep	Sat	Sun	0.5	0.75	1.0	G1	G2	Sat	Sun	G3	G4	G5	G6	G7	Sat	Sun	G8	C30	C45	C60	C90	Sat	Sun	MU	RC	MC	S15	S30	Sat	Sun	ARW	<input type="checkbox"/>
Total Hour Per Day	Sat	Sun	1.5	2.25	3	1.5	1.5	Sat	Sun	3.16	2.5	2.5	2.25	2.58	Sat	Sun	3.16	2.83	4.25	5.5	6.25	Sat	Sun	2.75	3.49	3.49	1.75	2.5	Sat	Sun	2.5	
GROUPS	TREATMENT/EVALUATIONS															GRAND TOTAL HOURS 61.21																
Regular Treatment - .5, .75, 1.0 Groups: G1,G2,G3 & so on / day Consults - C30, C45, C60, C90 MU - Make up w/date	RC - Report Cards = 5 min / child (ONLY allowed if 6 or more kids beginning 9/07) MC- Medicaid Quarterlies = 5 min / child (ONLY allowed if 6 or more kids beginning 9/07) S - Scheduling = Establish schedule, rapport w/child & begin comm w/teacher; S15, S30 ARW - Annual Review Write-up (= .5 each) SF- Supplemental Services Form = 5 min / child (ONLY at Pelham)															TA – Therapist Absent TU -Therapist Unavailable CA – Child Absent CU – Child Unavailable H - Holiday																
O = O15, O30, O45, O60, O90 DESCRIBE HERE :																																