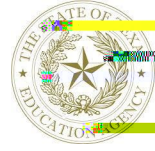


SHARS Self-



Section II. Demographic/ARD Meeting Information

Demographics

School District/Campus			Handicapping Condition(s)/Grade (at the time of review)			
Full Individual Evaluation (FIE) in Effect During Review Period — Date			Medicaid Number/ Age (20yrs, or younger)			
ARD/IEP in Effect During Review Period — Date(s)			ARD/IEP Date Range(s)			
ARD/IEP Committee Members:			SHARS Services in ARD/IEP:			
Parent	Yes	No	N/A	Audiology Services (AT) * (Audiologist assistant)	Yes	No
Student	Yes	No	N/A	Counseling * (LPC, LCSW, LMFT)	Yes	No
LEA Representative (admin)	Yes	No		Psychological Services * (LSSP, psychologist, psychiatrist)	Yes	No
General Education	Yes	No		Nursing # PP (RN, LVN, LPNP, CNS, NP, delegated)	Yes	No
Special Education	Yes	No		Occupational Therapy (OT) * (OT, COTA)	Yes	No
Assessment Representative	Yes	No	N/A	Physical Therapy (PT) * (PT, LPTA)	Yes	No
AI Teacher:	Yes	LPTA				

Section III: Services Requiring Service Logs

Specialized Transportation Service

ARD/IEP:

ARD requires physically adapted vehicle not routinely available	Yes	No
Above vehicle need based on identified handicapping condition in FIE	Yes	No
Frequency indicated	Yes	No
Modality (indicate individual transportation as appropriate)	Yes	No

Service Log Review:

Entries are legible, dated (month, day, and year), and signed by the performing provider. Yes No
 TEA does not address specific transportation log requirements pending clarification from HHSC.

Service Provider:

Driver trained and hired (or contracted) with the district/charter Yes No

Comments

Nursing/Medication Administration/Physician Services

ARD/IEP:

Individual health plan approved by RN (nursing need & activity)	Yes	No
Frequency indicated	Yes	No

Service Log Review:

Student first and last name, date of birth, and Medicaid number on every page or entry.	Yes	No
Date of service (mm/dd/yyyy) Yes No Student Observation	Yes	No
Start and end time Yes No Total billable minutes	Yes	No
Activity performed Yes No Procedure code	Yes	No
Entries are legible. Yes No	Yes	No
Performing provider's printed name, signature, title, and the date of the signature.	Yes	No

Section IV: Services with Session Notes

OT, PT, ST, AT, counseling, psychological service

Name of Service: _____

ARD/IEP:

Medical need established in FIE/eligibility form	Yes	No
Service based on identified handicapping condition in ARD/IEP	Yes	No
Medical need established in ARD	Yes	No
Frequency and duration clearly indicated (direct service)	Yes	No
Goals/objectives included in IEP	Yes	No

Session Log Review:

Student first and last name, date of birth, and Medicaid number on every page or entry.	Yes	No
Date of service (mm/dd/yyyy) Yes No Student Observation	Yes	No
Start and end time Yes No Total billable minutes	Yes	No
Activity performed Yes No Procedure code	Yes	No
Entries are legible. Yes No Individual or group setting	Yes	No
Applicable IEP goal/ objective Yes No Student Progress (if applicable)	Yes	No
Performing provider's printed name, signature, title, -14.809 (n)32u14.809 (n)32u14.809 (n)32u9 (b)4.9 (l)-0.8e)10.1 (m)-11.4 (i)-		

(t)1Td (e)6.9 (b)40

Section V: Evaluations

OT, PT, ST, Psychological

ARD/IEP:

Need for assessment is indicated in ARD/IEP

Yes No Date: _____

Report reviewed in an ARD

Yes No Date: _____

Testing Log Review:

Student first and last name, date of birth, and Medicaid number on every page or entry.

Yes No

Date of service (mm/dd/yyyy) Yes No

Student Observationc Ore of sfe of sfe of sf.1 ((e)13.1 0.13 0 Td94 0 Td(