



## **IEP/IFSP Services Documentation Log**

STUDENT'S NAME	TYPE OF SERVICE PROVIDED (SERVICE CODE)  Special Transportation (T1018-U8, TM)	ICD-10-CM CODE*
SCHOOL NAME		

\*ICD-10-CM Code - Informational only - not required on this form. ICD-10-CM must be reported on claim.

## Instructions

Enter 1 for each trip between **home and school** during the school day when the child is transported to another covered IEP service provided at school on the same day.

Enter 1 for each trip between school and an off-site covered IEP service during the school day.

Enter 1 for each trip between school and a **medical appointment** (e.g., doctor appointment, therapy appointment) provided by the school or district during the school day. Document medical appointments on separate lines from home/school trips. **Note the name of the medical facility and location on this trip log** using as many lines as necessary.

Do not use pencil, white-out, ditto marks, or arrows

Date of Service	Trips to an on-site or off-site IEP service or medical appointment	Trips from an on-site or off-site IEP service or medical appointment
1		

Designated person who can verify the child was actually transported to and from home and school or to and from a medical appointment (e.g., PCA or person who takes the child to and from the vehicle or rides with the child on the vehicle).

	NAME (type or print)	SIGNATURE
N		
-13		