Medicaid Documentation Rubric

Area included in Evaluation? \_\_\_\_\_ Area included in IEP Present Level of Academic Achievement and Functional Performance? \_\_\_\_\_

Area included in Programs/Services? \_\_\_\_\_\_\_ An IEP goal/objectives is included in the IEP? \_\_\_\_\_ Parental Consent is on file? \_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Desired Aspect Included | Comments  Well done or Specific feedback for re-write | [Date]  N or Y | [Date]  N or Y | [Date]  N or Y | [Date]  N or Y | Initials |
| Location/Setting/Time/Skill addressed |  |  |  |  |  |  |
| Specially designed/skilled interventions performed |  |  |  |  |  |  |
| Therapist action (level of assist, feedback, etc.) |  |  |  |  |  |  |
| Student response |  |  |  |  |  |  |
| Objective data |  |  |  |  |  |  |
| Subjective data  (practitioner impressions) |  |  |  |  |  |  |
| Plan for future work |  |  |  |  |  |  |