PA SBAP SELF-AUDIT RECORD REVIEW DOCUMENT

Student Name: _____ **DOB:** _____

Service: _____ **Service Date:** _____

LEA Reviewer: _____ **Date of Review:** _____

1. **Parental Consent/Notification Form:**   Date Signed _____

   - Student's name on form: Yes   No

   - Signed and dated by parent/guardian: Yes   No

   - Permission to bill MA given: Yes   No

   - LEA listed on form: Yes   No

2. **IEP:**   Duration _____ to _____

   - LEA Name: Yes   No

   - IEP in File: Yes   No

   - Group vs. Individual: Yes   No

   - Health-related service listed: Yes   No

   - Frequency: Yes   No

   - Duration: Yes   No

   - Valid for Date of Service: Yes   No

3. **Medical Authorization:**   Date Signed _____

   - Authorization for health-related service: Yes   No

   - Date of Service covered by authorization: Yes   No

   - Frequency/duration matches IEP: Yes   No

   - Signer has active license: Yes   No

   - Group vs. Individual: Yes   No

   - Signed and Dated: Yes   No

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4. Service Provider Log (Health Related Services):

- Student Name: Yes   No
- Date of Birth: Yes   No
- Diagnosis: Yes   No
- Dated: Yes   No
- Type of service: Yes   No
- Length of service (time in & time out):   Yes   No
- Service minutes logged do not exceed service minutes authorized: Yes   No
- Legible (paper log):   Yes   No
- Fully describes service: Yes   No
- Services are *not* educational in nature (PCA):   Yes   No
- Practitioner signature, date, and title: Yes   No
- Supervisor signature and date, if needed: Yes   No
- If "on behalf of," original log in file: Yes   No

5. Service Provider Log (Special Transportation, if applicable):

- Student Name: Yes   No
- Date of Birth: Yes   No
- Health-related Service Provided on Same Day: Yes   No
- Dated (Month and Year):   Yes   No
- Driver/Bus Company Name (who is logging?):   Yes   No
- Type of service: One-way   Round-trip
- Legible (paper log):   Yes   No
- LEA Approval signature: Yes   No
- Daily trip Log on file: Yes   No

6. Attendance Records:

- Student in attendance on Date of Service: Yes   No
- Service Provider in attendance on Date of Service: Yes   No

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7. **Service Provider List:**

   - License/Certification number: Yes   No

   - License/Certification current on Date of Service: Yes   No

   - First aid certified on Date of Service (PCA):   Yes   No

   - CPR certified on Date of Service (PCA):   Yes   No

8. **Preclusion/Exclusion:**

   - Policy and procedures in place (See MA Bulletin 99-11-05):   Yes   No

   - List of providers, Superintendents or any staff that participate with SBAP: Yes   No

   - LEIE list checked monthly: Yes   No

   - SAM checked monthly: Yes   No

   - Medicheck list checked monthly: Yes   No

   - Monthly preclusion/exclusion checks documented: Yes   No

Corrective Action Needed:

Additional Comments:

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