Luzerne Intermediate Unit 18
368 Tioga Ave.
Kingston, Pa. 18704

ENCOUNTER FORM

STUDENT	MA ID NUMBER

Behavioral Specialist Consultant (BSC) Encounter Form

My signature certifies that I received a service or item on the date listed below. I understand that payment for this service or item will be from federal and State Funds and that any false claims, statements, or documents, or concealment of material may be prosecuted under applicable Federal and State Laws."

DATE	START TIME	STOP TIME	Service Location	Type	RECIPIENT'S SIGNATURE I HAVE READ AND AGREE WITH THE ABOVE STATEMENT

Locations
O=Office/Staff's Residence H=Client's Home S=Client's School C=Community

Types
PC=Phone Contact/Treatment Review MA=Meeting Attendance TP=Treatment Plan Development
TR=Treatment Plan Revision BO= Behavioral Observations TC= Team Consultation

Staff Signature: _____

Save Print Reset