

How to Complete an Itinerant Schedule

1. Please complete a different schedule **every week**. Therefore you will submit two schedules with each billing even if two schedules are the same.
2. Please type all information on your schedules.
3. Heading includes: **Therapist's name, Position, Date** (notate as one week time period, i.e. 4.1.10-4.7.10)
4. Left column: 30 minute time intervals.
5. All time billed on your invoice must be accounted for on your schedule by indicating one of the following in the time slots:

Speech: include *child's full name, site, town*

Travel: write *travel*

IEP or six month review writing: write *IEP or 6 month review* and include *child's name*

IEP meeting: write *IEP meeting* if done other than the regularly scheduled speech session. If seen doesn't have to be differentiated if seen during regular schedule speech time.

Consults (consult must be listed on IEP to be billable): write *consult, child's name and consult frequency*

Individual/group: Children should be grouped unless IEP states individual. If child must be seen individually please write *I*. If left blank we will assume child can be grouped.

Make ups: indicate with *child's name and date missed* or *make ups prior to start*.

If none of the above apply please indicate: **open**, or that your day has ended. Please, there can be no time slots left blank, no exceptions.

Site Listing:

Site name and town must be included at the bottom of the schedule in addition to the time slots. You do not need to put child's name at the bottom.

Productive Direct Time includes:

1. Speech Therapy
2. Travel between appointments but not at the beginning and end of the day.
3. IEP's or six month review. If you are doing evaluation writing or IEP writing indicate it as "IEP" or "Evaluation" with child's name. Daily progress reports are not billable.
4. Consults. May bill if consult is listed on IEP.

A "**full day**" is 7.5 hours of productive, direct time including lunch, or 7.0 hours with no lunch.

Emailing:

When emailing your schedule please be sure the **subject line**, as well as the **attachment name**, display "**your full name, week time period, Itinerant schedule,**".

Forward two schedules, one for each week, to Noel, with your billing at efax@abingtonspeech.com. This will be done **twice a month**.

Forward one schedule, to Laura, **once a month, or when your schedule changes**, at laura@abingtonspeech.com.

Note: Everything indicated in your bill must match your schedule document. Please consider your schedule as always changing and therefore you may likely have to modify it each billing. Please match and review both your bill and schedule before submitting. We now have to review your schedules. If anything is incomplete, incorrect or questionable we will send it back. Thank you.