



Educational Service Unit 7

MEDICAID IN PUBLIC SCHOOLS (MIPS) RECORD SHEET

Child's Name: _____ Referring Physician: _____

School District: _____ Therapist: _____

Therapy Provided: _____ Month: _____ Year: _____

Day	Minutes Served	Divide by 30	# Units	Day	Minutes Served	Divide by 30	# Units
1				17			
2				18			
3				19			
4				20			
5				21			
6				22			
7				23			
8				24			
9				25			
10				26			
11				27			
12				28			
13				29			
14				30			
15				31			
16							
Total Units for Month							