

Logging Service Records in PSSP – [Direct Service Staff](#)

All logged services are due the 15th of the following month (eg. September due October 15th).

***CASELOAD:** It is important to keep your caseload current. Add new students as necessary and remove students as necessary. If removing students, do this only after all Service Records have been completed.

***PSSP homepage:** Report titled [\[WISD\] My Medicaid Caseload](#) (right column) automatically lists who on your caseload is Medicaid eligible. ***For these students:** you log a monthly summary + your services.

NOTE: *If you do not see the 'My Medicaid Caseload' report on your homepage, please contact me.*

Logging Service Records:

1. **PSSP Homepage:** Scroll down to your caseload and click the **Calendar icon** to the left of student name
2. Highlight the Student for whom you are logging services, or check the box, if using a Mac
3. Select the calendar date of your service. Right click on that date. Click **Record Past Service**.
4. Fill in the following fields: **Service** (click on your title in the pink field)

Service Type:

- Select the **Service** that best describes the service you are providing, i.e. individual/group therapy, evals, REEDs, etc.
- If attending/amending/evaluating or prepping for an IEP/IFSP, select IEP/IFSP Participation
- If completing a monthly summary, select Monthly Progress Summary

Time and Duration: Select the time of your service or IEP meeting and include # of minutes in Duration

Progress Report: Select from the drop-down your student's overall progress. If it is not applicable to the service you are logging, select **Not Applicable**.

5. **Provider Notes:** Include enough detail to allow reconstruction of what transpired for each **Service** you are logging; e.g., what was done, how did the student respond, what is the plan going forward.

For IEPs/IFSPs: State what **your role/task** was in the IEP/IFSP; e.g., evals, reports, mtgs, next steps.

6. **Areas Covered:** Select one area. If you feel none fit, choose **Other** and *specify* what "Other" is to the right.
7. Check the box titled: **Has this service been completed** and click Save.
8. **WARNINGS:** Prescriptions are handled by the Medicaid Dept.; no worries. **NOTE:** Your Service Records can be edited by right clicking on the purple calendar tab; click edit and make changes. Once it's submitted for billing, you can no longer edit. If you **HAVE** to make a change, contact the Medicaid Dept. for assistance.

*Log Monthly Progress Summaries ONLY on students listed in [\[WISD\] My Medicaid Caseload](#)

- Monthly summaries must be dated in the month services were provided. **Using the last school day of the month is recommended.**
- Repeat Steps 1-4 from above. **NOTE:** For **Service Type**, you **must** select "Monthly Progress Summary"
- **Time** field should be a time when school is in session.
- **Duration** is not required for monthly summary.
- **Provider Notes:** Summarize how the student did overall during the month. Include evaluation of progress, changes in medical and mental status, and any changes in treatment with rationale for change.
- **Areas Covered:** Choose **Monthly Summary**. If not listed, choose **Other** and write monthly summary to the right.
- Check the box titled: **Has this service been completed** and click Save.

Speech and Language Pathologist Tip Sheet

Provider notes must include enough detail to allow reconstruction of what transpired for each service.

96: Habilitative Services – Learning a new skill the student never possessed.

97: Rehabilitative Services— Regaining a skill the student lost.

All logged services are due the 15th of the following month (eg. September due October 15th)

ATD Therapy/Evaluations	
ATD: Speech ATD Assessment [97755 GN]	Assistive Technology Assessment: (e.g., to restore, augment, or compensate for existing functional tasks and/or maximize environmental accessibility), direct 1:1 contact by provider with written report. If assessments are provided under the Durable Medical Equipment (DME) program, all policies and procedures applicable to that program must be adhered to. <i>Do not use if assessments for DME are billed by a Medicaid medical supplier.</i>
ATD: Speech Self-care/Home Management Training HABILITATIVE [97535 GN 96]	ATD Self-care/Home Management Training Habilitative: (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment), direct 1:1 contact. (Use this code only when billing for speech related ATD services.)
ATD – Speech Self-care/Home Management Training REHABILITATIVE [97535 GN 97]	ATD Self-care/Home Management Training Rehabilitative: (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment), direct 1:1 contact. (Use this code only when billing for speech related ATD services.)
Procedure Code	Service Type/Description
Communication	Use for record keeping purposes only.
Consultation	Consult services are not separately reimbursable. If you are providing consult services, use the service type Consultation to document the service.
Group Speech Therapy, 2-8 students HABILITATIVE [92508 GN 96]	Habilitative therapeutic procedure(s), group (2-8 students). This means the number of students physically present, regardless of Medicaid eligibility.
Group Speech Therapy, 2-8 students REHABILITATIVE [92508 GN 97]	Rehabilitative therapeutic procedure(s), group (2-8 students). This means the number of students physically present, regardless of Medicaid eligibility.
IDEA Eval (Initial and 3-Year) - Encompasses all meetings, reports, observations, assessments, tests, evaluations. The evaluation should be reported only once, even if the evaluation is administered over several days. The date of service is the date eligibility is determined (IEP meeting date). Speech Services do not need to be included on the IEP/IFSP in order to report the evaluation as long as the student receives a special education certification.	
IDEA Eval: Behavioral and Qualitative Analysis of Voice and Resonance HABILITATIVE [92524 GN HT 96]	Evaluation of behavioral and qualitative analysis of voice and resonance.
IDEA Eval: Behavioral and Qualitative Analysis of Voice and Resonance REHABILITATIVE [92524 GN HT 97]	Evaluation of behavioral and qualitative analysis of voice and resonance.
IDEA Eval: Language Comp/Expr HABILITATIVE [92523 GN 52 HT 96]	Evaluation of language comprehension/expression (e.g., receptive and expressive language).

IDEA Eval: Language Comp/Expr REHABILITATIVE [92523 GN 52 HT 97]	Evaluation of language comprehension/expression (e.g., receptive and expressive language).
IDEA Eval: Speech Fluency HABILITATIVE [92521 GN HT 96]	Evaluation of speech fluency (e.g., stuttering, cluttering).
IDEA Eval: Speech Fluency REHABILITATIVE [92521 GN HT 97]	Evaluation of speech fluency (e.g., stuttering, cluttering).
IDEA Eval: Speech Sound Production and Language Comp/Expr HABILITATIVE [92523 GN HT 96]	Evaluation of speech sound production with language: speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); <u>with</u> evaluation of language comprehension and expression (e.g., receptive and expressive language).
IDEA Eval: Speech Sound Production and Language Comp/Expr REHABILITATIVE [92523 GN HT 97]	Evaluation of speech sound production with language: speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); <u>with</u> evaluation of language comprehension and expression (e.g., receptive and expressive language).
IDEA Eval: Speech Sound Production HABILITATIVE [92522 GN HT 96]	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria).
IDEA Eval: Speech Sound Production REHABILITATIVE [92522 GN HT 97]	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria).
IEP/IFSP Participation - Participation in the IEP/IFSP meeting. Encompasses all work done for the IEP. The date of service is the date of the IEP/IFSP meeting.	
IEP/IFSP Participation: Behavioral and Qualitative Analysis of Voice and Resonance HABILITATIVE [92524 GN TM 96]	Behavioral and qualitative analysis of voice and resonance.
IEP/IFSP Participation: Behavioral and Qualitative Analysis of Voice and Resonance REHABILITATIVE [92524 GN TM 97]	Behavioral and qualitative analysis of voice and resonance.
IEP/IFSP Participation: Language Comp/Expr HABILITATIVE [92523 GN 52 TM 96]	Language comprehension/expression (e.g., receptive and expressive language).
IEP/IFSP Participation: Language Comp/Expr REHABILITATIVE [92523 GN 52 TM 97]	Language comprehension/expression (e.g., receptive and expressive language).
IEP/IFSP Participation: Speech Fluency HABILITATIVE [92521 GN TM 96]	Speech fluency (e.g., stuttering, cluttering)
IEP/IFSP Participation: Speech Fluency REHABILITATIVE [92521 GN TM 97]	Speech fluency (e.g., stuttering, cluttering)
IEP/IFSP Participation: Speech Sound Production and Language Comp/Expr HABILITATIVE [92523 GN TM 96]	Speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); <u>with</u> evaluation of language comprehension and expression (e.g., receptive and expressive language).
IEP/IFSP Participation: Speech Sound Production and Language Comp/Expr REHABILITATIVE [92523 GN TM 97]	Speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); <u>with</u> evaluation of language comprehension and expression (e.g., receptive and expressive language).
IEP/IFSP Participation: Speech Sound Production HABILITATIVE [92522 GN TM 96]	Speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
IEP/IFSP Participation: Speech Sound Production REHABILITATIVE [92522 GN TM 97]	Speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)

Procedure Code	Service Type/Description
Individual Speech Therapy HABILITATIVE [92507 GN 96]	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehab); individual.
Individual Speech Therapy REHABILITATIVE [92507 GN 97]	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehab); individual.
Monthly Progress Summary	Must include evaluation of progress, changes in medical and mental status, and any changes in treatment with rationale for change. Summary must be dated in the month the services were provided - <i>using the last school day of the month is recommended.</i>
No School Day	Use for record keeping purposes only.
Non-billable Group (size 9+)	If your group is larger than 8, select Service Type Non-billable Group [size 9+] to document the service.
Other	Use for record keeping purposes only.
Other Evaluations (not part of the initial or recertification process)	
Other Eval: Behavioral and Qualitative Analysis of Voice and Resonance HABILITATIVE [92524 GN 96]	Evaluation of behavioral and qualitative analysis of voice and resonance.
Other Eval: Behavioral and Qualitative Analysis of Voice and Resonance REHABILITATIVE [92524 GN 97]	Evaluation of behavioral and qualitative analysis of voice and resonance.
Other Eval: Language Comp/Expr HABILITATIVE [92523 GN 52 96]	Evaluation of language comprehension/expression (e.g., receptive and expressive language).
Other Evaluation: Language Comp/Expr REHABILITATIVE [92523 GN 52 97]	Evaluation of language comprehension/expression (e.g., receptive and expressive language).
Other Eval: Speech Fluency HABILITATIVE [92521 GN 96]	Evaluation of speech fluency (e.g., stuttering, cluttering).
Other Eval: Speech Fluency REHABILITATIVE [92521 GN 97]	Evaluation of speech fluency (e.g., stuttering, cluttering).
Other Eval: Speech Sound Production and Language Comp/Expr HABILITATIVE [92523 GN 96]	Evaluation of speech sound production with language: speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); <u>with</u> evaluation of language comprehension and expression (e.g., receptive and expressive language).
Other Eval: Speech Sound Production and Language Comp/Expr REHABILITATIVE [92523 GN 97]	Evaluation of speech sound production with language: speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); <u>with</u> evaluation of language comprehension and expression (e.g., receptive and expressive language).
Other Eval: Speech Sound Production HABILITATIVE [92522 GN 96]	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria).
Other Eval: Speech Sound Production REHABILITATIVE [92522 GN 97]	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria).
Procedure Code	Service Type/Description
Provider Absent	Use for record keeping purposes only.
Provider Not Available	Use for record keeping purposes only.
REED— Participation in the Review of Existing Evaluation Data. The date of service is the date the IEP/IFSP.	
REED: Behavioral and Qualitative Analysis of Voice and Resonance HABILITATIVE [92524 GN TL 96]	Behavioral and qualitative analysis of voice and resonance.
REED: Behavioral and Qualitative Analysis of Voice and Resonance REHABILITATIVE [92524 GN TL 97]	Behavioral and qualitative analysis of voice and resonance.
REED: Language Comp/Expr HABILITATIVE [92523 GN 52 TL 96]	Language comprehension/expression (e.g., receptive and expressive language).

REED: Language Comp/Expr REHABILITATIVE [92523 GN 52 TL 97]	Language comprehension/expression (e.g., receptive and expressive language).
REED: Speech Fluency HABILITATIVE [92521 GN TL 96]	Speech fluency (e.g., stuttering, cluttering).
REED: Speech Fluency REHABILITATIVE [92521 GN TL 97]	Speech fluency (e.g., stuttering, cluttering).
REED: Speech Sound Production and Language Comp/Expr HABILITATIVE [92523 GN TL 96]	Speech sound with language: speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); <u>with</u> evaluation of language comprehension and expression (e.g., receptive and expressive language).
REED: Speech Sound Production and Language Comp/Expr REHABILITATIVE [92523 GN TL 97]	Speech sound with language: speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); <u>with</u> evaluation of language comprehension and expression (e.g., receptive and expressive language).
REED: Speech Sound Production HABILITATIVE [92522 GN TL 96]	Speech sound production (e.g., articulation, phonological process, apraxia, dysarthria).
REED: Speech Sound Production REHABILITATIVE [92522 GN TL 97]	Speech sound production (e.g., articulation, phonological process, apraxia, dysarthria).
Procedure Code	Service Type/Description
Student Absent	Use for record keeping purposes only.
Student not Available	Use for record keeping purposes only.
Telepractice	
Twenty-six (26) telepractice codes available for virtual (visual/audio) services.	
General Service Information	
<ul style="list-style-type: none"> - Services provided as part of regular classroom activity are not reimbursable, e.g., if you are addressing the whole class or just observing while academics or classroom activities are taking place. - If you pull a student or group of students to the back of the room, out into the hall or into a separate chat room (if virtual) to provide your service, yes, it is reimbursable. Student focus is on the therapist, not the teacher. 	

If you have any questions, please contact the Medicaid Department

Anisa Isap - aisap@washtenawisd.org - 734-994-8100, x1556

Logging a Direct Service

Service Record

Student Sample, A

Staff Sample, B

Service Date Time

11/15/2022



11:30



Duration Minutes

20

Progress Report

Slight Progress



Provider Notes

Student was alert and cooperative throughout the session. During the session, she and the group worked on comparing and contrasting a shark and an alligator during a language task. She formulated basic sentences verbally and through writing in 5/10 trials given mod cues for word order support and visual/verbal models. She answered comprehension questions during a discussion in 2/5 opportunities given cues and aids, repetitions of the question, and semantic prompts for word retrieval. She is progressing with her goals and the SLP will continue with the targeted goals.

Service

Speech and Language



Service Type

Group Speech Therapy, 2-8 stud

Group Size

3

Select the service type that best fits what you are seeing the student for.

In your professional opinion, select the progress that fits the service you are providing. If it is "not applicable," choose it from the drop down.

Provider notes must contain enough detail to be able to reconstruct what transpired during your service, e.g. who was present, what was done, next steps. A couple sentences with good details is all you need.

Areas Covered/Assessed:

Language



(If Other Specify):

Areas covered: select one item from the drop down. If nothing fits what you did, selecting "Other" is fine. However, be sure to fill in the field to the right: (If Other Specify)... as in what does "other" mean to you.

(none)



(If Other Specify):

(none)



(If Other Specify):

Has this service been completed?



Check this box when you are done.

Lastly, click save.

Save

Cancel

A warning will pop up. It means you can edit any service records you have created if it has not been submitted for billing. If it has already been submitted, and you need to change/correct something, reach out to the ISD Medicaid Department for assistance.

Logging IEP Meetings

Service Record

Student Sample, A

Service Speech and Language

Staff Sample, B

Service Type IEP/IFSP Participation: Speech

Service Date Time 10/26/2022



11:30



Date of service is the date of the IFSP/IEP.

Group Size 1

Duration Minutes 60

Progress Report Not Applicable

In your professional opinion, select the progress that fits the service you are providing. If it is "not applicable," choose it from the drop down.



Provider Notes

Attended virtual IEP meeting with team and student's parents. Discussed goals of targeting directions with location words and expanding sentences length especially to refuse/protest. Parents report that following verbal directions remains inconsistent based on behavioral cooperation.

State what your particular role and/or tasks were for this IFSP/IEP, What did you discuss/advise at this meeting? Plan going forward? Does not need to be lengthy, 2-3 sentences with detail. Writing "IEP Meeting" is insufficient and an audit risk.

Areas Covered/Assessed:

IEP Development/Review

(If Other Specify):

Areas covered: select IEP Development/Review

(none)

(If Other Specify):

(none)

(If Other Specify):

Has this service been completed?



Check this box when you are done.

Save

Cancel

Lastly, click save.

A warning will pop up. It means you can edit any service records you have created if it has not been submitted for billing. If it has already been submitted, and you need to change/correct something, reach out to the ISD Medicaid Department for assistance.

Logging a Monthly Summary

Service Record

Student Sample, A

Service

Staff Sample, B

Service Type

You MUST select "Monthly Progress Summary."

Service Date Time



Select a time when school is in session.

Group Size

Duration Minutes Duration is not required

Progress Report

In your professional opinion, select the progress the student made for the month.



Provider Notes

This month student's speech therapy targeted core words and using core language board during speech and language activities. Student is making slight progress in their attempt to attend to core vocabulary words and point to them when visually represented. Student still needs maximum assistance when using AAC device to speak messages. Modeling has been implemented within the classroom to provide aided language stimulation.

Summarize how the student did overall during the month. Include evaluation of progress, changes in medical and mental status, and any changes in treatment with rationale for change.

Areas Covered/Assessed:

(If Other Specify):

Areas covered: select Monthly Summary.

(If Other Specify):

(If Other Specify):

Has this service been completed?

Check this box when you are done.

Lastly, click save.

A warning will pop up. It means you can edit any service records you have created if it has not been submitted for billing. If it has already been submitted, and you need to change/correct something, reach out to the ISD Medicaid Department for assistance.

Speech and Language: Service Record Examples

Service Captures	Monthly Progress Summaries
<p>Student was cooperative with encouragement to attempt items that are challenging. Services implemented in a pull out individual setting. Completed: What do you do with 9/10 with visual support Who 9/10 with visual supports. Played "Go Away Monster" producing 3+ word utterances. Difficulty recalling any items used during game (bed, lamp, picture, bear). Began to slide out of chair to avoid questions. Needed visual prompts x2 to respond. Continue current treatment plan.</p>	<p>New IEP this month. Student is beginning to progress towards IEP objectives in the areas of answering questions. He is currently at 40% accuracy with a moderate level of prompting. He is just beginning to imitate strategies to increase listener comprehension. Plan to continue instruction and add a visual to support use of comprehension strategies.</p>
<p>In order to increase expressive and receptive communication student answered wh-questions (who, what, when, where) when given visual support with 80% accuracy when provided moderate teacher support (3-4 prompts). He preferred to point to pictures but also used verbal language this session. He did well with adaptive books and selecting correct pictured items.</p>	<p>Continued speech therapy towards IEP objectives in the areas of following directions, requesting. Student improved in his ability to follow one step directions and is now following 15 different directions with 70% accuracy given some visual cues. She is following directions to complete some naming tasks in very early turn taking game and requesting more items using the phrase "I want ____." Cooperation continues to be an issue. Does well with highly structured "First/Then" therapy format. Continue tx per plan with structured therapy format.</p>
<p>Student answered 'why' and 'how' questions using grammatically correct sentences in 4/5 attempts when provided moderate support (3-4 prompts) and recalled details from a presented text when provided moderate support. He sequenced 5 step pictured items when provided minimal support. He participated in writing sentences and practiced his R sounds with prompting.</p>	<p>Examples of Insufficient Monthly Summaries: "Continues to progress on IEP goals." "Coordinated Services." "Limited progress." "Services Delivered." "Made progress on goals." "Student doing well." "Some progress towards goals." "The student is making some progress toward his/her IEP goals and objectives." "Coordinating and monitoring IEP services on behalf of student." "Maintenance of Case Records."</p>
<p>Participated in IEP meeting with Mom about transitioning to self-contained kindergarten program. Discussed use of core vocabulary board. Will provide copy of board to home and new school.</p>	
<p>IEP meeting with school staff and family via Zoom. Student continues to qualify for SLP services to improve his phonemic awareness. Currently, he is 0/5 identifying cutting patterns and 0/7 identifying syllable types to decode words. Student is capable of learning cutting patterns and syllable types as evidenced when he attends speech and language as he is able to learn the concepts during the sessions. However, his attendance adversely effects his progress, which was discussed with family.</p>	

Random Moment Time Studies - a Guideline for [Direct Service Providers](#)

When chosen, you will receive an email from miaop@pcgus.com that you have been randomly selected to complete a web-based random moment time study. The time study gathers information on the activities that school staff are performing and classifies these activities based on whether they are educational or related to the delivery of designated health services that could be federally matched by Medicaid.

It is important that the person who reviews and assigns a code to your answers understands your activity. Please follow these guidelines: Use medical terms, when applicable, to describe activities which are health related in nature. Using detail and providing thorough responses will help to avoid follow-up questions.

Best Practice: Respond the same day, or w/in 24 hrs, while information for that moment in time is fresh in your mind.

Question 1- Who was with you?

Too Vague	Detailed Response
A student	A student who is severely, multiply impaired
A parent	A parent of a student with autism
A teacher	The SXI classroom teacher
A principal and staff	The principal of our center program for special ed. students, along with the OT and PT and Social Worker

Question 2 – What were you doing?

Too Vague	Detailed Response
Seeing a student	Providing individual therapy to a student. We worked on her goal of answering simple WH questions with decreasing cues.
Compiling Data	Compiling medical evaluations and assessments for an upcoming IEP
Looking at records ... or Paperwork	Reviewing a student’s history and medical records to prepare for an IEP... or ... Documenting a student’s progress on IEP goals

Question 3- Why were you doing this activity

Too Vague	Detailed Response
Planning	We are holding an IEP. Our team is recommending a change in certification from speech impairment to autism spectrum disorder. I will be presenting evaluation results.
Per IEP goals	The student is non-verbal and needs support for effective communication during her activities of daily living due to multiple impairments
Student needed assistance	Student was having difficulty breathing, probably due to seasonal allergies ... or ... Student needs help with actuation due to limited hand strength

Question 4 - Is the service you provided part of the child’s medical plan of care or for which medical necessity has been determined? Options: [Pick One](#)

- Yes – IEP/IFSP
- Yes – Medical Plan of Care other than an IEP/IFSP (i.e. 504 plan, student health plan, nursing plan, physician’s order, crisis intervention services)
- Medical necessity established in other method
- No, or N/A

Random Moment Time Study AT • A • GLANCE

Frequently Asked Questions: RMTS

What is the Random Moment Time Study (RMTS)?

The RMTS is the federally accepted method of documenting the amount of staff time spent on direct service and administrative outreach activities.

What is the purpose of the RMTS?

The RMTS is a program requirement that helps schools receive federal reimbursement for time spent on allowable related activities.

What is my role in the RMTS?

Your role is to respond to all moments you have been selected for in a timely manner.

How did I get selected to complete an RMTS survey?

Your district's RMTS coordinator identified you as a person who performs activities related to Medicaid and health-related services as part of your job.

How many RMTS surveys will I get?

It varies, but people typically receive 0-5 surveys per quarter.

How long does it take to complete an RMTS survey?

The survey is five questions and can usually be completed in less than five minutes.

How should I respond to the RMTS survey questions?

- Provide truthful and thorough responses. There are no wrong answers, but remember to answer completely and accurately. Do not include student names.
- The survey is asking about one minute in time. When answering your RMTS survey, provide specific information about that sixty second period.

Tips for specific situations:

IF YOU WERE...	TELL US...
In an IEP meeting	What was the single topic of discussion at your assigned RMTS time?
Conducting an assessment	What type of assessment were you conducting?
Discussing a student	What was the single topic of discussion at your assigned RMTS time?
On a prep period	What were you preparing at the time of your moment?
Completing an IEP	What specific part of the IEP was being worked on at the time of your moment?
Working on an IEP goal	What specific goal was being worked on at the time of your moment?
Working on email	What was the content of the specific email you were reading or writing?
Driving to next location	What was the first task completed upon arriving at your next location?
Completing multiple tasks	What one specific task was being completed at the exact time of your moment?
At a conference/training/PD	What was the topic of discussion at the time of your moment?

Final Tips:

- When responding to the "why" question, think about the intended outcome of the activity you were doing.
- You should not drop everything to complete your RMTS survey. However, you should complete it as soon as possible after the moment passes. Ideally, complete the RMTS survey before leaving work for the day.
- If you are absent, not scheduled, or leaving work before your moment occurs, complete it the next day.
- If you are not working with a student at the time of your moment, that is fine. You should still complete the moment and respond with the activity you were doing at that date and time.