**SERVICES LOG**

**Student Name: \_ Grade: \_ \_ School:**

**Your Name: Relationship to Student**

**IEP Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Speech and Language Services listed in IEP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Specialized Academic Instruction (including SDC and/or RSP) listed in IEP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupational Therapy Services listed in IEP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Services listed in IEP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Date** |  **Indicate Service Type**(For example: Occupational Therapy, Physical Therapy, Counselling, etc.) | **Indicate Method of Service** (For Example: Teletherapy with service provider alone; Teletherapy with other children; Consultation with parent about how they should provide the services; Packet sent home explaining exercises to be done at home) | **Duration of Service**Please write in amount of time below | **Work Access/Session Attendance**(For example: Child attended and was engaged for the entire session; Child attended the session but was only engaged for x amount of time; Child did not attend the session because of X reason) |
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