**SPEECH AND LANGUAGE SERVICES LOG**

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

**Your Name: \_ Relationship to Student**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **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)  Please also indicate whether the session itself was engaging for you child or if it was not. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |