

Hearing Professional Services Log

STUDENT: _____
 PRACTITIONER'S NAME: _____
 SCHOOL: _____
 DIAGNOSIS: _____

D O B: _____ SERVICE MONTH/YEAR: _____
 TITLE: HEARING CLINICIAN
 SIGNATURE: _____
 DATE: _____

** A supervisory signature is required when services are performed by a paraprofessional.*

Service	Date																													Total	
Refer to the keys below for an explanation of the Treatment Codes and Progress Indicators	Treatment Time																														
	Treatment Code																														
	Type of Service	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group		
	Progress Indicator	M	I	S	N	R	M	I	S	N	R	M	I	S	N	R	M	I	S	N	R	M	I	S	N	R	M	I	S	N	R
Teacher Contact	Time																														
Instructional Aide Contact	Time																														
Parent Contact	Time																														
Equipment	Time																														
Set Up	Time																														
Charting and Report Writing	Time																														
MDT Planning	Time																														
Travel	Time																														
Other (explain)	Time																														
Total																															

TREATMENT CODES: SP-SPEECH READING AT-AUDITORY TRAINING LD-LANGUAGE DEVELOPMENT DT-DIAGNOSTIC TESTING HRC-HEALTH RELATED CLASSES OTH-OTHER (EXPLAIN)	Student Treatment Progress <i>(descriptive statements must be provided on a monthly basis)</i>	Progress Indicator Key M - Mastered I - Improvement S - Slight Improvement N - No Change R - Regression
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