STUDENT SERVICE DELIVERY LOG

DISTRICT:_____

MONTH:_____, 20__

PROVIDER:_____ **Attendant Care Service – Paraprofessional**

Student:_____ **Student ID:**_____

Procedure Codes:
S5125 – Attendant Care Services

Progress Codes:
1 – Not Applicable
2 – Regression
3 – No Improvement
4 – Minimal Improvement
5 – Moderate Improvement
6 – Significant Improvement
7 – Mastered

Status Codes:
1 – Delivered
2 – Pended (No IEP)
3 – Student Absent
4 – Student Refused
5 –Outside Activity
6 – Provider Absent

DATE	PROC CODE	START TIME	END TIME	GOAL/OBJECTIVE & OBSERVATIONS	PROG CODE	STATUS CODE	INIT
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				
		☐am ☐pm	☐am ☐pm				

I hereby certify that the above referenced services were provided in accordance with the students applicable IEP.

_____

Signature Date

GREENBUSH