Early Intervention Section
Service Log

Child's Name: _____

Care Coordinator Name: _____

Agency Name: _____

Service Provider Name: _____

Instructions: *This log is to be used for all treatments provided to the child and meetings with the DOE and family (e.g. IFSP meetings, treatment planning meetings, etc.) Meetings between the Autism Consultant and the Skills trainer to discuss treatment strategies are permitted on an as needed basis only.*

Date	Time In	Time Out	*Service	Location	**Signature	***Code

***Service:** **Tx Plan** - Treatment Plan / **Tx** - Direct Treatment / **Sup/Coll** - Supervision/Collaboration (AC only) / **Coll** - Collaboration (Skills Trainer role) / **DOE Mtg** - DOE Meeting / **Prov. Mtg.**- Meetings between AC and ST./ **Trvl** – Travel (when permitted by the agency contract)

****Signature:** Parents/Caregiver/Early Intervention staff are to sign as confirmation that service was provided and write relationship code where indicated (see below for code legend).

*****Code:** **P** - Parents / **C** - Caregiver / **EI** - Early Intervention Staff / **AC** /**ST**– Autism Consult./ Skills Trainer

I attest this invoice has been reviewed and is accurate: _____

Service Provider Signature Date

I attest this invoice has been reviewed and is accurate: _____

Agency Supervisor Signature Date

Rvsd. 6/24/03