Hempstead Public Schools Pupil Personnel Services Special Education Service Provider Log

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Student's Name:	D.O.B:	Provider:
Type of Service:	Location of Service:	
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Date of	# of	СРТ	Group/	Session Note	Time	Signature
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I confirm that the above services have been provided as designated above.							
Signature	Date						
Under Direction of	Date						

^{*} One unit = 15 minutes