

**Hempstead Public Schools
Pupil Personnel Services
Special Education Service Provider Log**

Student's Name:	D.O.B:	Provider:
Type of Service:	Location of Service:	

Date of Session	# of Units	CPT Code	Group/Indiv.	Session Note	Time	Signature
			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/Indiv.			
			Group/Indiv.			

** One unit = 15 minutes*

I confirm that the above services have been provided as designated above.

Signature _____

Date _____

Under Direction of _____

Date _____