# SPEECH SERVICE LOG

| | |
|---|---|
| **Student Name:** | **Providers Name:** |
| **Date of Birth:** | **Title: Speech Therapist** |
| **County: Brantley** | **Area/Supervisor: Roxie Tumlin** |
| **School:** | |

**Diagnosis:** **Dr.** **NPI #**

**I certify that this log is an accurate record of the location, dates, types, and, where appropriate, length of service provided to this student.**

**SIGNATURE:**_____

**Medicaid Number:** **POC:**

| **Month** Aug. Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May June July | Eval | Therapy Individual 92507 | Therapy Group 92508 | Swallowing Eval | Swallowing Therapy | Augmentive Eval | Augmentive Comm Therapy | Sensory Integrative Activities | Development of Cognitive Skills | Group Size | Units |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2016 / 2017 | | GN/TM | /TM | | | | | | | | |
| | | 62.53 | 26.35 | | | | | | | | |
| Date of Service | 1 | 1 | 1 | 1 | 1 2 3 4 | 1 | 1 | 1 2 3 4 | 1 2 3 4 | 1 Session = 1Unit | |
| 1 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 2 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 3 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 4 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 5 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 6 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 7 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 8 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 9 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 10 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 11 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 12 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 13 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 14 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 15 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 16 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 17 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 18 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 19 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 20 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 21 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 22 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 23 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 24 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 25 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 26 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 27 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 28 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 29 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 30 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |
| 31 | ⬭ | ⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭ | ⬭ | ⬭⬭⬭⬭ | ⬭⬭⬭⬭ | | |