

LOS ANGELES UNIFIED SCHOOL DISTRICT
Non-Public School/Non-Public Agency: Daily Service Log
BEHAVIOR INTERVENTION SERVICES

STUDENT LAST _____ FIRST _____ DATE OF BIRTH ____/____/____
 MM DD YY
 STUDENT ID # _____ NPA/NPS Speech, Language & Ed. Associates LOC. CODE - 0247
 PROVIDER NAME (PRINT) _____ PROVIDER ID _____
 This signature of the service provider certifies under penalty of perjury that the information contained on this form is true and correct.
 PROVIDER SIGNATURE _____ DATE _____

MONTH: _____

Diagnostic Code _____

DATE MM / DD / YY	TIME IN	TIME OUT	TOTAL MINUTES	NOTES*	INITIALS**
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Progress Summary Toward Identified IEP GoalS*:**

*Include description of activity ** Initials of Parent or LEA Local School Representative ***For BID use only

Signature of Supervisor _____ Date _____