SOUTH HUNTINGTON U.F.S.D.
Monthly Related Service Attendance

Student's Name: _____ School: _____ Month: _____ Yr: _____

Service Provider: _____ License #: _____ NPI #: _____ Medicaid #: _____

Related Service: _____ _____x/week_____min. _____x/week____min.

Date	Start Time	End Time	Session Length	Individual	Group (please list other students present in group)	Signature
1						
2						
3						
4						
5						
6						
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26						
27						
28						
29						
30						
31						

TOTAL SESSIONS Indiv: _____ Group: _____

I, _____, certify that I have provided the services as indicated above and have recorded session notes on **IEP DIRECT** as required.

Service Provider's Signature: _____ Date: _____

M:\IR\Documents:IndepConAttendance