

# Teacher of the Hearing Impaired Services Log

Student's name: \_\_\_\_\_ Provider's name: \_\_\_\_\_  
 Student's date of birth: \_\_\_\_\_ Service month/year: \_\_\_\_\_ Provider's title: \_\_\_\_\_  
 School: \_\_\_\_\_ Provider's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Diagnosis/symptom(s): \_\_\_\_\_

Service	Date																														
Treatment	Time																														
	Treatment Code																														
Refer to the keys below for an explanation of the Treatment Codes and Progress Indicators	Type of Service	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	Group
	Progress Indicator																														
Teacher Contact	Time																														
Instructional Assistant Contact	Time																														
Parent Contact	Time																														
Equipment Set Up	Time																														
Charting and Report Writing	Time																														
MDT Planning	Time																														
Travel	Time																														
Other	Time																														
Total																															
<b>Treatment Keys:</b> BC - Biological System Check IET - Instruct Electronic Technology REL - Receptive/Expressive Language SI - Speech Intelligibility		<b>Monthly Notes</b> must fully disclose the student's progress or outcome for the month in relation to the treatments provided and the medical/mental health-related goals in the IEP																													
_____ _____																															
<b>Progress Indicator Key:</b> I - Improvement SI - Slight Improvement NC - No Change R - Regression																															