



Professional Services Log for Psychological Assessment

LEA Name: _____ Psychologist's Name: _____

Student's Name: _____ Date of Birth: _____

Diagnosis/Symptom(s): _____

Activity	Date	Time
MDT Meeting		
Reviewing Records		
Preparing and Sending Materials to Parents		
Preparing and Sending Correspondence to Other Professionals		
Administering and Scoring Psychological Tests		
Completing Classroom Observation		
Consulting with Teacher		
MDT Staffing/Determining Eligibility Recommendations to IEP Committee (excluding IEP meeting)		
Preparing MDT Assessment Summary		
Meeting with Parents (excluding IEP meeting)		
Travel		
Other (Explain)		
IEP Date (Billing Date)		
Total Time		

Comments: _____

Psychologist's Signature: _____ Date: _____



Phone: (800) 360-8511
 Fax: (570) 455-4526
 Web site: www.leaderservices.com

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