Teacher of the Hearing Impaired Services Log

Early Inter	vention [] Scho	ool Age 🗌	I					Page 1 of 2	
Student's Name:					Date of I	Birth:		PA Secure ID	Service month/year:	
Provider's Name:				Title:			Provider's Signature:	Date:		
Diagnosis/S	Symptoms	:								
Service		Treatment					Progress	S (Refer to keys below and on page 2 for an explanation on progress indicators and treatment codes)		
Date	Start Time	End Time	Total Time	Treatment Key	Individual or Group	Service Type	Progress Indicator Key	Description of Service (Dail	y Notes on Activity, Location, and Outcome)	
Superior	2a November	<u>, </u>		DM	Service Direct Session I- Direct Session sion	n: Make-up	RG PR-	Progress Indicator Key I- Maintaining		
Supervisor	s maine:					supervisor s	Signature: _		Date:	



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Treatment Key:

1	Direct	Articulation for Hearing Support						
2	Direct	Assistive Technology						
3	Direct	Auditory Comprehension						
4	Direct	Auditory Discrimination						
5	Direct	Auditory Memory						
6	Direct	Auditory Training						
7	Direct	Auditory Training and Language Skills						
8	Direct	Augment Oral Communication						
9	Direct	Augment Written Communication						
10	Direct	Aural Rehabilitation						
11	Direct	Expressive Language						
12	Direct	Figure-Ground Discrimination						
13	Direct	FM Training Auditory Memory						
14	Direct							
15	Direct	Hearing/FM Aid Instruction to Student						
16	Direct	Language Enhancement						
17	Direct							
18	Direct	Receptive Language						
19	Direct	Speech Reading						
20	Direct	Other Direct Services						

