

### Audiology and Speech/Language Service Documentation Sheet

School Corporation: \_\_\_\_\_ Building: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Date of Service	Time In / Time out	Billable Minutes	Service Rendered (see below)	If Group Session # in group	Activity	Progress Toward Goal/ Student Response	Service Provided By (Initial)

**Audiology and Speech/Language Service Rendered Legend:**

SG = Speech Group	SE = Speech Evaluation	SI = Speech Individual
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**Service Providers:**

Signature	Initial	Position	Signature	Initial	Position
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Questions please call 317-295-4050(X123)

(Clairmaid)