Services Provided to Non-Public School Students 2011-12 School Year

Teacher of Record or Service Provider _____

Non-public school Student ______ Non-Public Placement _____

Dates of Service **	Type of Service Provided / Activities	# of Hours Worked	Other Costs Expended – materials, supplies, etc.
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** If you see this student on a regular basis, specify the number of hours per week or month involved (ex. 2 hrs/wk) Please fax back at the end of 1^{st} semester and update at the end of 2^{nd} semester - 574-936-8184