SAMPLE SCHOOL DISTRICT NO. 007
1234 Main Street, Anytown WA 98000

SPECIAL EDUCATION SUPPORT SERVICES
Fax: (800) 555-1212 Voice (800) 555-1211

Medicaid Report Form: Professional Evaluation/Reevaluation Log

Student name **Louie Duck** Birth date **6/15/1992** Student # **123456**

Serving school **Sample Other School** Age **8y 2m** Gender **M** Grade **5**

Home school **Sample Grade School**

Service Provider Name & Title

Service Specialty:
☐ Audiology ☐ Nursing ☐ OT
☐ Speech ☐ Psychology ☐ PT

Task	Date	Time	Date	Time	Date	Time	Date	Time
Team Meeting								
Review of Records								
Preparing & Sending Correspondence								
Admininstering and Scoring Tests								
Student Observation								
Teacher Consultations								
Professionals' Consultations								
Report Writing								
IEP Preparation								
Travel								
Other:								
Parent Conference/IEP Meeting								
Total Time:								

Comments:

Service Provider Signature _____ Date _____