

SPEECH THERAPY SHARS LOGS

Student Name: _____ **DOB:** _____ **Medicaid #:** _____

Practitioner: _____ **SLP-CCC** _____ **SLP Intern/CFY** _____ **SLP** _____

Physician & Date of RX: _____ **ASLP** _____ **TX. Lic. SLP** _____ **TEA Cert** _____

Parental Consent Date: _____ **School District/CO-OP:** _____

Date: _____ Start Time: _____ Stop Time: _____ <u>Units</u> <u>Service Code</u> ___ I – Individual ___ G – Group ___ E – Evaluation Re-Eval _____ Initial – Eval _____ Qualify: Y ___ N ___ Initials: _____	Date: _____ Start Time: _____ Stop Time: _____ <u>Units</u> <u>Service Code</u> ___ I – Individual ___ G – Group ___ E – Evaluation Re-Eval _____ Initial – Eval _____ Qualify: Y ___ N ___ Initials: _____	Date: _____ Start Time: _____ Stop Time: _____ <u>Units</u> <u>Service Code</u> ___ I – Individual ___ G – Group ___ E – Evaluation Re-Eval _____ Initial – Eval _____ Qualify: Y ___ N ___ Initials: _____	Date: _____ Start Time: _____ Stop Time: _____ <u>Units</u> <u>Service Code</u> ___ I – Individual ___ G – Group ___ E – Evaluation Re-Eval _____ Initial – Eval _____ Qualify: Y ___ N ___ Initials: _____	Date: _____ Start Time: _____ Stop Time: _____ <u>Units</u> <u>Service Code</u> ___ I – Individual ___ G – Group ___ E – Evaluation Re-Eval _____ Initial – Eval _____ Qualify: Y ___ N ___ Initials: _____
Objectives A L F V PL PH Aug IEP # 1 2 3 4 5 6 ___	Objectives A L F V PL PH Aug IEP # 1 2 3 4 5 6 ___	Objectives A L F V PL PH Aug IEP # 1 2 3 4 5 6 ___	Objectives A L F V PL PH Aug IEP # 1 2 3 4 5 6 ___	Objectives A L F V PL PH Aug IEP # 1 2 3 4 5 6 ___
Activities ___ Worksheets ___ Manipulative ___ Picture Cards ___ Word List ___ Games ___ Computer Other: _____	Activities ___ Worksheets ___ Manipulative ___ Picture Cards ___ Word List ___ Games ___ Computer Other: _____	Activities ___ Worksheets ___ Manipulative ___ Picture Cards ___ Word List ___ Games ___ Computer Other: _____	Activities ___ Worksheets ___ Manipulative ___ Picture Cards ___ Word List ___ Games ___ Computer Other: _____	Activities ___ Worksheets ___ Manipulative ___ Picture Cards ___ Word List ___ Games ___ Computer Other: _____
Observations ___ Mastered ___ Progress ___ No Change ___ Regression Other: _____	Observations ___ Mastered ___ Progress ___ No Change ___ Regression Other: _____	Observations ___ Mastered ___ Progress ___ No Change ___ Regression Other: _____	Observations ___ Mastered ___ Progress ___ No Change ___ Regression Other: _____	Observations ___ Mastered ___ Progress ___ No Change ___ Regression Other: _____

Objectives: A- Articulation L – Receptive & Express Skill F- Fluent Speech V-Vocal Quality/Response PL – Pre-language Skills
PH- Phonology **Aug-** Augmentative Communication Skills

Practitioner's Signature (Required): _____

Units: 1 Unit – 9-22 minutes
 2 Units – 23-37 minutes, etc

www.tsbs.cc
 1-877-897-8283

Supervisor's Signature (Required for ASLP, Tx Lic SLP & TEA SLP)