



Coordination of Services Log

_____, 20____
(Month) (Year)

Childs Name: _____ D.O.B.: _____

Program: (please check one) 10 Month 12 Month (July and August)

Services Child Receives: (please check all that apply)

- Special Education Itinerant Service (SEIT) Speech and Language Therapy Occupational Therapy
- Physical Therapy Counseling
- Other _____

Designated Coordinator's Name: _____

Coordinator's Discipline: SEIT Teacher

License#/Certification#: _____

(If other than SEIT, as per IEP)

- SP OT PT
- Psychologist LCSW
- Other _____

Coordination Activities

REQUIRED: A minimum of one (1) coordination activity per month for each Related Service is required including: verifying services delivered as per the IEP, expected outcomes, issues effecting service delivery, & student's progress based on feedback from therapists. List dates for conferences/training with student's parent/guardian, their feelings about their child's progress & effectiveness of the activities they have been given to use with their child. Discuss CPSE meeting attendance & outcome of meeting. Reference dates in discussion, as appropriate. ***If a preschool student is not receiving the Related Services as recommended in the IEP, the SEIS provider must notify the AAK supervisor immediately using the "Notification of Provision of Mandated Related Services" form.**

Month:	
Date:	Coordination Activities:

Coordinator of Services' Signature SEIT R.S. Service Provider Date: _____

Please save a copy of this form documenting all coordination activities for each month. This form & its contents will be incorporated into the student's file.