

Submit Monthly to

**Midwestern Intermediate Unit IV
2018-2019
Services Attendance Record**

School Year _____

Student Name _____ Therapist/Teacher _____

District of Residence _____ IU or District Program _____

School _____ Date of Birth _____ M or F

IEP Date _____ Service Frequency _____ Amt. of Time _____ ER Date _____

Special Information _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
Sept.																															
October																															
Nov.																															
Dec.																															
January																															
Feb.																															
March																															
April																															
May																															
June																															
July																															

Key
 O-Observe
 M-Meeting
 E-Evaluation
 I-IEP Meeting
 List Minutes for Direct Service

AB-Student Absent
 TA-Therapist/Teacher Absent
 X-Other, please see documentation
 NS-No School
 C-Consultation

R-Re-evaluation
 PC-Phone Call