Lower Columbia College Head Start/ECEAP DISA 2j

Special Education Services Log

Child's Last Name	Child's First Name	Month	Year

Teacher's Name	Center	LOC ID

Legend:

A = Child Absent NS = Therapist No Show S = Therapist Sick L = Therapist Arranged Leave T = Therapist Testing WD = Withdrawn E = IEP Exit

Days of the Month	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
Specialist/Service (ex: Jane Doe/SLP)	***Specialist*: Please write your initials on the day you provide service.**																														

IEP Date:	IEP Service Time: **Weekly Direct and/or Group Instruction through Special Education Services and Classroom Instruction**

Head Start/ECEAP Staff Signature Date Total Time

Original: Area Manager for Review; Area Manager forward to Health Coordinator; Health Coordinator to Fiscal Specialist Copy: Child's Site File

Checked for Accessibility: GM, ECR, 06/12/2026, Adobe Acrobat Accessibility Checker

(C: 09/00; R: 10/2025)