

Client Code: _____

Consultant: _____

(Print Name)					
This sheet must be submitted bi-weekly Service (Circle One): Behavior Intervention Services Parent Training Supervision					
Date	Time In	Time Out	Task/ Brief Description of Services	Therapist Signature	Parent Signature
TOTAL HOURS			1		L

^{**} All cancelled sessions should be logged with ---- through time in and time out and CANCELLATION in description.

^{**} All make up sessions must be denoted MU in description. All hours billed over the allotted time on the schedules provided will NOT be paid.

^{**} Any discrepency in times billed vs. parent session log will NOT be paid.

^{**}Any make up that is provided that cannot be verified through the timesheet will not be paid.