

Minnesota Department of Human Services IEP/IFSP/IIIP Services Documentation Log

STUDENT'S NAME					Type of service provided (service code) — Check one:	
DATE	OF B	BIRTH			☐ Physical Therapy (T1018-U1)) ☐ Occupational Therapy (T1018-U2)	
SCHOOL					□ Speech-language Pathology (T1018-U3) □ CTSS Mental Health Services (T1018-U4, HE) □ Mental Health Option 1 (T1018 U4) □ Nursing Services (T1018-U5) □ Interpreter Services (T1013)	
Date of Service			Time Spent Providing	Number Of Children	Description of Services: Enter a description of the actual services provided relating to goals/objectives on the IEP/IFSP/IIIP, including: activities, results, response, progress, and plan for next session. For interpreter services, include description of service provided and the service provided in conjunction with the interpreter service. Use as many lines as necessary to complete documentation.	
MM	DD	YY	Service	-	Do not use pencil, white-out, ditto marks, or arrows.	
SERVICE PROVIDER: TYPED/PRINTED NAME						
SIGNATURE/TITLE:						