

**Baltimore County Public Schools
Office of Special Education
Agency Employee Service Log**
SLP ____ OT ____ PT ____ Interpreting ____

Services Rendered By: _____
Agency Employee Signature
 ASHA# _____ MD License # _____ Other Certification _____

WEEKLY REPORT OF CONTRACTUAL SERVICES RENDERED – LOG

Date	School	Student Name	TPB ✓	Session Start Time	Session Ending Time	Administrator/ Designee Signature	Billable Hours
TOTAL BILLABLE HOURS							

TPB – Third Party Billing - ✓ only if the student is eligible for billing.
 Arrival Time _____
 Departure Time _____