Student's name	Service Provider
Dates of Service / / to / /	Location of Service

SETSS LOG NOTES

Date of Session	Start/End time	Notes on Session
	to	
	to	
	to	
	to	
	to	
	to	
	to	
	to	

I certify that the above services were provided on the dates indicated above.

_____   _____

(Teacher's Signature)   Date