Name of School **Name of District** **Intervention Log** **School Year**	
Student:	DOB:
Grade/Teacher:	School Year:
Classification:	IEP/Re-Eval Date:
Parents:	Phone:
Provider:	Signature:

Date	Individual session/ # in Group	Time in minutes	Activity/ Topic	E = Evaluation O = Observation C = Counseling	Behavior Intervention /Tracker	Missed session due to schedule change	Absent: S = Student P = Provider	Provider Initials