

## Service Journal for Christina School District 12 – 13 SY

**SCHOOL:** **Pulaski Elementary School**

**COMPANY NAME:** **Positive Directions II LLC**

**SERVICE PROVIDED:** *(Elementary Counseling, Behavior Intervention, Student Support Services)*

**SERVICE DATES:** **Enter Pay Period Dates**

Service Provider Name \_\_\_\_\_ ***Your Name Here*** \_\_\_\_\_

*Weekly Log*

<i>STUDENT Day/Date</i>	<i>BRIEFLY DESCRIBE STUDENT ISSUES/PROBLEMS</i>	<i>DESCRIBE SERVICES PROVIDED TO INDIVIDUAL STUDENTS</i>	<i>NUMBER OF STUDENT CONTACT HOURS</i>	<i>OTHER SERVICES / HOURS</i>
<b>3/29/11 Hall Monitor</b>	<b>Redirect Students in Halls</b>	<b>Keep Halls Clear &amp; Safe</b>		<b>5 hours</b>
<b>Cafeteria Duty</b>	<b>Redirect Students in Cafeteria</b>	<b>Aid Students in Cafeteria</b>		<b>2 hour</b>

**PRINCIPAL SIGNATURE** \_\_\_\_\_

*(site supervisor's signature)*

SDBudgetForms:ServiceJournalFY'12

\_\_\_\_\_ *(date)*