

## Service Journal for Christina School District – SY 2017-2018

**SCHOOL: SCHOOL NAME HERE**

**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>DATE</b>  <b>STUDENT NAME HERE</b>	<b>ONE-ON-ONE PARA</b>	<b>ASSISTED STUDENT</b>	<b>TOTAL HOURS WORKED</b>	

**PRINCIPALS SIGNATURE** \_\_\_\_\_

*(Site Supervisor's Signature)*

\_\_\_\_\_ *(Date)*