

## Service Journal for Christina School District – SY 2019-2020

**SCHOOL:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**SERVICE PROVIDED:** *(Elementary Counseling, One-on-One Para)* \_\_\_\_\_

**SERVICE DATES:** \_\_\_\_\_

Service Provider Name \_\_\_\_\_

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>

\_\_\_\_\_  
*(Site Supervisor's Signature)*

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