Listen to Children Individual Student Log

Listen to Children Individual Student Log School: School: Child's First Name & Last Initial: Child's First Name & Last Initial: Listener Last Name:_____ Listener Last Name:_____ Listener Signature: Listener Signature:_____ Month /Year: Month /Year: _____ What day do you listen to this child? _____ What day do you listen to this child? Write "no mtg" or "last mtg" if that's the case. Write "no mtg" or "last mtg" if that's the case. Date for such files at Time and Date (month/date) | Time in Time out

| | Date (month/date) | Time in | Time out |
|---|-------------------|---------|----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |

| L | b | | | | | | | | |
|----------------------------|---|--|--|--|--|--|--|--|--|
| | 7 | | | | | | | | |
| | 8 | | | | | | | | |
| | | | | | | | | | |
| School Staff Signature: | | | | | | | | | |
| Check: Office Staff Person | | | | | | | | | |

Scan to helen@mhasefl.org, fax 954 746-6373 or pony Banyan: LTC

School Staff Signature:

Check: Office Staff Person

School Counselor

Scan to helen@mhasefl.org, fax 954 746-6373 or pony Banyan: LTC

School Counselor