



Exceptional Student Education
Programs for Students with Emotional/Behavioral Disabilities
Clinical/Art Therapy Services - Student Contact Log

Student: _____ ID: _____

School: _____

Date/ Time	Service Codes	Person(s)/Agency	Notes
		Procedure/Materials	

BI: BIP; CA: Conference-Teach/Std; CB: Conference-Team; CI: Community Agency Info; CT: Conference-Std/Parent/Teach; C3: Conference-Administration; C5: Conference-Outside Agency; C6: Conference-Parent/Guardian; C7: Conference-Student; C9: Conference-Teacher; FC: FAB; F1: Family Counseling; G3: Group Intervention Counseling; I1: Individual Counseling; L1: Letter to Parent; M2: Conflict Management; O1: Observed in Classroom; PR: Physical Restraint; RI: Risk Counseling-Intervention; RS: Risk Counseling-Assessment; RP: Risk Counseling-Postvention

_____ Service Provider Name (printed) _____ Service Provider Signature, Credentials _____ Date