

Pennsylvania Service Description Slip



Education Agency Name _____ Service Month/Year _____
 Student Name (Last, First, MI) _____ Date of Birth _____
 Service Provider _____ School Building _____

Service Specialties

Please check (x) the appropriate service specialty

- _____ 01 Audiology
- _____ 02 Nursing (RN)
- _____ 03 Occupational Therapy
- _____ 04 Personal Care Assistant
- _____ 05 Physical Therapy
- _____ 06 Physician
- _____ 07 Psychiatric
- _____ 08 Psychology
- _____ 09 Social Work
- _____ 10 Speech/Language/Hearing
- _____ 11 Vision
- _____ 12 Orientation & Mobility
- _____ 13 Teacher of the Hearing Impaired
- _____ 14 IEP
- _____ 15 Nursing (LPN)

1. Individual Services

Please enter the total number of hours and minutes per day

Day	Hours	Minutes
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

2. Group Services

Day	Hours	Minutes
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

Signatures

 Service Provider's Signature
 Date _____

 Supervisor's Signature
(required when services are provided by paraprofessionals)
 Date _____

LEADER SERVICES
 (800) 360-8511

U.S. Postal Service Address
 PO Box 0
 Hazleton PA 18201

Package Delivery Address
 75 Kiwanis Boulevard
 West Hazleton PA 18202