BALTIMORE COUNTY PUBLIC SCHOOLS

Office of Special Education

Related Services

Agency Employee Service Log SLP ___ OT ___ PT ___

Therapist:			Signature:
			(Required. Signature to verify services rendered.)
Credentials:	ASHA#	MD License #_	Other:
School:		-	Date of Service:
Adminisrator/Designee Signature:			Title:
(Required. Signat	ure to verify attendance	e at site only.)	

Billing Guidelines:

- *Students are to be scheduled in a group unless otherwise indicated by their IEP.
- *If students are seen in a group, you may only bill BCPS for the length of the session, not for each student in the group. For example: a group of 4 that is held from 9-9:30....you can only bill for ½ hour, NOT (4) ½ hour sessions
- *All services billed must have a corresponding entry in the students' related service log and must be initialed and sig service provider. (The entries on the student log must comply with the Related Services guidelines.)
- *You may only bill for 1/2 hour of planning per day.
- *You may not bill when schools are closed due to inclement weather or emergency situations or when a student is a present in the building and unable to attend the session.
- * If there is an unusual situation that may require additional billing, contact your Team Leader for approval prior to
- * Submit all BCPS Agency Employee Service Logs to your agency. They will submit the logs with the agency invoice

Report of Contractual Services Rendered				
Student's First Name and Last Initial Include all students in the group.	Activity Therapy, team, testing, planning, training, screenning, consultation per IEP, etc.	Time of Service Beginning and Ending Times		
otal Billable Hours				