

Circle your position

Teaching Assistant Teacher Aide 1:1 Aide Substitute

Circle your placement

8:1:2 12:1:1 6:1:1 Community

Child's Name: _____ Your Name: _____

Billing Period: _____ IEP Frequency: _____ Location: _____

Date	Time In	Time Out	Total Hours	Teacher/Caregiver Signature

Monthly Progress In Relation to Goals:

(Ex: Child is more interactive with peers. Have been working on using bathroom and washing hands, but child still needs assistance.)

Your Signature: _____

