

**THE PATHWAYS SCHOOLS  
DOCUMENTATION OF THERAPY SERVICES**

**STUDENT** **PCOG** **Student's Office Number**

**Local ID Number:**

**Date of Birth**

**SCHOOL**

**Name and ID Number**

**SERVICE:**

**Date of Service:**

**Duration:** Hours

Minutes

**Scheduled Session:**

**Service Type:**

**Group Size:**

**Response:**

**Notes:**

\_\_\_\_\_  
Provider Signature:

\_\_\_\_\_  
Credentials

\_\_\_\_\_  
Date