

**Tazewell-Mason Counties Special Education Association  
Hourly Service Statement**

**504**

<b>Employee (Service Provider)</b>	
<b>Type of Service</b> (OT/COTA/PT/PTA/HI/VI/PH/SLP/Other-list)	

<b>Month and Year of Service</b>	
<b>Resident District</b>	

	<b>NAME OF STUDENT</b>	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	<b>Total Visits</b>	
1																																		
2																																		
3																																		
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Signed: Service Provider/Date

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Signed: Program Coordinator/Date