TC Service Time Log – Student Log __________ School Year Special Education Teacher: ______________________________

Student: ______________________________________ IEP Time Range for TC Services: ______________________________

Directions: Please record the specific amount of time (in minutes) support or assistance is provided in the general education classroom to student in accordance with the TC range specified on individual IEPs.

Class	Week					Week				
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date