

Billable Log Quick Reference Guide

Use this sheet to help in addition to the KBAs sent to you by Pearson.

Common Fields for all Log Types

No matter what type of session you are logging you should always have a few fields the same.

About

* > Demo, Amanda (~Mandy) [Enrolled];

System

* Student

****System is always “Student”**

Location

* > MyCA;

****Location is the Connections Academy School the student is enrolled at: example - “ARCA”**

Contact Date

* 1/16/2025



10:33 AM



****Contact Date is the date and time of your session, meeting or evaluation you are logging.**

Direct Service Log - Therapy Session Held

In Person Session

Contact Type * Face to face

Contactees * Demo, Amanda (Student);

Areas and Categories

▼ Evaluation testing session held; Counseling Services - 30 Minutes;

Select items from the list below.

☐ Instructional [0 /63]

☐ SST/RTI [0 /40]

☐ GRCA PBIS [0 /3]

☒ Related Services [1 /44]

☐ Counseling Services - 15 Minutes

☒ Counseling Services - 30 Minutes

☐ Counseling Services - 45 Minutes

☐ Counseling Services - 60 Minutes

Select the correct therapy type and minutes for the session you are logging*

Virtual Individual Session

Contact Type * LiveLesson - Individual

Contactees * Demo, Amanda (Student);

Areas and Categories

▼ Evaluation testing session held; Counseling Services - 30 Minutes;

Select items from the list below.

☐ Instructional [0 /63]

☐ SST/RTI [0 /40]

☐ GRCA PBIS [0 /3]

☒ Related Services [1 /44]

☐ Counseling Services - 15 Minutes

☒ Counseling Services - 30 Minutes

☐ Counseling Services - 45 Minutes

☐ Counseling Services - 60 Minutes

Select the correct therapy type and minutes for the session you are logging*

Virtual Group Session

Contact Type * LiveLesson - Group

Contactees * Demo, Amanda (Student);

Areas and Categories

▼ Evaluation testing session held; Counseling Services - 30 Minutes;

Select items from the list below.

☐ Instructional [0 /63]

☐ SST/RTI [0 /40]

GRCA PBIS [0 / 3]

☒ Related Services [1 / 44]

☐ Counseling Services - 15 Minutes

☒ Counseling Services - 30 Minutes

☐ Counseling Services - 45 Minutes

☐ Counseling Services - 60 Minutes

Select the correct therapy type and minutes for the session you are logging*

Direct Service - Therapy Session - No Show

In Person Session

Contact Type * Face to face - Did Not Attend

Contactees * Demo, Amanda (Student);

Areas and Categories Evaluation testing session held; Counseling Services - 30 Minutes;

Select items from the list below.

Instructional [0 / 63]

SST/RTI [0 / 40]

FVCA PBIS Program [0 / 6]

GRCA PBIS [0 / 3]

☒ Related Services [1 / 44]

☐ Counseling Services - 15 Minutes

☒ Counseling Services - 30 Minutes

☐ Counseling Services - 45 Minutes

☐ Counseling Services - 60 Minutes

****Select the correct therapy type and minutes for the session you are logging****

Virtual Session

Contact Type * LiveLesson - Did Not Attend

Contactees * Demo, Amanda (Student);

Areas and Categories Evaluation testing session held; Counseling Services - 30 Minutes;

Select items from the list below.

Instructional [0 / 63]

SST/RTI [0 / 40]

FVCA PBIS Program [0 / 6]

GRCA PBIS [0 / 3]

☒ Related Services [1 / 44]

☐ Counseling Services - 15 Minutes

☒ Counseling Services - 30 Minutes

☐ Counseling Services - 45 Minutes

☐ Counseling Services - 60 Minutes

****Select the correct therapy type and minutes for the session you are logging****

Evaluations

Logs should be created for evaluation sessions and for when the results/documentations are turned in. The log date for evaluation documentation complete should match the date for evaluation on the invoice.

In Person Evaluation Student No Show

Contact Type * Face to face - Did Not Attend ▼

Contactees * Demo, Amanda (Student);

Areas and Categories --Choose At Least One--

Select items from the list below.

- ☐ Instructional [0 /63]
- ☐ SST/RTI [0 /40]
- ☐ Administrative [0 /25]
- ☒ Special Education [0 /44]
 - ☐ 504 Contact
 - ☐ 504 Meeting
 - ☐ Accommodation
 - ☐ Alternative Program Curriculum Expectations

- ☐ Pre-enrollment Meeting
- ☐ Evaluation results mailed/sent
- ☐ Evaluation scheduled
- ☒ Evaluation testing session held

****If the therapist logging did not conduct the evaluation, please include the name of the therapist that conducted the evaluation in the comments****

In Person Evaluation Held

Contact Type * Face to face ▼

Contactees * Demo, Amanda (Student);

Areas and Categories

▼ Evaluation testing session held;

Select items from the list below.

- ☐ Instructional [0 /63]
- ☐ SST/RTI [0 /40]
- ☐ Administrative [0 /25]
- ☒ Special Education [1 /44]
 - ☐ 504 Contact
 - ☐ 504 Meeting
 - ☐ Accommodation

☐ Pre-enrollment Meeting

☐ Evaluation results mailed/sent

☐ Evaluation scheduled

☒ Evaluation testing session held

***If the therapist logging did not conduct the evaluation, please include the name of the therapist that conducted the evaluation**

Virtual Evaluation Student No Show

Contact Type * LiveLesson - Did Not Attend ▼

Contactees * Demo, Amanda (Student);

Areas and Categories

▼ --Choose At Least One--

Select items from the list below.

- ☐ Instructional [0 /63]
- ☐ SST/RTI [0 /40]
- ☐ Administrative [0 /25]
- ☒ Special Education [0 /44]
 - ☐ 504 Contact
 - ☐ 504 Meeting
 - ☐ Accommodation
 - ☐ Alternative Program Curriculum Expectations

<input type="checkbox"/>	Pre-enrollment Meeting
<input type="checkbox"/>	Evaluation results mailed/sent
<input type="checkbox"/>	Evaluation scheduled
<input checked="" type="checkbox"/>	Evaluation testing session held

****If the therapist logging did not conduct the evaluation, please include the name of the therapist that conducted the evaluation in the comments****

Virtual Evaluation Held

Contact Type	* LiveLesson - Individual								
Contactees	* Demo, Amanda (Student);								
Areas and Categories	<div> <input checked="" type="checkbox"/> Evaluation testing session held; </div> <div> Select items from the list below. </div> <div> <input type="checkbox"/> Instructional [0 /63] </div> <div> <input type="checkbox"/> SST/RTI [0 /40] </div> <div> <input type="checkbox"/> Administrative [0 /25] </div> <div> <input checked="" type="checkbox"/> Special Education [1 /44] </div> <div> <input type="checkbox"/> 504 Contact </div> <div> <input type="checkbox"/> 504 Meeting </div> <div> <input type="checkbox"/> Accommodation </div> <div> <input type="checkbox"/> Alternative Program Curriculum Expectations </div> <div> <input type="checkbox"/> Other </div>								
	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Pre-enrollment Meeting</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Evaluation results mailed/sent</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Evaluation scheduled</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Evaluation testing session held</td> </tr> </table>	<input type="checkbox"/>	Pre-enrollment Meeting	<input type="checkbox"/>	Evaluation results mailed/sent	<input type="checkbox"/>	Evaluation scheduled	<input checked="" type="checkbox"/>	Evaluation testing session held
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<input type="checkbox"/>	Evaluation results mailed/sent								
<input type="checkbox"/>	Evaluation scheduled								
<input checked="" type="checkbox"/>	Evaluation testing session held								

****If the therapist logging did not conduct the evaluation, please include the name of the therapist that conducted the evaluation in the comments****

Evaluation Documents Completed (Sent or Uploaded)

Contact Type * Comment / Observation - Individual ▼

Areas and Categories

▼ Evaluation testing session held;

Select items from the list below.

- ☐ Instructional [0 / 63]
- ☐ SST/RTI [0 / 40]
- ☐ Administrative [0 / 25]
- ☒ Special Education [1 / 44]
 - ☐ 504 Contact
 - ☐ 504 Meeting
 - ☐ Accommodation
 - ☐ Alternative Program Curriculum Expectations
 - ☐ Collaboration

☐ Pre-enrollment Meeting

☒ Evaluation results mailed/sent

☐ Evaluation scheduled

☐ Evaluation testing session held

****If the therapist logging did not conduct the evaluation, please include the name of the therapist that conducted the evaluation in the comments****

Progress Notes

Contact Type Comment / Observation - Individual ▼

Areas and Categories

▼ --Choose At Least One--

Select items from the list below.

- ☐ Instructional [0 / 63]
- ☐ SST/RTI [0 / 40]
- ☐ Administrative [0 / 25]
- ☒ Special Education [0 / 44]
 - ☐ 504 Contact

☐ OEA Review - IACA Only

☐ Other

☐ Prior Written Notice Sent

☐ Procedural Safeguards Sent

☒ Progress on IEP Goals

☐ Related Services

☐ Speech Therapy

Records Review

Contact Type * Comment / Observation - Individual ▼

Areas and Categories

▼ Evaluation testing session held;

Select items from the list below.

- ☐ Instructional [0 / 63]
- ☐ SST/RTI [0 / 40]
- ☐ Administrative [0 / 251]
- ☒ Special Education [1 / 44]
 - ☐ 504 Contact
 - ☐ 504 Meeting
 - ☐ Accommodation
 - ☐ Alternative Program Curriculum Expectations
 - ☐ Collaboration
- ☐ Incoming Document
- ☐ IEP documentation
- ☐ Norep/Pwn
- ☒ Evaluation/re-evaluation documentation
- ☐ Requested Documents
- ☐ 10 day waiver
- ☐ RR waiver
- ☐ State Testing Accommodations
- ☐ 10-Day Review
- ☐ Re-enrollment Meeting

How can I check my logs?

If you have already completed a log and want to check it below are what the log should look like if logged correctly.

The 3 areas you should be checking is the date/time, Contact Type and Areas and Categories

Log Entry 01/01/2025 12:00 AM

About: [REDACTED]

Recorder: [REDACTED]

System: Student

Location: [REDACTED]

Section: [REDACTED]

Contact Type: Face to face

Areas and Categories:

Related Services - Other

Related Service - 60 Minutes

Direct Service Log - Therapy Session Held

In Person Session

Log Entry	01/15/2025 04:10 PM
About: [REDACTED]	[REDACTED]
Recorder: [REDACTED]	[REDACTED]
System: Student	[REDACTED]
Location: [REDACTED]	[REDACTED]
Section: [REDACTED]	[REDACTED]
Contact Type: Face to face	[REDACTED]
Contactees: [REDACTED]	[REDACTED]
Areas and Categories: Related Services - Occupational Therapy - 30 Minutes	[REDACTED]

Virtual Individual Session

Log Entry	01/14/2025 03:30 PM
About: [REDACTED]	[REDACTED]
Recorder: [REDACTED]	[REDACTED]
System: Student	[REDACTED]
Location: [REDACTED]	[REDACTED]
Section: [REDACTED]	[REDACTED]
Contact Type: LiveLesson - Individual	[REDACTED]
Contactees: [REDACTED]	[REDACTED]
Areas and Categories: Related Services - Counseling Services - 30 Minutes	[REDACTED]

Virtual Group Session

Log Entry	01/06/2025 02:00 PM
About: [REDACTED]	[REDACTED]
Recorder: [REDACTED]	[REDACTED]
System: Student	[REDACTED]
Location: [REDACTED]	[REDACTED]
Section: [REDACTED]	[REDACTED]
Contact Type: LiveLesson - Group	[REDACTED]
Contactees: [REDACTED]	[REDACTED]
Areas and Categories: Related Services - Social Work Services - 30 Minutes	[REDACTED]

Direct Service - Therapy Session - No Show

In Person Session

Log Entry		01/10/2025 12:07 PM
About:	[REDACTED]	[REDACTED]
Recorder:	[REDACTED]	[REDACTED]
System:	Student	[REDACTED]
Location:	NMCA	[REDACTED]
Section:	[REDACTED]	[REDACTED]
Contact Type:	Face to face	[REDACTED]
Contactees:	[REDACTED]	[REDACTED]
Areas and Categories:	[REDACTED]	[REDACTED]
Related Services -	Occupational Therapy - 30	[REDACTED]
Minutes		[REDACTED]

Virtual Session

Log Entry		12/18/2024 03:00 PM
About:	[REDACTED]	[REDACTED]
Recorder:	[REDACTED]	[REDACTED]
System:	Student	[REDACTED]
Location:	TNCAJ	[REDACTED]
Section:	[REDACTED]	[REDACTED]
Contact Type:	LiveLesson - Did Not Attend	[REDACTED]
Contactees:	[REDACTED]	[REDACTED]
Areas and Categories:	Related Services - Hearing Services - 60 Minutes	[REDACTED]

Evaluations

In Person Evaluation Held

Log Entry		12/11/2024 09:39 AM
About:	[REDACTED]	[REDACTED]
Recorder:	[REDACTED]	[REDACTED]
System:	Student	[REDACTED]
Location:	[REDACTED]	[REDACTED]
Section:	n/a	[REDACTED]
Contact Type:	Face to face	[REDACTED]
Contactees:	[REDACTED]	[REDACTED]
Areas and Categories:	Special Education - Evaluation testing session held	[REDACTED]

In Person Evaluation No Show

Log Entry	12/13/2024 10:15 AM
About: [REDACTED]	[REDACTED]
Recorder: [REDACTED]	[REDACTED]
System: Student	
Location: [REDACTED]	
Section: [REDACTED]	
Contact Type: Face to face - Did Not Attend	
Contactees: [REDACTED]; [REDACTED]	
Areas and Categories: Special Education - Evaluation testing session held	

Virtual Evaluation Held

Log Entry	12/17/2024 10:00 AM
About: [REDACTED]	[REDACTED]
Recorder: [REDACTED]	
System: Student	
Location: GACA	
Section: n/a	
Contact Type: LiveLesson - Individual	
Contactees: [REDACTED]	
Areas and Categories: Special Education - Evaluation testing session held	

Virtual Evaluation No Show

Log Entry	12/17/2024 05:30 PM
About: [REDACTED]	[REDACTED]
Recorder: [REDACTED]	
System: Student	
Location: [REDACTED]	
Section: [REDACTED]	
Contact Type: LiveLesson - Did Not Attend	
Contactees: [REDACTED]	
Areas and Categories: Special Education - Evaluation testing session held	

Evaluation Documents Completed (Sent or Uploaded)

Log Entry	12/09/2024 06:31 PM
About: [REDACTED]	[REDACTED]
Recorder: [REDACTED]	[REDACTED]
System: Student	
Location: [REDACTED]	
Section: n/a	
Contact Type: Comment / Observation - Individual	
Contactees: n/a	
Areas and Categories: Special Education - Evaluation results mailed/sent, [REDACTED]	

Log Entry 12/12/2024 10:15 AM
About: [REDACTED]
Recorder: [REDACTED]
System: Student
Location: [REDACTED]
Section: [REDACTED]
Contact Type: [REDACTED]
Contactees: [REDACTED]
Areas and Categories: Special Education - Progress on IEP Goals, [REDACTED]

Records Review

Log Entry	10/22/2024 01:53 PM
About: [REDACTED]	Discussion held with student teacher, [REDACTED] and [REDACTED] from [REDACTED] regarding [REDACTED]
Recorder: [REDACTED]	Conveyed the significance of this meeting and the [REDACTED] that is every part [REDACTED]
System: Student	[REDACTED] from this [REDACTED] the student [REDACTED] in past years in [REDACTED]
Location: [REDACTED]	[REDACTED]
Section: n/a	[REDACTED]
Contact Type: Comment/Observation [REDACTED]	[REDACTED]
Contactees: [REDACTED]	[REDACTED]
Areas and Categories: [REDACTED]	[REDACTED]
Special Education - Evaluation/re-evaluation documentation, [REDACTED]	[REDACTED]