



Therapy Station

Progressing towards Independence

Natural Environment Travel Log

Provider Name

Provider Signature

I attest that the following information is true and accurate.

Date	Point of origin Address	Departure Time	Departure Odometer	Destination Child's Name & Address	Arrival Time	Arrival Odometer	Minutes Traveled	Miles Traveled	Office

For your **subsequent destinations**, enter **SAME** if your **Point of Origin is the same** as the previous **Point of Destination** where services were delivered. Otherwise, enter a new Point of Origin address. Keep a supply of travel logs in a notebook or clipboard with a cover sheet, to hide the child names from casual observers, in your vehicle.