Therapy Station

Progressing towards Independence

SIGN IN/OUT SHEET

To Whom It May Concern: This form is requirement of Early Steps. If you have any questions please call (727) 643-8463.

Child's Name: _____ D.O.B:_____

Therapist Name: _____ Pay Period:_____ To _____

DATE	TIME IN	TIME OUT	SIGNATURE PARENT/CAREGIVER	TOTAL UNITS	TOTAL TRAVEL MINUTES	TOTAL MILES	Office use only

* ENTER IF IT IS CONFERNCE, IFSP OR PDEO IN THE OFFICE COLUMN

- Physical Therapy
- Occupational Therapy
- Speech Therapy