Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT

DIS LOG

DESIGNATED INSTRUCTION SERVICE LOG

Site: _____ ❒ **HS** ❒ **Wrap** ❒ **SP** ❒ **FD** **Teacher:** _____ **Month:**_____

Date	**Child's Name** *(Full name)*	**Absent (X)**	**Printed Staff Name** *(Full name of person providing service(s))*	**Staff Signature** *(Full signature)*	**Time Services Began**	**Time Services Ended**	**Type of service(s)** *(i.e. screening, assessment, RTI, speech, OT, PT, RSP)*	**Services provided in the classroom** (Y/N)	**Total Minutes**

INSTRUCTIONS FOR TEACHER:

1. Please email cdevdisabilities@scusd.edu with any new or updated IEPs.
2. Place DIS Log behind tab marked "DIS" in the back of Sign-in/Sign-out Binder.
3. Instruct Special Education, ALTA, and SCOE staff to sign log whenever services are provided for child(ren) in your class.

Turn DIS Log in to the Child Development's Special Needs CDS ***at the end of EACH MONTH***:
Special Needs CDS, Box 715