Portland Public Schools
Portland, Oregon

SERVICE PLAN LOG
PRIVATE SCHOOL STUDENTS
UNILATERALLY PLACED BY PARENTS

STUDENT NAME_____ DOB _____PPS ID # _____

ATTENDING SCHOOL_____ SCHOOL OF SERVICE_____

SP MANAGER/TITLE _____

DATE	TYPE OF SERVICE	TIME	INITIALS

TOTAL UNITS _____

PROVIDER SIGNATURE _____

To be submitted to records clerk at the end of each quarter.