## **SLP Extended School Year Pay Request**

		DI.	2000 mmint -i-			=	y Requested For		
This form mu	st be received at	the Cooperative O	ffice by the 6th of	nd e-mail to: De	ean.Kueter@k12. er to be paid during	sd.us or mail to:	Cornbelt Educ 1000 North W Sioux Falls, SI	Vest Avenue Sui	rative ite 240
<del></del>			SLP Exter	ded Schoo	l Year Servi	ce Report	Sioux Pails, Si	75/104	
		SPEECH		*BIRTH TO 3		EVALUATIONS			,
Date Worked	Student's Initials	Therapy Time	Indirect Service Time	Home Visit	Indirect Service Time	Time Evaluating	Report Writing	Meeting Time	Driving Time
		15 min units	hours	hours	hours	15 min units (12 max)	15 min units (4 max)	hours	minutes
				****					
				***					
	Total Time								
		0	0	0	0	0	0	0	0.0
F		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OFFICE US	Pay E ONLY		FCV(I) ID CV (CD		STOCKHOOL STATE OF THE PROPERTY OF THE PROPERT			T	Ψ0.01
OFFICE US	SE ONLY	ESYSPEECH	ESYINDSVSP	BTO3SPEECH	BTO3SPIND	EVALSP	EVALRPTWRS	MTGSPEECH	DRVTIMESS
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services for pr blonged Assista tn: Pam Selkei	rolonged Birth to ance Verification n, 1000 North V	ESYSPEECH o 3 are provided, n Form and mail West Avenue Suit	you must also co it to: ee 240, Sioux Fall	omplete the Bir	th to 3			MTGSPEECH Total Pay:	\$0.00
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