Please submit to:

ABC Speech Therapy
PO Box 2403
Chapel Hill, NC 27515-2403
Phone: 919.946.3817
Fax: 919.640.8537
email: info@abcslp.com

Month/Year _____ **Facility** _____

Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Total Hours																															

I certify that this is an accurate accounting of Speech Therapy hours provided to _____ **Schools**

_____**, Therapist** **Total number of hours =** _____

Please submit a separate hour sheet for each school site. If students are served by groups, attach a list of students in each group to this sheet.