

Specialized Instruction Service Receipt

Student Information

Student Name:	State USI:
LEA:	DOB:
Teaching Staff Name:	IEP Date:

Service Delivery Information

Initial Service Delivery Date ¹	Delivery Status (check one)	Teaching Staff Type (check one)
	<input type="checkbox"/> Attempted: _____ <input type="checkbox"/> Delivered	<input type="checkbox"/> General Education Teacher <input type="checkbox"/> Special Education Teacher

By signing and dating this service receipt, I confirm that all documented direct services are complete and accurate.

Teaching Staff Signature: _____ Date: _____

Special Education Administrator Name: _____

Special Education Administrator Signature: _____ Date: _____

¹ LEAs must ensure that students' records are updated in the Special Education Data System (SEDS) within a maximum of five (5) business days from the date of this service. (OSSE LEA Data Management Policy (Revised December 2017), Available at: <https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2017%20OSSE%20LEA%20Data%20Management%20Policy%20%28updated%20Dec%202017%29.pdf>)