ESU 7

Educational Service Unit 7

Early Childhood Billing Hours

Staff Member: _____ Date: _____

District	Student	Age	Add (A)/ Delete (D)	Referral Time	Direct Service	PAC meetings	Co-visits	Teaming	Materials prep	IEP meeting	SRS	File current	COR	Transition	Other	Totals per month
	Template-PC		A					2.00	1.00	0.25	0.25	0.20	0.25			
	Template- Co-Visitor		A					0.05	0.03	0.25	0.10	0.10	0.05			
		B-2/3-5/S														0.00
		B-2/3-5/S														0.00
		B-2/3-5/S														0.00
		B-2/3-5/S														0.00
		B-2/3-5/S														0.00
		B-2/3-5/S														0.00
		B-2/3-5/S														0.00
		B-2/3-5/S														0.00
		B-2/3-5/S														0.00
		B-2/3-5/S														0.00
		B-2/3-5/S														0.00
		B-2/3-5/S														0.00
		B-2/3-5/S														0.00
		B-2/3-5/S														0.00
		B-2/3-5/S														0.00
		B-2/3-5/S														0.00
		B-2/3-5/S														0.00
		B-2/3-5/S														0.00

Reset Form