

**St. Lucie Public Schools**  
**Exceptional Student Education Records**  
**ACCESS LOG**

<b>Student Name:</b>		<b>Student Number: 56</b>	
<b>Date</b>	<b>Purpose</b> (circle one)	<b>Professional Role</b> (circle one)	<b>Print Name/Signature</b>
___/___/20__	IEP, Evaluation, Eligibility, Audit, Records Review, Filing, Parent Conference Other _____	Teacher: ESE or Gen Ed, Therapist, Clerk/Para, ESE Specialist, DO Staff Other _____	
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