

LOS ANGELES UNIFIED SCHOOL DISTRICT
Division of Special Education

PROGRAM SUPPORT COVERAGE LOG

Special Education Assistant/Trainee, Health Care Assistant, and other program support paraprofessionals

School _____ LOC: _____ LD: _____ Principal: _____

School Year: 20__-__

Date	Student Name	Employee Absent	Employee Covering	Duration	Type of Service	Assigned by