**PARAKSTU LAPA PAR KLĀTIENĒ SAŅEMTIEM PAKALPOJUMIEM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Pakalpojumu saņēma: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | *vārds, uzvārds* | | | |
| Speciālists:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | | | |
| *vārds, uzvārds* | | |  | | | |
| Speciālista *amats*:  ☐ Psihologs  ☐ Psihoterapijas speciālists  ☐ Logopēds  ☐ Jurists  ☐ Cits (norādiet, kāds) \_\_\_\_\_\_\_\_\_  Nosūtījuma nr. un datums (ja nepieciešams): | | | | |
| **Nr.**  **p.k.** | **Datums** | **Stundas** | | **Pakalpojuma saņēmēja paraksts** | | **Pakalpojums klātienē / dzīvesvietā** | |
|  |  |  | |  | |  | |
|  |  |  | |  | |  | |
|  |  |  | |  | |  | |
|  |  |  | |  | |  | |
|  |  |  | |  | |  | |
|  |  |  | |  | |  | |
|  |  |  | |  | |  | |
|  |  |  | |  | |  | |
|  |  |  | |  | |  | |
|  |  |  | |  | |  | |

Speciālista paraksts:

|  |  |
| --- | --- |
|  |  |