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| **Service Provider**: | |  | **Discipline:** | |  | **School District:** |  | | | **Building:** | |  | |
| **Month:** |  | | **Year:** | 2018-2019 | | **Student Population:** | |  | **General Ed** | |  | | **Special Ed** |

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| STUDENT NAME | M | T | W | Th | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F |
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I = Individual Therapy M = Meeting

G = Group Therapy C = Consult

R = Classroom skill building/instruction A = Student Absent

E = Evaluation U = Student Unavailable

IEP = IEP D/C = Services Discontinued

X = Therapy provided by assistant P = Provider unavailable for scheduled activity