



## DIVISION OF SPECIAL EDUCATION SPEECH AND LANGUAGE IMPAIRED PROGRAMS *Year-End Therapy Report*

School \_\_\_\_\_ Term \_\_\_\_\_ Speech Pathologist \_\_\_\_\_  
 Number of Students Screened \_\_\_\_\_ Number of Students Evaluated \_\_\_\_\_  
 Number of Students Enrolled \_\_\_\_\_ Number of Students to Continue Therapy \_\_\_\_\_

NAME		I.D. NUMBER	GR.	AREA OF INTERVENTION	WEEKLY CONTACT HOURS	THERAPY TARGETS	DISPOSITION
LAST	FIRST						

**DISPOSITION**

DISMISSED: WNL MEI (Maximum Expected Improvement)  
 WITHDRAWN: W/D  
 CONTINUE THERAPY: CT