



Division of Special Education Roster of Therapy Sessions

Student's Name: _____

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|--|------------------------------|-----------------------------|
| 1. Student Absent | 5. Conference with Parent | 9. Home Program |
| 2. Therapist Absent | 6. Physicians Referral Sent | 10. Progress Note |
| 3. Field Trip/School Program | 7. Progress Report to Parent | 11. Equipment |
| 4. Phone(a)MD(b)Client(c)Vendor(d)Parent | 8. Papers Sent Downtown | 12. Evaluation |
| | | 13. Goals/Treatment Plan |
| | | 14. Treatment Plan Review |
| | | 15. Consultation with Staff |
| | | 16. Treatment Given |

Therapist: _____ School: _____

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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