



## M-DCPS CLINICAL ART THERAPY/COUNSELING SCHEDULE



Date: \_\_\_\_\_

Art Therapist: \_\_\_\_\_

*Work Location: 9731-Division of Special Education-Districtwide*

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Total Students Served:	Total Students Served:	Total Students Served:	Total Students Served:	Total Students Served:
Services:	Art Therapy	Counseling	Case Management	
	AT-I: Individual AT-D: Dyad AT-G: Group (#) AT-A: Art Therapy Assessment	C-I: Individual C-D: Dyad C-G: Group (#) C-C: Class (#) C-F: Maintain Clinical File	CM-D: Documentation CM-MS: Make-up Session CM-C/C: Contact/Conference CM-CO: Classroom Observation	CM-C: Consultation CM-CS/OC: Crisis Support/On-Call

**\* Submit 2 copies to the Art Therapy Department twice a year to accompany the Art Therapy Case Roster.**

Check (✓) One:     September     January