



# M-DCPS ART THERAPY/COUNSELING CASE ROSTER



**Directions:** Please submit 1 copy per school site of this form with your Art Therapy/Counseling Schedule to record the progress of documentation for art therapy students on the dates indicated and submit to the Art Therapy Department Chairperson. Please list the names of students by the month of their IEP due date.

**Art Therapist:**

**Date:** Check (✓) One:  September  January

**School:**

**Loc #:**

#	Student's Name	Art Therapy	Counseling	Current IEP Date	New IEP Due Date	Assessment: (LECATA, SDT)	Art Therapy Assessment Date (Initial)	Art Therapy Progress Data (Annual)	Art Therapy Re-Assessment Date (3 years)
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2									
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