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

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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