| IDEAL EDUCATION SCHOOL |   |                |                      |  |             |          |  |  |
|------------------------|---|----------------|----------------------|--|-------------|----------|--|--|
|                        | INDIVIDUAL THERAPY PLAN (ITP)             | YEAR:          | YEAR: 2017-2018 Term |  | Second Term |          |  |  |
| STUDENT NAME:          | Ashliii                                   | D.O.B:         | 1/1/1970             |  | REF#:       | 2300     |  |  |
| Therapist:             | marwa                                     | Therapist Dep: |                      |  |             |          |  |  |
| Date of Preparation:   | Preparation: 2/20/2022 Teacher: Ali Moome |                |                      |  |             | Autistic |  |  |
|                        | Physio Therapy                            |                |                      |  |             |          |  |  |
| Current Level          |   |                |                      |  |             |          |  |  |
|                        |   |                |                      |  |             |          |  |  |
|                        |   |                |                      |  |             |          |  |  |
|                        |   |                |                      |  |             |          |  |  |
|                        |   |                |                      |  |             |          |  |  |
|                        |   |                |                      |  |             |          |  |  |
|                        |   |                |                      |  |             |          |  |  |

|   | 1 - Goal: | sadEFDE     |                       |  |  |
|---|-----------|-------------|-----------------------|--|--|
|   |           | Objective 1 | Approach/ Resources : |  |  |
| 1 |           | EQFefw      | eqrfewqr              |  |  |

| Report Card                                | X | Progress Report | X         | Parents meeting | X | Other | X |
|--|---|-----------------|-----------|-----------------|---|-------|---|
| Parents Involved in setting up suggestions |   |                 |           |                 |   |       |   |
| Date of Review                             |   |                 | 2/20/2022 |                 |   |       |   |

| Therapist : | marwa | Parent:    | HOE:       |  |
|-------------|-------|------------|------------|--|
| Signature:  |       | Signature: | Signature: |  |