|                               |                             | IDEA            | L EDUCATION SCHOOL |           |                 |                |     |             |                   |
|-------------------------------|-----------------------------|-----------------|--------------------|-----------|-----------------|----------------|-----|-------------|-------------------|
| INDIVIDUAL THERAPY PLAN (ITP) |                             |                 |                    | YEAR:     | 2017            | 2017-2018 Term |     | Second Term |                   |
| STUDENT NAME                  | m m                         | agy ahmed Elsay | red                | D.O.B:    | 2               | 2/14/2022      |     | REF#:       | 216545425         |
| Therapist:                    |                             | marwa           |                    | Therapist |                 |                |     |             |                   |
| Date of Preparation           | n:                          | 2/20/2022       |                    | Teacher:  | Noor Elsharkawy |                |     | Dep:        | Cerebrai<br>Palsy |
|                               |                             |                 | Physio Therapy     |           |                 |                |     |             |                   |
|                               |                             |                 | Current Level      |           |                 |                |     |             |                   |
|                               |                             |                 |                    |           |                 |                |     |             |                   |
|                               |                             |                 |                    |           |                 |                |     |             |                   |
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|                               |                             |                 |                    |           |                 |                |     |             |                   |
|                               |                             |                 |                    |           |                 |                |     |             |                   |
|                               |                             |                 | No Goals Found     |           |                 |                |     |             |                   |
|                               |                             |                 |                    |           |                 |                |     |             |                   |
|                               |                             |                 |                    |           |                 |                |     |             |                   |
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|                               |                             |                 |                    |           |                 |                |     |             |                   |
| Report Card                   | Progress Repor              | t X             | Parents meet       | ing       | X               |                | Oth | er          | Х                 |
| Parents Ir                    | volved in setting up sugges |                 |                    |           |                 |                |     |             |                   |
| Date of Review                |                             |                 | 2/20/2022          |           |                 |                |     |             |                   |
|                               |                             |                 |                    |           |                 |                |     |             |                   |
|                               |                             | _               |                    |           |                 |                |     |             |                   |
| Therapist:                    | marwa                       | Parent:         |                    |           |                 | HOE:           |     |             |                   |