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| Student: | Teacher: | Most Recent IEP Date: |
| Goal:   * B1: * B2: * B3: | | |
| Directions: | | |
| Code:  HoH= Hand Over Hand PP= Partial Physical  G= Gestural Vi= Visual  V=Verbal I= Independent | | |

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| Date: | Staff Initials: | Category 1: | | | | Category 2: | | | Category 3: | | | | Category 4: | | |
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| Date: | Staff Initials: | Category 1: | | | Category 2: | | | Category 3: | | |
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