**Week 1: Calendar**

|  |  |
| --- | --- |
| **Date** | **Service** |
| Monday, 3/16 | Classroom time:  Services: |
| Tuesday, 3/17 | Classroom time:  Services: |
| Wednesday, 3/18 | Classroom time:  Services: |
| Thursday, 3/19 | Classroom time:  Services: |
| Friday, 3/20 | Classroom time:  Services: |

**Week 1: Service Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **Duration specified in IEP** | | **Service delivered this week** | |
| OT |  | hours/week |  | hours |
| PT |  | hours/week |  | hours |
| LAS |  | hours/week |  | hours |
| APE |  | hours/week |  | hours |
| Vision |  | hours/week |  | hours |
| AAC |  | hours/week |  | hours |
| Other |  | hours/week |  | hours |
| Classroom/SDC |  | minutes/week |  | minutes |
| Classroom/Gen Ed |  | minutes/week |  | minutes |
| Aide |  | minutes/week |  | minutes |

**Week 1: Parent summary of appropriate/accessible services**

* What services were delivered in a way that was appropriate/accessible to my child?
* What services were delivered in a way that was NOT appropriate/ accessible to my child?
* What specifically made the delivery of these services NOT appropriate/ accessible to my child?
* Did services delivered further my child’s education as specifically related to the agreed-upon IEP goals?