**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?