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| --- | --- | --- | --- | --- | --- |
|  | MONDAY 6 | TUESDAY 7 | WEDNESDAY 8 | THURSDAY 9 | FRIDAY 10 |
| 7:30 |  |  |  |  |  |
| 8:00 |  |  |  |  |  |
| 8:30 |  |  |  |  |  |
| 9:00 |  |  |  |  |  |
| 9:30 |  |  |  |  |  |
| 10:00 |  |  |  |  |  |
| 10:30 |  |  |  |  |  |
| 11:30 |  |  |  |  |  |
| 12:00 |  |  |  |  |  |
| 12:30 |  |  |  |  |  |
| 1:00 |  |  |  |  |  |
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| 2:00 |  |  |  |  |  |
| 2:30 |  |  |  |  |  |
| 3:00 |  |  |  |  |  |
| 3:30 |  |  |  |  |  |
| 4:00 |  |  |  |  |  |

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|  | Make-Up Therapy and Four-week Direct Therapy |
|  | STEPS Program – Direct and Indirect. Prevention, Parent Training |
|  | Teacher/Service Provider Consultations – PLC, Common Planning, Consultation |
|  | Evaluations/Screening – Progress Monitoring, Dynamic Assessments, Information Gathering, Classroom Observation |
|  | Meetings – Designate the Type – SAT, ECM, IEP, |
|  | IDEA – Prep IEP’s, ECM, COS Form, Progress Reports, Materials Prep, Program Devices |
|  | Medicaid – Billing Forms, TCM, PA Forms |