Tazewell Mason Counties Special Education Association

300 Cedar Street Pekin, IL 61554

Therapy Intervention Plan, Progress and Communication Notes

Student_____ **Gender**_____ **DOB**_____

District_____ **Grade**_____ **Teacher**_____

Frequency/ Duration_____ **COTA/PTA**_____

Service location(s) ☐School_____ ☐ Other_____

Educational Eligibility: ☐Autism ☐Deaf Blindness ☐DD ☐ED ☐Hearing Impaired ☐TBI
☐Intellectual Disability ☐Multiple Disabilities ☐ Orthopedic Impairment ☐OHI ☐ Visual Impairment
☐ Specific Learning Disability ☐Speech or Language Impairment ☐ 504

Medical Diagnoses_____

Known Precautions/Contraindications_____

Therapy Intervention Goal Areas /Outcome Measures: ☐ See IEP ☐See 504 Plan

Intervention ☐Establish skills ☐Modify activity or context ☐Maintain performance

Discontinuation of therapy services should be considered when one of the following criteria is met:

☐The student is functionally independent at school with accommodations or modifications in place
☐The specific expertise of the therapist is no longer necessary
☐The potential for significant change based as a result of therapy is unlikely
☐Other_____

Recommendation to refer to_____

Release of Information_____ **Doctor Script**_____ **Date of IEP/Revised**_____

Created and monitored by_____

Progress/Communication Notes:

DATE	TIME	NOTE

Remember to document the type of contact- Supervisory, phone call, meeting, email, consultation

Revised 5/15 Z=TM²C

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