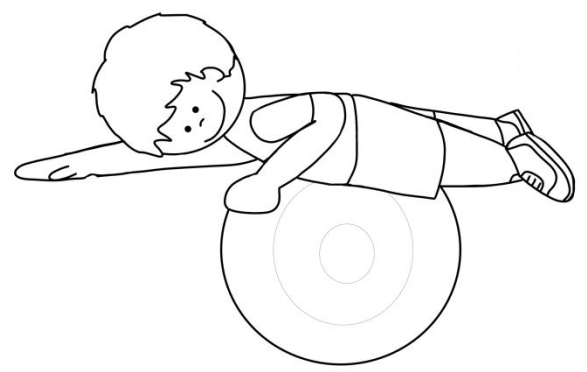


SERVICE: \_\_\_\_\_



DATE: \_\_\_\_\_

STUDENT: \_\_\_\_\_

POSITIONING

PLAYGROUND

GROSS MOTOR

GROUP WORK

FINE MOTOR

BIKING

BALANCE

OTHER  
EQUIPMENT

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

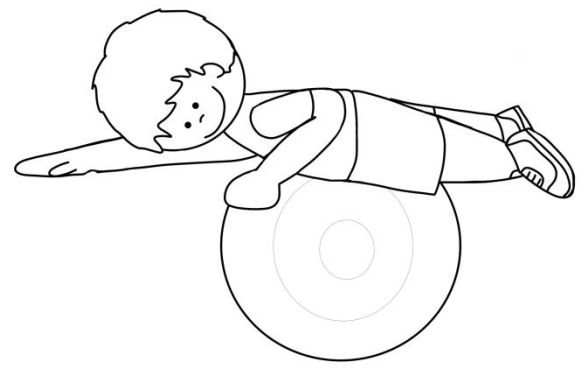
\_\_\_\_\_

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\_\_\_\_\_

THERAPIST SIGNATURE: \_\_\_\_\_

SERVICE: \_\_\_\_\_



DATE: \_\_\_\_\_

STUDENT: \_\_\_\_\_

POSITIONING	<input type="checkbox"/>	PLAYGROUND	<input type="checkbox"/>	SENSORY	<input type="checkbox"/>
GROSS MOTOR	<input type="checkbox"/>	GROUP WORK	<input type="checkbox"/>	HANDWRITING	<input type="checkbox"/>
FINE MOTOR	<input type="checkbox"/>	BIKING	<input type="checkbox"/>	LANGUAGE	<input type="checkbox"/>
BALANCE	<input type="checkbox"/>	OTHER EQUIPMENT	<input type="checkbox"/>	VISION	<input type="checkbox"/>
		ARTICULATION	<input type="checkbox"/>	HEARING	<input type="checkbox"/>

NOTES: \_\_\_\_\_

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THERAPIST SIGNATURE: \_\_\_\_\_

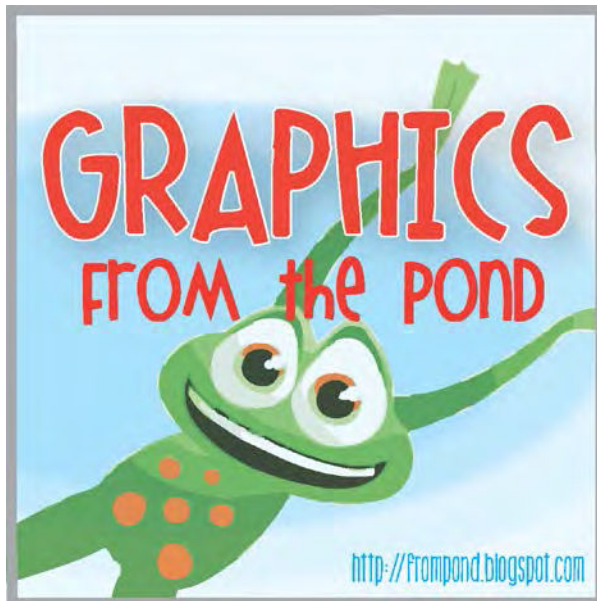
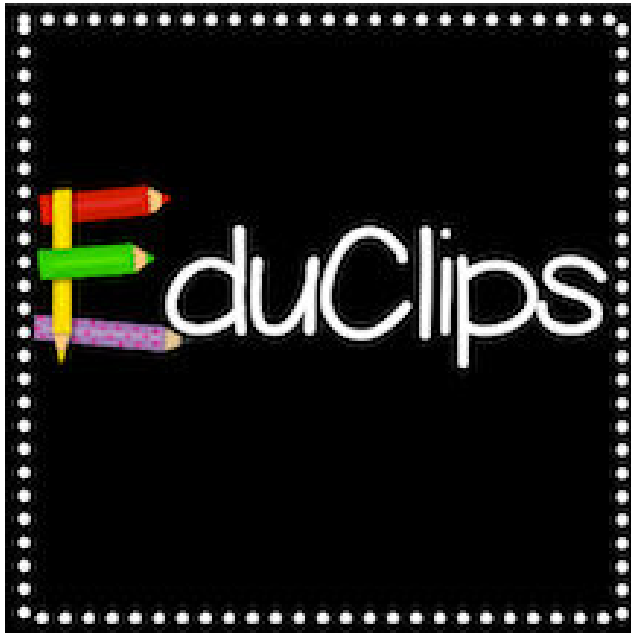
# Thank YOU!

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