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| Student: | Teacher: | Most Recent IEP Date: |
| Goal:* B1:
* B2:
* B3:
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| Directions: |
| Code:HoH= Hand Over Hand PP= Partial PhysicalG= Gestural Vi= VisualV=Verbal I= Independent |

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| Date:  |  |  |  |  |  |  |  |  |  |  |
| Benchmark: |  |  |  |  |  |  |  |  |  |  |
| Staff Initials:  |  |  |  |  |  |  |  |  |  |  |

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Sight Words:

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