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

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| Staff Initials: | Date: | Benchmark: | Name of Task:       |
|  |  |  | Step 1:  | Step 2:  | Step 3:  | Step 4:  | Step 5:  |
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| Student: | Teacher: | Most Recent IEP Date: |
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| Staff Initials | Date: | Name of Task:       |
|  |  | Step 1:  | Step 2:  | Step 3:  | Step 4:  | Step 5:  | Step 6: | Step 7: | Step 8: | Step 9: | Step 10:  |
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