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| Student: | Teacher: | Most Recent IEP Date: |
| Goal:   * B1: * B2: * B3: | | |
| Directions: | | |
| Code:  HoH= Hand Over Hand PP= Partial Physical  G= Gestural Vi= Visual  V=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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