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| Student: | Teacher: | Most Recent IEP Date: |
| Goal:* B1:
* B2:
* B3:
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| Directions: |

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| **Scoring Key/Code**: I= IndependentVer = VerbalVis = VisualG= Gestural P = PhysicalHOH = Hand Over  Hand |

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| **Date:** | **Staff Initials:** | **Benchmark #** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | **Daily Total:** |
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| 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 |
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