### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNTY SPEECH THERAPY PROGRESS NOTES/LOGS

**MONTH/YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **LAST NAME** | **FIRST NAME** |  |
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| WVEIS NUMBER | MEDICAID NUMBER | BIRTHDATE |
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| **FREQUENCY OF SERVICE** | **DIAGNOSIS CODE** | **SCHOOL** |
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| ***IEP Goals and Objectives:*** |
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| Future Plan/Goal Signature: |
| Datemm/dd/yy | TimeIn | TimeOut | IEP Objective | Proc. Code | Activity/Progress |
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| Future Plan/Goal Signature: |
| Datemm/dd/yy | TimeIn | TimeOut | IEP Objective | Proc. Code | Activity/Progress |
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| Future Plan/Goal Signature: |
| Datemm/dd/yy | TimeIn | TimeOut | IEP Objective | Proc. Code | Activity/Progress |
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