

School Year: _____ Grade: _____
 Entity: _____
 IEP Date: _____ MPW: _____

St. Lucie Public Schools
 Exceptional Student Education
OT/PT Service Delivery Record

FTE:

AGPR:

Student: _____ Student I.D. _____ DOB: _____ Teacher: _____ Service Provider: _____

MTH		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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CODES:

Hands-On Services

- A** Student Absent
- AC** Activity via Canvas
- AE** Activity via Email
- AT** Activity via TEAMS
- AP** Activity via Phone
- B** Behavior Interferes w/Therapy
- CR** Chart Review
- EA** Equipment Adaptation
- EC** Equipment Consultation
- EE** Equipment Evaluation
- EV** Evaluation
- HD** Hurricane Day

- LJ** Letter of Justification
- R** Reports/Record Keeping
- SM** Staffings/IEP meetings
- SA** School Activities
- Sub** _____
- TA** Therapist Absent

- TM** Tele-Med (**TMI** Indiv or **TMG** Group)
- X** Direct Therapy (**XI** Indiv or **XG** Group)
- O¹** _____
- O²** _____

Team Supports

- CN** Staff/Parent Consultation
- M** Meeting (other than student)
- PC** Phone Calls
- PCV** Phone-Voice Mail
- PD** Professional Development
- PT** Parent Text Communication
- TW** Teacher Workday
- SH** Holiday

Service Provider's Signature

Date

Service Provider's Signature

Date

XED

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