



ARD "E-Z FORM"

In the ARD Meeting held on _____ (date), it was agreed that _____
_____ (student name), will receive the following services:

1. **Inclusion**

_____ hours per day in inclusive educational setting
_____ hours per day in resource/ life skills

2. **Therapy**

_____ minutes per week of speech therapy
_____ minutes per week of occupational therapy
_____ minutes per week of physical therapy
_____ minutes per week of _____ therapy

3. **Aide Assistance**

4. **Behavior**

5. **Assistive Technology**

6. **Special Programming/Services**

TOP ACADEMIC GOALS

TOP THERAPEUTIC GOALS

Speech _____

P.T. _____

O.T. _____

Other _____

Parent signature

School representative signature

date

date

MONTHLY THERAPY SESSION LOG

Therapist Name: _____

Month/ Year: _____

I saw _____ (student's name) on the following dates:

Date	Time	Date	Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Overall monthly progress and highlights:

signature

date