

TELETHERAPY BINDER



Week of: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30-9:00					
9:00-9:30					
9:30-10:00					
10:00-10:30					
10:30-11:00					
11:00-11:30					
11:30-12:00					
12:00-12:30					
12:30-1:00					
1:00-1:30					
1:30-2:00					
2:00-2:30					
2:30-3:00					
3:00-3:30					
3:30-4:00					
4:00-4:30					
4:30-5:00					
5:00-5:30					

EVALS

NOTES

TELETHERAPY: lesson plan

Name: _____

Date: _____

Time: _____

Goal(s) addressed: _____

Activity #1: _____

Activity #2: _____

Activity #3: _____

Materials needed:

Date: _____

Time: _____

Goal(s) addressed: _____

Activity #1: _____

Activity #2: _____

Activity #3: _____

Materials needed:

PLAN OF CARE EXPIRATION DATES

[illegible]

thank you!

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