



IEP/IFSP Activities Record

Date: _____

Child's Name: _____

Center/Teacher: _____

Goal # _____

Speech/Language

Developmental

Occupational Therapy

Physical Therapy

Activities Completed and Progress made that relates to IEP/IFSP:

Contacts Made with IEP/IFSP Team:

ITC of DILENOWISCO

Dickenson County Schools

Parent/Guardian

KCI Disabilities Coordinator

Norton City Schools

Other:

Wise County Schools

Child's Name:

DOB:

Short Term Goals	Target Date

Services from IFSP:

--