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| Service Area | Contingency LevelMins/Week  | (Optional) Current IEPMin/Week |
| [ ]  Reading |  |  |
| [ ]  Writing |  |  |
| [ ]  Math |  |  |
| [ ]  Social |  |  |
| [ ]  Adaptive |  |  |
| [ ]  Behavior |  |  |
| [ ]  Speech |  |  |
| [ ]  OT |  |  |
| [ ]  PT |  |  |
| [ ]  Other  |  |  |

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| **Date** | **Service Area** | **Minutes of Service Provided:** | **Notes** |
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