

# SCHEDULE

**Clinician:**            **Title: SEIT**            Week of

Please indicate child's name, school or location, time, type of service *i.e.:* SEIT, ABA, TSHH, EI

Time	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00					
8:15					
8:30					
8:45					
9:00					
9:15					
9:30					
9:45					
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2:00					
2:15					
2:30					
3:00					
3:15					
3:30					
3:45					
4:00					
4:15					
<b>Total Hrs per day</b>					