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SPED DOCUMENTS AND FORMS

Inclusion Documentation Record			
Student:		Teacher of Record:	
Date:	Start Time:	End Time:	Total Minutes:
Lesson:		Objective:	
Services	Accommodations	Notes	
☐ Behavior support	☐ Additional breaks		
☐ Individual instruction	☐ Calculator		
☐ Re-taught concept	☐ Extended time		
☐ Small group instruction	☐ Read aloud		
☐ Whole group instruction	☐ Small group		
☐	☐		
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☐	☐		

Break Room Sign In

Name	Date	Time In	Time Out	Teacher's Name	Reason

For the week of _____

SPEED DOCUMENTS AND FORMS

Inclusion Support Log for the week of _____

Student: _____ Teacher of Record: _____

Date	Start Time	End Time	Total Time	Subject	Class Activity	Support Provided	Accommodations	Notes
M								
T								
W								
Th								
F								

Daily Inclusion Sheet

Student: _____

Date: _____ On lines below list: Times, Activity, and Student Participation

_____ Initials

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_____ Initials

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_____ Initials

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_____ Initials

Date: _____ On lines below list: Times, Activity, and Student Participation

_____ Initials

 **Caroline Koehler**

Break Room Sign In