

2018-2019

How to complete the Data Collection Sheets - Secondary

Completed forms due to your Data Entry by September 14, 2018

Speech/Language, OT/PT, and Vision/Hearing Services Middle and High Schools

Scheduling objective: These sheets are to schedule the students for the services/instruction they are receiving. This sheet provides your Data Entry:

- WHO is providing the services to what specific students
- WHAT services they are providing
- WHEN they are providing the services
- WHERE (building/room) they are providing the services.

Middle and High school – Attempt to complete the Therapy Scheduling sheets in time of day order. Start with the students you service at the beginning of the day and finish with the students you service at the end of the day if possible

- Building/Room = the building and room you are providing the service in
- Indicate the time of day you are providing the service per day or says

NOTE: There are separate scheduling sheets for Speech/Language - Elem. Middle and High schools, OT/PT - Elem. Middle and High schools, and Vision/Hearing Elem. Middle and High school.

Examples provided below:

Speech/Language: Middle and High Schools

Service Providers Name: Valerie Farmer TCH# 708		Indicate the time of day you are providing the service per day(s)					
Std.#:	Area of Instruction	Building/Room	Mon	Tue	Wed	Thur	Fri
425145 First Name: Danielle Last Name: Gilman	7866030 Speech (F)	6-105		9-9:30			
	7866040 Language (G)	2-104	11-15-12				
Std.#: 156345 First Name: another Last Name: student		Indicate the time of day you are providing the service per day(s)					
Std.#:	Area of Instruction	Building/Room	Mon	Tue	Wed	Thur	Fri
	7866030 Speech (F)	6-105		10-10:45			
	7866040 Language (G)						

OT/PT: Middle and High Schools:

Service Providers Name: TCH #		Indicate the time of day you are providing the service per day					
Std.#:	Area of Instruction	Building/Room	Mon	Tue	Wed	Thur	Fri
	7866050 OT (O)	2-101	9-10am				
	7866070 PT (E)						
Std.#:		Indicate the time of day you are providing the service per day					
Std.#:	Area of Instruction	Building/Room	Mon	Tue	Wed	Thur	Fri
	7866050 OT (O)						
	7866070 PT (E)	3-104			11-15-12		

Vision/Hearing: Middle and High Schools:

Service Providers Name: TCH#		Indicate the time of day you are providing the service per day					
Std.#:	Area of Instruction	Building/Room	Mon	Tue	Wed	Thur	Fri
748748 First Name: Charlie Last Name: Brown	7863020 Vision (I)	1-101		8-8:30			
	7863080 Hearing (H)						
Std.#: 895897 First Name: Snoogy Last Name: God		Indicate the time of day you are providing the service per day					
Std.#:	Area of Instruction	Building/Room	Mon	Tue	Wed	Thur	Fri
	7863020 Vision (I)						
	7863080 Hearing (H)	4-204				10-15 10:45	

Please consult with your Data Entry if you have questions in reference to completing your data collections sheets.