



Name:

Date:

III. Status and Plan for ISP Teaching and Support Strategies (*Identify TSS referencing this therapy's WDSIs or strategies and state the plan for ongoing staff training and monitoring.*)

IV. Plan for CARMP Strategies Developed, Trained and/or Monitored by Therapist (*Identify CARMP strategies authored and state the plan for ongoing staff training and monitoring.*)

V. Plan for Assistive Technology Trained and/or Monitored by Therapist (*Identify AT trained strategies authored and state the plan for ongoing maintenance of equipment, staff training and monitoring.*)

IV. Other relevant plans or information.

CM signature:

Date:

Therapist signature:

Date:

*NOTE: Should be maintained in CM files for documentation of and a resource for IDT transition planning.*