

# *Little Giant Steps*

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## **Program Monthly Update**

Please fill in the applicable portions, attach to 4 Weekly Program Tracking Sheets and Mail to Little Giant Steps.

Client Name \_\_\_\_\_ Age \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Parent, Guardian, or Spouse Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

1. Have there been any concerns that have surfaced since your last evaluation? \_\_\_\_\_

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2. Give a brief overview of the physical portions of the INP (LO Course, gross/fine motor, tactile activities).

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3. Give a brief overview of the academic portions of the INP. \_\_\_\_\_

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4. Give a brief overview of the auditory/visual processing and dominance portions of the INP.

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5. How much of the INP has been accomplished since the last monthly report? \_\_\_\_\_%

6. Please note activities which are being accomplished less than 50%.

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