

PROGRAM ACTIVITY REPORT

(Check One Only) P.T.
 O.T.

H.U. CODE NO.	OFFICE I.D. NO.	OFFICE NAME	4 WEEK RANGE
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SERVICES	1. TREATMENT VISITS	
	2. NON TREATMENT VISITS	
	3. SCHOOL PROGRAM VISITS <i>(number of students seen)</i>	
	4. EDUCATION UNITS	
	5. LIAISON UNITS	

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