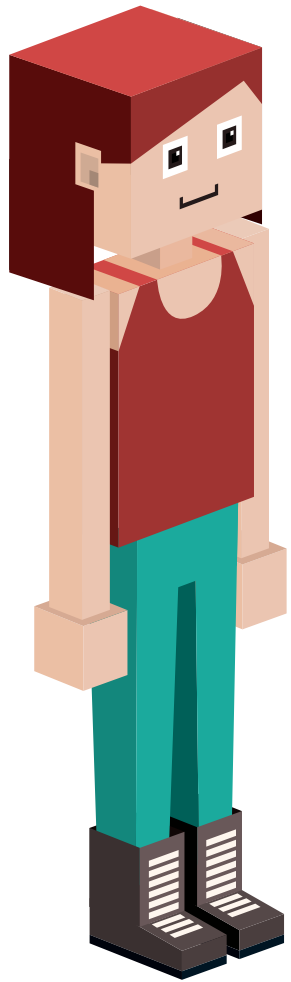


WORKSHEET



GOAL

TRAINING PERIOD

Times
Days
Weeks
Months

PROGRESSION STEPS

1

2

3

4

5

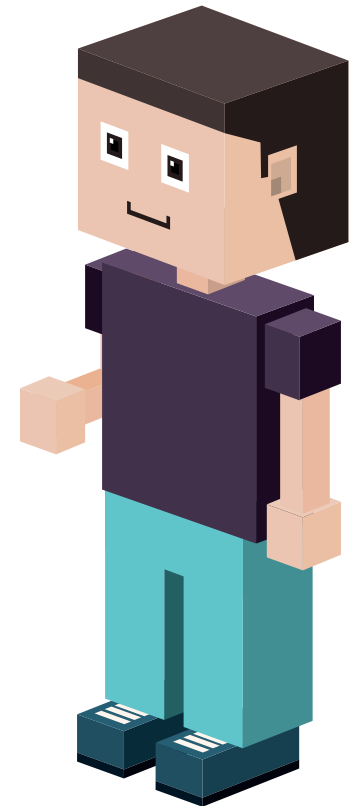
6

7

8

9

10



PARENT ASSISTANCE?

When _____

What _____

How _____

CHILD'S ROLE/I WILL:

When _____

What _____

How _____
