

**PCR – NAME OF LEA – STUDENT SERVICE VERIFICATION SCHEDULE**

| <b>DATE</b> | <b>School</b> | <b>Name/Location of<br/>Teacher/Related Service Provider</b> | <b>Observation:<br/>Subject/Time/Location</b> | <b>SDI Observed<br/>Yes/No: Comments</b> |
|-------------|---------------|--------------------------------------------------------------|-----------------------------------------------|------------------------------------------|
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