

Workload Time Survey (Form A)

Week of

| | MON. | TUES. | WED. | THURS. | FRI. | TOTAL |
|------------------------------------|------|-------|------|--------|------|-------|
| Therapy | | | | | | |
| Inclusion Therapy | | | | | | |
| Consultation | | | | | | |
| Evaluation & Screening | | | | | | |
| Observation | | | | | | |
| Phone Calls & E-Mail | | | | | | |
| Report Writing & Progress Reports | | | | | | |
| Pre-referral Team Meetings | | | | | | |
| Evaluation Team Meetings | | | | | | |
| IEP Meetings | | | | | | |
| Compliance Paperwork | | | | | | |
| District Paperwork | | | | | | |
| Planning & Material Prep | | | | | | |
| Preparation of AAC & Visuals | | | | | | |
| Scheduling/Rescheduling Students | | | | | | |
| Professional Dev/Colleague Support | | | | | | |
| Travel Time | | | | | | |
| Cancelled Therapy (list reason) | | | | | | |
| Work at Home | | | | | | |
| Misc Other (list activity) | | | | | | |

1 tally mark = 10 min.