

**LIU PATHWAYS PARTIAL HOSPITALIZATION
THERAPUTIC SERVICE LEARNING
ACTIVITY PLAN**

Month/Year: _____
Student: _____

MHTS: _____ Teacher: _____

Theme/Theme: _____

Goal:

Date	Planned Activity	Completed/Comments
END	Overall Performance:	Data Summary:

List Interagency and Community Connections:

Submit this form along with any field trip request forms pertaining to this project to the supervisors the 3rd week of every month. Once verbal approval is received make a copy for each student to monitor progress and participation.
