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| **Leistungsdokumentation** |
| Kind      | Geburtsdatum      | Monat      |
| Eingliederungshilfe in Form von      | Hilfebeginn      | Förderplan vom      |
| Name und Adresse der Einrichtung      |
| Ansprechpartner Einrichtung      | Ansprechpartner ASD      |
| Abwesenheit (Kur, krank)      | Sonstiges      |

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| **Ziel 1:**  |       |
| **Ziel 2:**  |       |
| **Ziel 3:**  |       |
| **Ziel 4:**  |       |

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| Datum | Uhrzeit | Ziel | Leistungserbringung |
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| Bemerkungen der Einrichtung/ Hinweise      |

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| **Stand der Zielerreichung**  |
| **Ziel 1**  |
| **Ziel 2**  |
| **Ziel 3**  |
| **Ziel 4**  |

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|  |  |  |  |  |
| Datum/ UnterschriftFachkraft Einrichtung |  |  |  | Datum/ Unterschrift/ StempelEinrichtungsleitung |