

Name:

Occupational Therapy Notes

School:

DOB:

Next IEP Date:

Therapist:

Goal/Objective:

I=individual C=consultation G=group A=assessment M=meeting SC=school closed TA=therapist absent SA=student absent U=unavailable

Date		Therapeutic Activity	Notes:
	Contact: <input type="checkbox"/> Vis-perc-motor <input type="checkbox"/> FM/Handwriting <input type="checkbox"/> Motor Planning Minutes: <input type="checkbox"/> Posture/Strength <input type="checkbox"/> Instruction to staff/caregiver	<input type="checkbox"/> Task <input type="checkbox"/> Classroom Mod <input type="checkbox"/> Sensory Reg <input type="checkbox"/> Attention to T <input type="checkbox"/> Other:	
	Contact: <input type="checkbox"/> Vis-perc-motor <input type="checkbox"/> FM/Handwriting <input type="checkbox"/> Motor Planning Minutes: <input type="checkbox"/> Posture/Strength <input type="checkbox"/> Instruction to staff/caregiver	<input type="checkbox"/> Task <input type="checkbox"/> Classroom Mod <input type="checkbox"/> Sensory Reg <input type="checkbox"/> Attention to T <input type="checkbox"/> Other:	
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