

I certify that _____ worked on going thru the therapy obstacle course that had components addressing the following skills:

- Bilateral upper extremity coordination
- Bilateral upper extremity strength
- Bilateral lower extremity coordination
- Bilateral lower extremity strength
- Reflex integration
- Postural control
- Stability and balance
- Physical activity tolerance/endurance
- Visual motor
- Visual perceptual
- Motor planning
- Following directions (auditory and visual)
- Cognitive Task Attention
- Motor Planning
- Self- Efficacy
- Emotional Regulation/Transitioning
- Sensory modulation
- Executive Functioning Skills
- Topographia
- Directionality

These were addressed on the following dates:

____/____/____
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