

Occupational Therapy Notes

Name: _____ DOB: _____ School: _____
 Level of service: _____ 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, SU=Student Unavailable

Date	Contact/ Minutes	Therapeutic Activity	Notes:	Initials
	I C G A M _____ minutes SC SA TA SU	Visual-perceptual-motor FM /Handwriting Instruction to staff/ caregiver Motor Planning Posture/strength	Task / classroom mods Sensory regulation Attention to task Other _____	
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Signature/Initials: _____

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