Occupational Therapy Home and Class Activities

Student Name: _____ Date: _____
Therapist: _____ School: _____

Your student was seen for Occupational Therapy today. If you would like to talk to me more about your student, I can be contacted at _____

_____

Response to therapy: € Good € Average € Poor € No Response

Activities:	Fine Motor/Handwriting	Visual-Perceptual-motor	Motor planning
	Task/class modifications	Sensory regulation	Posture/Strength
	Adapt. Equipment	Consult/Instruction	Attention to task
	Other:		

Observations/Activities

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