

# Occupational Therapy Notes

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Location/Setting: \_\_\_\_\_ Time: \_\_\_\_\_  
 Health/History: \_\_\_\_\_

Session	Client Information	Therapeutic Activity	Notes	Signature
1	1/1/20 A. B.	Therapist demonstrates the following activities to staff member - Seated - Seated - Seated - Seated	Staff observed and actively participated in each activity	
2	1/1/20 A. B.	Therapist demonstrates the following activities to staff member - Seated - Seated - Seated - Seated	Staff observed and actively participated in each activity	
3	1/1/20 A. B.	Therapist demonstrates the following activities to staff member - Seated - Seated - Seated - Seated	Staff observed and actively participated in each activity	
4	1/1/20 A. B.	Therapist demonstrates the following activities to staff member - Seated - Seated - Seated - Seated	Staff observed and actively participated in each activity	
5	1/1/20 A. B.	Therapist demonstrates the following activities to staff member - Seated - Seated - Seated - Seated	Staff observed and actively participated in each activity	
6	1/1/20 A. B.	Therapist demonstrates the following activities to staff member - Seated - Seated - Seated - Seated	Staff observed and actively participated in each activity	
7	1/1/20 A. B.	Therapist demonstrates the following activities to staff member - Seated - Seated - Seated - Seated	Staff observed and actively participated in each activity	
8	1/1/20 A. B.	Therapist demonstrates the following activities to staff member - Seated - Seated - Seated - Seated	Staff observed and actively participated in each activity	

Signature/Initials: \_\_\_\_\_  
 Signature/Initials: \_\_\_\_\_