Occupational Therapy Home and Class Activities

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 Respo				Date:
Response to therapy: Good Average Poor No Response to therapy: 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	Therapist:		School:	
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				
Activities: Fine Motor/Handwriting Visual-Perceptual-motor Motor planning Task/class modifications Sensory regulation Posture/Strength Adapt Equipment Comsult/Instruction Attention to task Other: Observations/Activities	Response to therapy:	Good	Average Po	or No Respon
Task/class modifications Sensory regulation Postare/Strength Adapt. Equipment Consult/Instruction Attention to task Other: Observations/Activities	Activities:	Fine Motor/Handwriting		
Adapt. Equipment Consult/Instruction Attention to task Other: Observations/Activities		Task/class modifications	Sensory regulation	
Observations/Activities		Adapt. Equipment	Consult/Instruction	Attention to task
		Other:		

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