

OCCUPATIONAL THERAPY

caseload

OT PLAN

NAME: _____

<i>session</i>	<i>to do</i>	<i>next time</i>

<i>session</i>	<i>to do</i>	<i>next time</i>

<i>session</i>	<i>to do</i>	<i>next time</i>

<i>session</i>	<i>to do</i>	<i>next time</i>

RE-EVALUATIONS

January

February

March

April

May

June

RE-EVALUATIONS

July

August

September

October

November

December

TODAY IN OCCUPATIONAL THERAPY

We worked on:

- fine motor skills
- scissor skills
- bilateral coordination
- handwriting skills
- graded pressure
- visual perceptual skills
- attention
- social skills
- self-care skills
- feeding skills
- motor planning skills
- endurance
- core strengthening
- upper extremity strengthening
- other:

NOTES:

TODAY IN OCCUPATIONAL THERAPY

We worked on:

- fine motor skills
- scissor skills
- bilateral coordination
- handwriting skills
- graded pressure
- visual perceptual skills
- attention
- social skills
- self-care skills
- feeding skills
- motor planning skills
- endurance
- core strengthening
- upper extremity strengthening
- other:

NOTES:
