Therapy Log

Student_____ **DOB**_____ **School/District**_____ **Gender**____

Medical Diagnosis_____ **Educational Eligibility**_____

Precautions/Contraindications _____

DATE	TIME	NOTE

Remember to document- Student performance in measureable terms, if additional people are present during therapy, interventions used and student response, modification to task or environment, assistive or adaptive devices used or fabricated, training, education or consultation.

Therapy Log

Student____ **DOB** ______________________

DATE	TIME	NOTE

Remember to document- Student performance in measureable terms, if additional people are present during therapy, interventions used and student response, modification to task or environment, assistive or adaptive devices used or fabricated, training, education or consultation.

Revised 5/15 Z=TM^{2}C+COTA+PTA