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**10354 PrairIe dell Road \* Shipman, Illinois 62685**

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Occupational Therapy Parent Treatment Note

**Date:** **Student:**

The following skills were worked on today during occupational therapy:

**Fine Motor Skills**

⁭ In-hand manipulation skills ⁭ Grasping Patterns ⁭ Finger Isolation

⁭ Hand Strengthening ⁭ Scissor Skills ⁭ Coloring Skills

⁭ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Strengthening and Coordination**

⁭ Upper Body Strengthening ⁭ Core Strengthening ⁭ Bilateral Coordination Skills ⁭ Range of Motion

⁭ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Visual Perceptual Skills**

⁭ Figure Ground ⁭ Spatial Relations ⁭ Form Constancy ⁭ Hand eye coordination

⁭ Position in Space ⁭ Visual Closure ⁭ Copying ⁭ Visual Motor Speed

⁭ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Self Help Skills**

⁭ Buttoning/Snaps ⁭ Zipping ⁭ Shoe Tying ⁭ Feeding Skills ⁭ Oral Motor

⁭ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Handwriting**

⁭ Pre-Writing Skills ⁭ Pencil Grasp ⁭ Form of Upper Case Letters

⁭ Form of Lower Case Letters ⁭ Line Adherence ⁭ Spacing

⁭ Far Point/Near Point Copying ⁭ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sensory Integration

⁭ Calming Strategies ⁭ Alerting Strategies ⁭ Proprioceptive Input ⁭ Tactile Input/Tactile Discrimination

⁭ Vestibular Input ⁭ Visual Input ⁭ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Feel free to contact anytime by e-mail with any questions! *Therapist Name* e-mail@therakids.org