

## Caregiver Progress Report

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Therapist:** \_\_\_\_\_

To Whom It May Concern:

Your child has been working on the areas marked below in the chart in occupational therapy over the last \_\_\_\_\_. If you have any questions comments or concerns, please contact us and we will respond promptly.

Treatment Provided:

	Fine Motor		Handwriting		Professional Training		Range of Motion
	Visual Motor		Visual Perceptual		Functional Skills		Activities of Daily Living
	Gross Motor		Motor Planning		Strengthening		Therapeutic Handling
	Positioning		Adaptive Equipment		Feeding		Other

Suggested Home Activities/Program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of OT/COTA, Date

\_\_\_\_\_  
Signature of Supervising OT