



# OCCUPATIONAL THERAPY SESSION NOTES

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SAU #: \_\_\_\_\_

DISTRICT OF LIABILITY: \_\_\_\_\_

Session Date: \_\_\_\_\_  
 Start Time: \_\_\_\_\_  
 Stop Time: \_\_\_\_\_  
 Total Minutes: \_\_\_\_\_  
 Circle One: (G) Group (I) Individual  
 Provider Initial: \_\_\_\_\_  
 Evaluation/Testing  
 Consultation  
 Individual Treatment/Therapy/Services  
 Group Treatment/Therapy/Services  
 \_\_\_\_\_ Group Size (all students actually receiving the service)

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Unless so noted, school was in session and students were in attendance on all days recorded above. I have edited this form to correctly reflect services delivered on the above dates.

PRACTITIONER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DIRECTING PRACTITIONER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Second signature of directing practitioner required if services are delivered by a COTA)

LICENSE / CERTIFICATION: \_\_\_\_\_