**OT LOG ENTRY**

**New Log Entry--------------------------------------------------------------------**

**Service Date** Find date here

**Service Type** 1.Treatment-Therapeutic Activities 2. Treatment-Manual Therapy Activities 3. Treatment-Neuromuscular Re-education of Movement 4. Treatment-Orthotic Management and Training 5. Treatment-Therapeutic Procedure 6. Treatment-Activities of Daily Living, Self-Care/Home Management 7.Treatment-Sensory Integrative Techniques 8.Treatment- Oral Function for Feeding 9. Treatment-Wheelchair Management and Training 10. Evaluation-Typically 30 Minutes 11. Evaluation-Typically 45 Minutes 12. Evaluation-Typically 60 Minutes 13. Re-evaluation 14. Checkout Orthotic/Prosthetic 15. Evaluation of Oral Functioning for Feeding 16. Muscle Testing 17. Physical Performance Test 18. Student Absent 19. Student Unavailable 20. Therapist Absent/Therapist Unavailable 21. Supplemental Aids/Services/Accommodations/Modifications 22. IEP Meeting 23. Contacts 24. Additional Services

**Duration of Service** HoursMinutes

**Group Size** 1  2 3 4 5 6 or more

**Progress Report** Regressing Maintaining Inconsistent Progressing Mastering Not Applicable

**Location** General Education Special Education Homebound/Hospital Residential

**Areas Covered/Assessed--------------------------------------------------------**

Activities of Daily Living Adaptive Equipment-Wheelchair Propulsion, Management, and Training Adaptive Equipment Application/Assistive Technology Facilitation of Fine Motor Skills Facilitation of Gross Motor Skills Feeding/Oral Motor Functional Mobility Manual Therapy Techniques Muscle Strengthening, Endurance Training Neuromuscular Development Sensorimotor Visual Motor Visual Perception

**Comments-------------------------------------------------------------------------**

Enter session summary here.