Occupational Therapy Note

Child’s name:  
OT Session date:  

Session duration:  
Time:  

This therapy session was provided through telehealth.

Session targeted the following skills:

☐ Motor planning/bilateral coordination  
☐ Reflex Integration/Brain Gym®

☐ Upper body exercise/strengthening  
☐ Core strengthening

☐ Visual-perception/visual-motor  
☐ Handwriting

☐ Fine motor/hand skill development  
☐ Cutting/scissor skills

☐ Sensory strategies  
☐ Activities of daily living  
(self-help)

Activities /skill demonstrated:  (narrative: subjective, objective, assessment)

Plan for next OT session:  (narrative: plan)

‘Homework activities’:  (home program)

https://telehealthshare.com/shop
Outline Email to Families After Teletherapy Session

Summary of session recommendations:

Homework:

Any additional caregiver information on other topics discussed, such as parent support and coaching:

Plan for next session:

Any new materials for future sessions:

Date/time of the next session: