

MONTHLY OT PROGRESS SHEET

Client: _____

Month/Year: _____

Services provided and dates were provided (initialed by OT/Cota providing services):

Standing Frame: _____

Parallel bars: _____

Paraffin Wax: _____

Walking Program: _____

Mat Table: _____

ROM: _____

Fine Motor Skills: _____

Gross Motor Skills: _____

Sensory Stimulation: _____

Other: _____

Other: _____

Narrative Notes: _____

OT Staff (Name Licensures, Initials):

_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____