

# Occupational Therapy Services Log

Student's name: \_\_\_\_\_ Provider's name: \_\_\_\_\_  
 Student's date of birth: \_\_\_\_\_ Service month/year: \_\_\_\_\_ Provider's title: \_\_\_\_\_  
 School: \_\_\_\_\_ Provider's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Diagnosis/symptom(s): \_\_\_\_\_ \*Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* A supervisory signature is required when services are provided by a paraprofessional.*

Service	Date																												
<b>Treatment</b>	<b>Time</b>																												
	<b>Treatment Code</b>																												
Refer to the keys below for an explanation of the Treatment Codes and Progress Indicators	<b>Type of Service</b>	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group
	<b>Progress Indicator</b>																												
<b>Teacher Contact</b>	<b>Time</b>																												
<b>Instructional Assistant Contact</b>	<b>Time</b>																												
<b>Parent Contact</b>	<b>Time</b>																												
<b>Equipment Set Up</b>	<b>Time</b>																												
<b>Charting and Report Writing</b>	<b>Time</b>																												
<b>MDT Planning</b>	<b>Time</b>																												
<b>Travel</b>	<b>Time</b>																												
<b>Other</b>	<b>Time</b>																												
<b>Total</b>																													

**Treatment Key:**  
 A - Activities of Daily Living AT - Assistive Technology B - Balance and Coordination G - Gait Training M - Motor Skills O - Observation OM - Oral Motor P - Postural Control R - Range of Motion S - Strengthening Exercises SM - Sensory Motor

Progress Indicator Key: I - Improvement SI - Slight Improvement  
 NC - No Change R - Regression

**Monthly Notes** must fully disclose the student's progress or outcome for the month in relation to the treatments provided and the medical/mental health-related goals in the IEP