**OCCUPATIONAL THERAPY OBSERVATION**

Date:

Diagnosis:

Therapist:

What specific problem was being addressed during this treatment session?

What was the goal of this treatment session?

What activities were utilized during this treatment session?

What did you learn that you could relate back to your patient care plan?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature O.T. Signature