Name: (Client's Initials)	Signature
	Consent for treatment received:Yes No
Session date:	

Goals

Goals (treatment areas) to be address during session:
1. Complete profile and build report with client
2. Provide education on the capstone process and my role at CHOICE, gain consent for participation in OT sessions
3. Begin educational program explaining the importance of the scope of Occupational Therapy, and begin discussing goals and intentions

Treatment activities:	Client response/observation:
Occupational Therapy	
Introductory information on role of the OT	

Other observations and assessment made during session:

Homework for client:

Follow up required by therapist:

Next Visit date:	Signature: