Student Name
MPID#:
Phone: (888)123-4568
Medicaid ID 01234569

DOB: 07/09/2
Age: 8 year(s)
Sex: Female

Provider: Staff-Name -OTR.L
Supervisor:
Place of Service: 03 - School
DOS: 01/20/2022

Occupational Therapy - Progress Summary

Progress: School Name

OCCUPATIONAL THERAPY -MEDICAID/INSURANCE PROGRESS NOTE

NAME: Student Name

Date of birth: 7-9-20

Medicaid number: 0123456789

Date of initiation of IEP: 5-13-20, Date of last progress note 10-28-2020

Date of progress report: 1-20-2021

Attendance: **Student Name** has been seen 9/7 sessions since the last note was completed. **Student Name** is seen one day a week for one hour session as this has been most beneficial. She has missed hour sessions and when virtual she has only been seen one time a week and for 30 minutes secondary and has also missed sessions secondary to family schedule. She was last seen on January 6 as she went to the hospital to have hardware removed in hip and will not return to school until late January after the due date for this progress note.

Goals/Status:

OT 1: By the end of this IEP **Student Name** will improve upper extremity strength and motor planning to reach away from her body towards a target 5 times following initial facilitation techniques as needed increasing from 1 time to 5 times on 3/5 attempts as evidenced by weekly therapist probes.

Status: The **Student Name**'s progress remains the same. She is doing well to reach at shoulder level when sitting in a supported pose per criteria for the goal and is also reaching to sides and in front when supported in her chair. She has not met goal and therapist will continue to address.

OT 2: By the end of this IEP, the **Student Name** will improve upper extremity/trunk strength and endurance to weight shift to 1 UE while interacting with a learning or play task when placed in a modified UE weight bearing position, 3 times with minimal to assistance increasing from moderate assistance to minimal assistance on 2/4 attempts as evidenced by weekly therapist probes.

Status: **Student Name** is now demonstrating satisfactory progress on this goal. When placed on a wedge for support, she is doing well to weight shift to participate in a variety of activities. Head control and endurance have really improved with this task. She has not met goal and therapist will continue to address.

OT 3: By the end of this IEP **Student Name** will improve visual motor skills to imitate 2 letters of her name given demonstration, cues, and adaptations as needed increasing from imitating 0 letters to imitating 2 letters on 2/4 attempts as evidenced by weekly therapist probes.

Status: **Student Name** is now demonstrating satisfactory progress on this goal. The therapist is addressing this in the classroom setting and in therapy. She can hold crayons with maximum support and move hands down and over for lines. She visually scans to find the correct line or curve and is accurate approximately 50% of the time and will "help" to slide into place for simple letters on a template. She has not met goal and therapist will continue to address.

OT 4: By the end of this IEP, the Student Name will improve release skills to release 5 items into a container or target with set up and cues increasing from 3 items to 5 items on 3/5 attempts as evidenced by weekly therapist

probes.

Status: Minimal progress. **Student Name** continues to demonstrate minimal progress on this goal. She requires minimal to moderate assistance to release purposefully but when motivated she continues to demonstrate good visual attention to complete tasks and attempt to hit targets. She does require support at the forearm and verbal cues to complete. She has not met goal and therapist will continue to address.

OT 5: By the end of this IEP, **Student Name** will improve visual scanning skills to visually scan to the upper quadrants of her visual field 5 times during a play or learning task with min cues increasing from moderate to maximal cues to minimal cues on 3/5 attempts as evidenced by weekly therapist probes.

Status: Satisfactory progress. **Student Name** is still demonstrating satisfactory progress on this goal. She is scanning in all planes but is not consistently completing tasks and still requires moderate cues. She has not met goal and therapist will continue to address.

OT 6: By the end of this IEP, **Student Name** will show improved use of her upper extremities by participating in exercises to reduce stiffness, integrate reflexes and encourage improved motor control with maximal assistance increasing from passively tolerating exercises to participating with maximal assistance on 3/5 attempts as evidenced by weekly therapist probes.

Status: Satisfactory progress. **Student Name** continues to demonstrate satisfactory progress on this goal. She is participating in all activities to reduce stiffness, integrate reflexes and encourage improved motor control with moderate to maximal assistance on 60% of attempts. She has not met goal and therapist will continue to address.

Assessment/Summary of progress

Student Name is now demonstrating satisfactory progress on 5/6 of her goals despite missed sessions from school and quarantine from school. She appears to love therapy sessions and transitions well to and from class and between tasks.

Plan: Skilled individual occupational therapy is recommended for 810 minutes per 9-week quarter.

Staff Name - OTR/L 1-20-2021

Time In: 09:30 PM Time Out: 10:00 PM Time Spent: 00:30

Electronically signed by: Staff Name - OTR/L on 01/20/2021 11:24:33 PM
Electronically signed by: Staff Name - OTR/L on 01/20/2021 11:24:33 PM Author: Staff Name - OTR/L

Saved on: 01/20/2021 11:24:33 PM
Printed: 03/16/2022 2:11:45 PM