Therapy Summary of Progress Report

Client Information		
Client's Name:	Date of birth:	Health Care #:
Date of Report:	Age:	

Background Information:

Occupational Therapy Services were first accessed by the [client/family] on [date] for assessment and treatment. [Client/family] was referred to OT services by [Name of referral source], for [reason for referral].

[Client] had previous therapy intervention at [place and therapist name], for [length of time]. [Client] has a diagnosis of [name of diagnosis, injury or illness being treated].

Service Summary:

[Client/family] communication began on [date] with an initial consultation. Services have been held at [location] and [frequency]. There have been a total of [##] sessions completed to date.

Progress update:

	LEGEND	
Score	Description	
1	Introduced	
2	Achieved	
3	Mastered	

Goal Domain:

Self-care

[Client] cuts their food at meals with a knife and fork.	Score Total 5/18
[Client] maintains a proper hold on fork and knife palm over top with pointer finger extended down the length of the utensil.	3/3
[Client] maintains a proper hold on fork and knife palm over	1/3
top with pointer finger extended down the length of the utensil	

and repositions while manipulating the utensils with a physical prompt.	
[Client] maintains a proper hold on fork and knife palm over top with pointer finger extended down the length of the utensil and repositions while manipulating the utensils on her own.	1/3
[Client] holds food with the fork in her left hand and manipulates the knife in her right hand to cut soft foods (bread, banana, etc.).	0/3
[Client] holds food with the fork in her left hand and manipulates the knife in her right hand to cut medium foods (cucumber, etc.).	0/3
[Client] holds food with the fork in her left hand and manipulates the knife in her right hand to cut hard foods (chicken etc.).	0/3

Productivity/Printing/Cutting

[Client] develops a mature pincer grasp, making an O with her pointer finger and thumb.	Score Total (7/12)
[Client] uses pointer finger and thumb to grasp small object with physical prompts.	3/3
[Client] uses pointer finger and thumb to grasp small object with visual prompts consistently.	3/3
[Client] uses pointer finger and thumb to grasp small object with verbal prompts consistently.	1/3
[Client] uses pointer finger and thumb to grasp small object consistently.	0/3

Strategies to encourage this skill:

- Physical manipulation of hand to use pointer finger and thumb, rather than middle finger and thumb, repeated several times, then allowing her to engage in task.
- Lacing and beading activities, lite brite, etc.

[Client] draws pre-printing shapes, with clear corners.	Score Total (6/12)
Cross	3/3
X	2/3
Square	1/3
Triangle	0/3

Strategies to encourage this skill:

- Tracing, using dot to dot, finger and then with marker.
- Practice with outline and guides and then fade supports.

[Client] makes smooth cuts with scissors.	Score Total (11/18)
Cuts curves continuously keeping to 1/16 th of the line. (cardstock)	3/3
Cuts 2" circle continuously keeping to 1/16 th of the line. (cardstock)	3/3
Cuts 1" circle continuously keeping to 1/16 th of the line. (cardstock)	1/3
Cuts curve circle continuously keeping to 1/16 th of the line. (regular paper)	1/3
Cuts 2" circle continuously keeping to 1/16 th of the line. (regular paper)	1/3
Cuts 1" circle continuously keeping to 1/16 th of the line. (regular paper)	1/3

[Client] copies 4 legible sentences in one sitting.	Score Total (6/15)
[Client] copies a sentence with proper spacing, some physical prompt to use finger to make the space.	3/3 (Jan 2020)
[Client] copies a sentence with proper spacing, with verbal prompt to use finger to make the space.	3/3
[Client] copies a sentences with proper spacing, no prompts.	0/3
[Client] copies 2 sentences with a proper spacing.	0/3
[Client] copies 4 sentences with a proper spacing.	0/3

Behaviour support -

As a team we focus on following [client name]'s lead as well as engaging in short activity demands. [Client] prefers to be in control and do things in his own way. When we have started an activity we are supporting him to finish, or stay one more turn at the activity prior to leaving and moving on to the next thing.

If you have any questions with regards to this summary report, please contact me to set up a time to discuss further.

Thank you,

Provider name, MSc. OT

3 Client Name Client DOB Email: youremail@outlook.com Phone: 250-123-4567