

Licking County Educational Service Center Occupational Therapy Plan of Care

Student: _____ School Year: _____

Date of Birth _____ District/ School: _____

Frequency of Service: _____ IEP DUE DATE: _____ ETR DUE DATE: _____

Areas of concern within classroom/ functional performance:

Pre-Handwriting Skills Pencil Skills Handwriting Cutting Use of Classroom Tools

Clothes Fasteners Activities of Daily Living Organization Attention Transitioning

Sensory/Behavioral Concerns Keyboarding Skills

Underlying Areas of Concern:

Neuromuscular Functioning Postural Control Skills Fine Motor / Fine Motor Coordination Skills

Visual-Motor Skills Visual Perceptual Skills Sensory Processing Skills Kinesthesia Skills

Motor Planning Skills Bilateral Coordination Skills Motivational Behavioral Concerns

IEP Goals, Frequency, Duration and Location: See current IEP

Skilled Interventions

Create/Promote (Health Promotion, Every Moment Counts)

Remediation/Skills Acquisition

Modify/Adapt (environmental modification)

Prevent (Early intervening support, avoiding secondary complications)

Occupation-Based Interventions (interventions embedded into actual activity-ex. personal care, classroom tools)

Purposeful Activities (Components of activities that develop skills)

Preparatory interventions:

Therapeutic Exercise Sensory Activities Splinting/Orthotics Visual Perceptual Training

Oral-Motor Interventions/Program Assistive Technology Other

Plan for Discontinuation of Services

The IEP team will consider data for occupational therapy services to be discontinued or the Plan of Care to be modified based on one or more of the following events:

1. Goals are Mastered for more than two marking periods.
2. OT is no longer required for the student to benefit from their education.
3. Parent request

Therapist Signature _____ **Date:** _____

Transfer Therapist Signature _____ **Date:** _____

(If required)