

Occupational Therapy Session Summary

Date: [Date]

Client Name: [Client's Name]

Therapist Name: [Therapist's Name]

Session Number: [Session Number]

Session Objectives

- [Objective 1]
- [Objective 2]
- [Objective 3]

Summary of Activities

[Description of the activities engaged in during the session]

Client Progress

[Description of client's progress towards goals]

Recommendations

[Recommendations for future sessions]

Next Session

Date: [Next Session Date]