SAMPLE SCHOOL-BASED OCCUPATIONAL THERAPY PLAN OF CARE

Client Name:			DOB:						
IEP Begin/End dates:			Frequency/Session length:						
Intervention/OT Diagno	sis:								
COMMON CORE/ESSEN	ITIAL ST	TANDARDS TO	BE ADDRE	ESSED:					
SUBJECT AREA	STA	NDARD							
STUDENT PARTICIPATION AREAS TO BE ADDRESSED: (check all that apply) Personal Care (feeding, toileting, dressing, hygiene, managing personal belongings, personal organization, mobility) Student role/Interaction Skills (following classroom/specials/school/bus/cafeteria protocols & routines, safety awareness, respecting the space/time/materials of others, requesting help, making needs/wishes known, social awareness, building/maintaining relationships) Learning academics/Process skills (following demonstrations, copying models, carrying out verbal directions, attending to instruction, completing assignments) Functional Academics (using classroom tools, managing and using materials, building models, using objects to express concepts, using technology) Play (turn-taking, imaginative play, sharing materials, exploring new play ideas/opportunities) Community Integration/Work (fieldtrips, school-related vocational training) Graphic communication (handwriting, keyboarding, drawing, coloring, art) STUDENT PERFORMANCE COMPONENTS TO BE ADDRESSED: (checkall that apply) Mental Functions: Cognition									
Sensory Functions and ☐ seeing/related function ☐ smell		□hearing func □propriocepti		าร	□vestil □touch	oular n functions	□taste □temp	e □ pair perature and pres	
Neuromuscular and Mo □ROM □eye-hand coordination	ovemer	nt Related Fund □joint stability □bilateralinte	/	□stren □cross	gth singmidlir	□ocular cont ne □fin		□endurance s motor control	□reflexes □tone
POSSIBLE INTERVENTION	ON ACTI	VITIES:							

GOALS, FREQUENCY, DURATION, LOCATION – found in IEP						
☐ Purposeful activities (individual activities/co☐ Preparatory methods:	emediation) tion) biding secondary complications) mbedded in actual activity e.g., personal care, using classroom tools) mponents of activity that develop skills)					
☐Therapeutic exercise☐Sensory activities	☐Treatment of oral function/oral motor techniques☐Splinting/orthotics					
□Visual perceptual training	☐Assistive technology/Adaptive equipment training					
PRECAUTIONS:						
SKILLED INTERVENTION TYPES: (check all that apply) ONE-ON-ONE INTERACTION WHOLE CLASS CONSULTATION WITH TEAM MEMBERS (e.g., train EDUCATION OF TEAM MEMBERS (e.g., train ENVIRONMENTAL ADAPTATION (e.g., assisti	ning)					
PLAN FOR EXIT FROM SERVICES: The IEP team will consider data for the student to be expeeds based on one or more of the following events: 1) Goals are achieved 2) OT is no longer required for the student to benefit for the student to be expected to the student t	xited or Plan of Care will be modified in accordance with student's rom special education program at this time					
TEAM DISCUSSION ON SUGGESTIONS FOR PARENT an	d TEACHERS:					
COMMUNITY SUPPORTS & COLLABORATION (e.g. com	nmunity programs/resources, other disciplines):					
This plan was created by:	(Therapist Signature and Credentials)					
on:(date)						