**Licking Regional Educational Service Center Occupational Therapy Plan of Care**

**Precautions**

**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

**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

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District/ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency of Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IEP DUE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ ETR DUE DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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)**