

Elks Camp Grassick  
PO Box F, Dawson, ND 58428  
701-327-4251  
campgrassick@gmail.com

Occupational Therapy Report

**OCCUPATIONAL AND PHYSICAL THERAPY REPORT**

To be completed if the child is receiving or could benefit from occupational therapy and/or physical therapy.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Diagnosis: \_\_\_\_\_

Type of Classroom: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Child's Occupational Therapist: \_\_\_\_\_

Name of Child's Physical Therapist: \_\_\_\_\_

School System: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

If permissible, please include the therapists' summer telephone numbers. If for any reason our therapy personnel would have specific questions during the summer, they could contact the child's school clinician.

OT's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

OT's Email: \_\_\_\_\_

PT's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

PT's Email: \_\_\_\_\_

**Therapy Information:**

How does this child ambulate?  Independently  Crutches  Walker  Wheelchair

If the child uses a wheelchair, how independent is he/she in ADLs, transfers, mobility, etc.

Does this child wear orthotic devices?  Yes  No If so, what type? \_\_\_\_\_

full time  part time  night

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Has this child ever been evaluated for Occupational Therapy?  Yes  No

Is the child presently receiving Occupational Therapy?  Yes  No

If so, how many times per week? \_\_\_\_\_ Length of time per session \_\_\_\_\_

Has this child ever been evaluated for Physical Therapy?  Yes  No

Is the child presently receiving Physical Therapy?  Yes  No

If so, how many times per week? \_\_\_\_\_ Length of time per session \_\_\_\_\_

What areas and/or concerns are being addressed in OT? Please give a brief description of therapy the child is presently receiving.

What areas and/or concerns are being addressed in PT? Please give a brief description of therapy the child is presently receiving.

Please indicate specific areas of concentration you would like addressed or certain skills you would like us to work on while this child is attending camp.

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## OCCUPATIONAL AND PHYSICAL THERAPY REPORT CONTINUED

Please include/attach any other information that you think would be helpful to our staff while working with this child.

**Please Note:** Please include the most recent Occupational and Physical therapy evaluation and reports concerning this child. Information concerning materials and/or programs being used with this child will be very helpful. Also, areas/concerns being addressed with this child would be helpful to know about. If there is any indication of tactile defensiveness with this child, please let us know.