

<b>TREATMENT NOTE CHECKLIST</b>	
	<b>Date of Treatment</b>
	<b>Total Treatment time</b>
	<b>Therapeutic Task/Activity #1</b> (Be clear how the task/activity relates to the patient's goals)
	Objective data for task/activity #1 (Data about the patient's performance on the task/activity. Usually measured by accuracy completion)
	Cues used during task/activity #1 (Include type, how much, and how often)
	Patient/caregiver report of how patient is progression towards their goals.
	<b>Therapeutic Task/Activity #2</b>
	Objective data for task/activity #2
	Cues used during task/activity #2
	Patient/caregiver report of how patient is progression towards their goals.
	<b>Therapeutic Task/Activity #3</b>
	Objective data for task/activity #3
	Cues used during task/activity #3
	Patient/caregiver report of how patient is progression towards their goals.
	<b>Additional Therapeutic Tasks/Activities</b>
	<b>Ongoing Assessment</b>
	Summary of patient's progress towards goals
	Factors impacting progress (environmental factors, change in family support, etc.)
	<b>Coordination with Care Team</b>
	Communication with patient's family/caregiver
	Communication or consultation with other disciplines (nursing, OT, PT, etc.)
	Outside referrals (nutritionist, otolaryngologist, therapist in a different setting, etc.)
	<b>Plan of Care</b>
	Next session's plan (name the tasks/activities you plan to use)
	Reasons for continues therapy (include why patient still needs your skilled interventions)
	Any changes to plan of care (includes reasons for any changes)
	<b>Therapist Signature &amp; Credentials</b>