

RADIOMARATHON FOUNDATION FOR CHILDREN WITH SPECIAL NEEDS

OCCUPATIONAL THERAPY REASSESSMENT FORM

<p>Therapist Name:</p> <p>Register no......</p> <p>PRIVATE: Address Tel.</p> <p>Evaluation date:</p>

Child's Name: **Date of birth**.....

A. RESULTS OF REASSESSMENT / GENERAL REMARKS:

B. OBJECTIVES:

Date of Reassessment

C. OBSERVANCE OF OCCUPATIONAL THERAPY MEETINGS: Presented times for.....

Planned treatments

D. OTHER TREATMENTS AND THEIR FREQUENCY: Physiotherapy times a week

- Speech therapy..... " " "
- Occupational therapy..... " " "
- Hydrotherapy..... " " "
- Specialist Education..... " " "
- Psychological Support..... " " "

Name of therapist:

Signature:.....

Date:.....