

Occupational and Physical Therapy Contact Record

2024 - 2025

	Therapist:		\square OT \square PT
Name:	Birthdate:		Age:
Parent(s):			
Address:			
School:			
Date of Problem Solving:			
Dates of interventions:			
Date of IEP or IFSP:			
Date of 504 Plan	Extended Yea	nr:	
Service Log Key:	I – Intervention D – Direct Serv C – Consultatio E – Evaluation R – Report Writ	rice (IEP or IFSP) on with Teacher or Parent or Re-Evaluation	t

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug.																															
Sept.																															
Oct.																															
Nov.																															
Dec.																															
Jan.																															
Feb.																															
Mar.																															
April																															
May																															
June																															
July																															

Name:	
Date/Time	