UTICA CITY SCHOOL DISTRICT
OCCUPATIONAL THERAPY DAILY TREATMENT NOTE

Attendance Dates																								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

NAME:	DOB:	SCHOOL/GRADE:
IEP THERAPY FREQUENCY/RATIO:		
NYS Standards:		

Goal/ Quarters	1	2	3	4
Goal 1				
Goal 2				
Goal 3				
Goal 4				

	NOTES:	CPT CODES:
Time in ________ Time out ________	/ / **Name:** **OTR/L** **License #:** **NPI #:**	**Ind.** ☐ ☐ 97003 OT eval ☐ 97004 OT re-eval ☐ ☐ 97530 ther act. ☐ ☐ 97532 cog. skills ☐ ☐ 97533 sensory ☐ ☐ 97535 adls/assist tech **Group** ☐ ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 97150 ther. activities
Time in ________ Time out ________	/ / **Name:** **OTR/L** **License #:** **NPI #:**	**Ind.** ☐ ☐ 97003 OT eval ☐ 97004 OT re-eval ☐ ☐ 97530 ther act. ☐ ☐ 97532 cog. skills ☐ ☐ 97533 sensory ☐ ☐ 97535 adls/assist tech **Group** ☐ ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 97150 ther. activities
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Name:	DOB:	School/Grade:

	/ /	**Ind.** ☐

Time in ________ **Time out** ________	 **Name:** **OTR/L** **License #:** **NPI #:**	□ 97003 OT eval □ 97004 OT re-eval □ □ 97530 ther act. □ □ 97532 cog. skills □ □ 97533 sensory □ □ 97535 adls/assist tech **Group** □ □ 2 □ 3 □ 4 □ 5 □ 97150 ther. activities
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