



## Therapies and Interventions:

### Therapy Schedule:

|                  |
|------------------|
| Type of Therapy: |
| Provider's Name: |
| Frequency:       |
| Days/Time:       |
| Location:        |
| Notes:           |

|                  |
|------------------|
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| Provider's Name: |
| Frequency:       |
| Days/Time:       |
| Location:        |
| Notes:           |

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| Notes:           |

Programs and systems change often. It is important to ensure that you are using the most current information. This document was created August 2023. Please check <https://www.inf2f.org/fact-sheets.html> for the most recent edition. This document was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$89,140 with 87 % percent financed with non-governmental sources. The contents are those of INF2F and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).



## Therapy Goals and Milestones:

|                           |
|---------------------------|
| Type of Therapy:          |
| Short-Term Goal:          |
| Expected Completion Date: |
| Intermediate Goal:        |
| Expected Completion Date: |
| Long-Term Goal:           |
| Expected Completion Date: |
| Notes:                    |

|                           |
|---------------------------|
| Type of Therapy:          |
| Short-Term Goal:          |
| Expected Completion Date: |
| Intermediate Goal:        |
| Expected Completion Date: |
| Long-Term Goal:           |
| Expected Completion Date: |
| Notes:                    |

|                           |
|---------------------------|
| Type of Therapy:          |
| Short-Term Goal:          |
| Expected Completion Date: |
| Intermediate Goal:        |
| Expected Completion Date: |
| Long-Term Goal:           |
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| Notes:                    |

|                           |
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| Type of Therapy:          |
| Short-Term Goal:          |
| Expected Completion Date: |
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| Long-Term Goal:           |
| Expected Completion Date: |
| Notes:                    |

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## Therapy Progress Tracking:

|                        |
|------------------------|
| Type of Therapy:       |
| Date of Session:       |
| Observations/Progress: |
| Adjustments Made:      |
| Next Steps:            |
| Notes:                 |

|                        |
|------------------------|
| Type of Therapy:       |
| Date of Session:       |
| Observations/Progress: |
| Adjustments Made:      |
| Next Steps:            |
| Notes:                 |

|                        |
|------------------------|
| Type of Therapy:       |
| Date of Session:       |
| Observations/Progress: |
| Adjustments Made:      |
| Next Steps:            |
| Notes:                 |

|                        |
|------------------------|
| Type of Therapy:       |
| Date of Session:       |
| Observations/Progress: |
| Adjustments Made:      |
| Next Steps:            |
| Notes:                 |

**\*Notes:** By using this form you are ensuring that your child's therapy journey is well-documented, and that their progress is effectively tracked and managed. Keep this document updated regularly to reflect your child's progress accurately. Use this as a tool to help facilitate discussions with your child's therapists about adjustments to goals or strategies.

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