



Child's Name: _____ Age: _____ Date: _____

Goals: What are your goals for your child's therapy? Please be specific as possible. Think in areas like dressing, bathing, potty, behavior, attention, coordination, sensitivities, play skills etc. Statements like "I would like my child to be able to dress himself every morning" is a nice, specific goal. Statements like "I would like him to behave" or "to have better sensory processing skills" are too general.

1.Goal: _____

Current Level of Functioning: _____

2. Goal: _____

Current Level of Functioning: _____

3.Goal: _____

Current Level of Functioning _____

4.Goal: _____

Current Level of Functioning _____

5. Goal: _____

Current Level of Functioning: _____

Comments: _____

