

Therapy Information Cheat Sheet

• Thera	pist Name:	
• Thera	Dy Type: [] Speech-Language [] Occupational [] Physical [] DIR/Play [] Other	
Location (School, Clinic, Home):		
Start I	Date:	
• Sessio	n Schedule:	
• Sessio	n Length: minutes/hours per session	
• Total S	Sessions Per Week:	
Financial Deta • Full Co	ils ost Per Session: \$	
• Insura	nce Coverage (if any):	
• Copay	or Out-of-Pocket Cost Per Session: \$	
• Total E	expected Monthly Cost: \$	
Top Parent Co	ncerns	
(These should	help direct the focus of therapy!)	
1. ——		
2. ——		
3. ——		

Questions to Ask Your Therapist

- What specific goals are you targeting with my child?
- ➤ How were these goals determined?
- ➤ How will progress be measured and tracked?
- ➤ How often will I receive updates on progress?
- What should success look like in 3 months? 6 months?
- ➤ What can I do at home to support therapy goals?
- > Are there other areas you are informally observing?
- > Will you be collaborating with my child's other therapists/teachers?
- > If progress slows, how will the therapy plan be adjusted?
- ➤ Are there alternative approaches if current strategies don't work?



Therapy Focus Areas

0	Articulation/Speech Sounds
0	Language Comprehension
0	Social Communication (Pragmatics)
0	Sensory Processing
0	Fine Motor Skills (handwriting, buttoning, cutting)
0	Gross Motor Skills (balance, coordination)
0	Feeding and Swallowing
0	Self-Help Skills (toileting, dressing)
0	Executive Functioning (planning, organization)
0	Other:
New R	ecommendations / Referrals
(Write	down any new ideas suggested by your therapist)
•	
•	
•	
Home	Program and Resources
•	Home Practice Assignments:
•	Recommended Exercises/Activities:
•	Helpful Apps/Tools/Books:
•	Support Groups/Workshops:
Follow	-Up Plan
•	Next Progress Review Date:
•	Reevaluation Needed? [] Yes [] No
•	Home Action Steps:
	-

Remember: Effective therapy is a partnership. Speak up if you have questions or concerns.