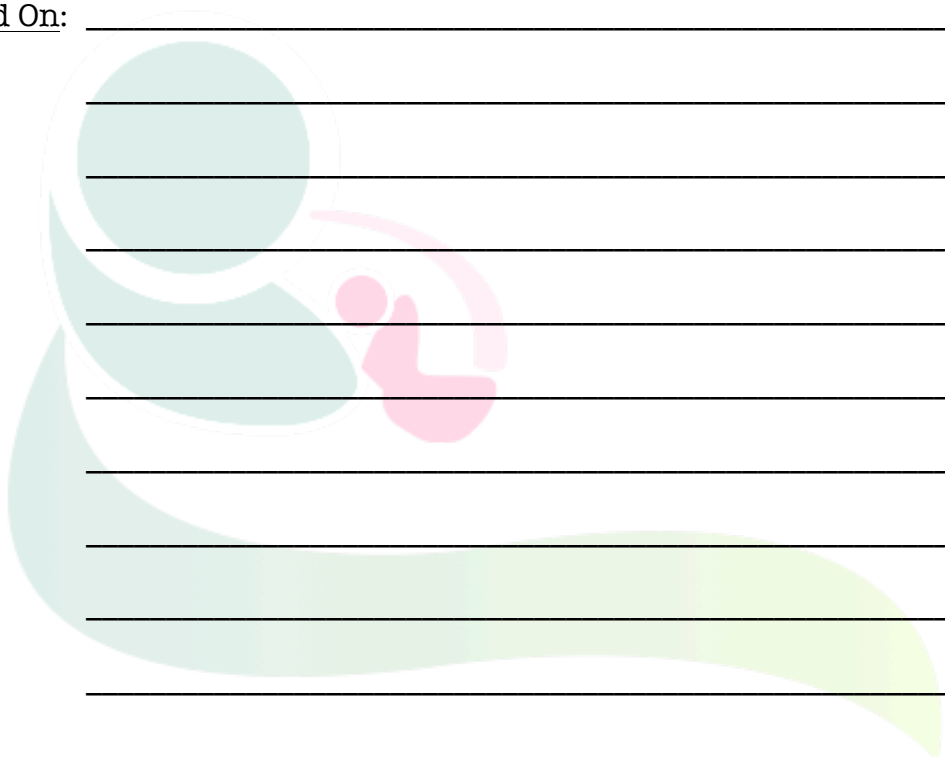


Pediatric Therapy Session Sheet

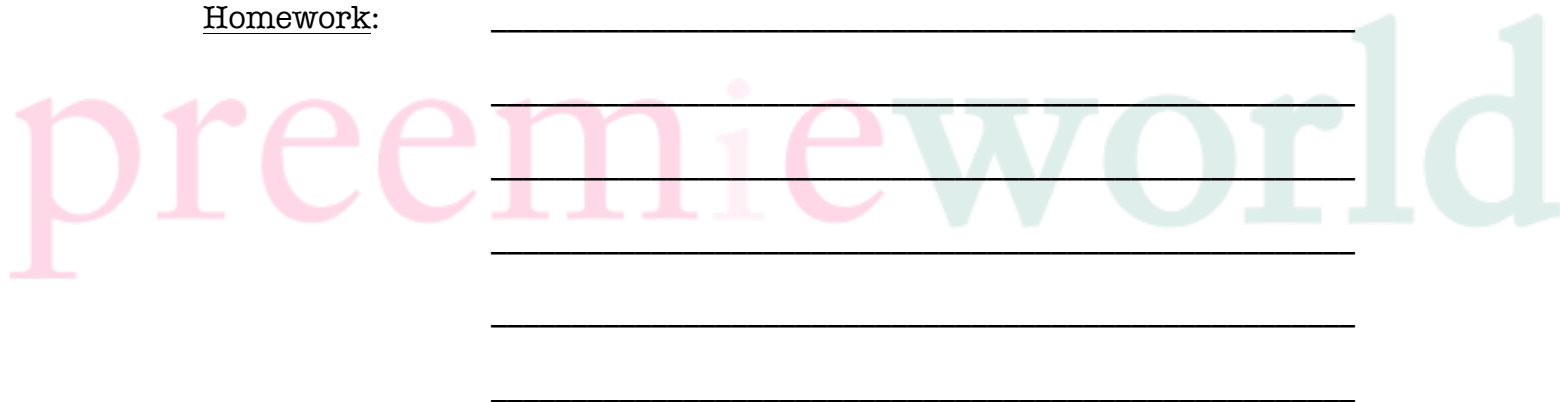
Therapist Name: _____

Therapy Type: Occupational Physical Speech Feeding
 Vision Other: _____

Skills Worked On: _____



Homework: _____



Next Session: _____