

ACHIEVE Therapy Record Form

Study ID: _____

Caregiver: _____

Timepoint: Baseline

Date: _____

As part of the ACHIEVE program, we would like to keep track of your child's past, present and future participation in therapy services and recreational physical activities. Please indicate whether your child has participated in the following therapies or physical activities and answer the associated questions. Each box does not need to be filled out if it is not applicable to your child. Please carefully look at each column heading in order to choose the correct frequency of therapy.

Past Therapy Services and Physical Activities (prior to starting the ACHIEVE program)

	Weekly	Every Other Week	Once a Month	Intensive Program	Other: _____
Outpatient Physical Therapy	Minutes per session: Start date: End date:	Minutes per session: Start date: End date:	Minutes per session: Start date: End date:	Minutes per session: Start date: End date: Number of sessions:	Minutes per session: Start date: End date:
Outpatient Occupational Therapy	Minutes per session: Start date: End date:	Minutes per session: Start date: End date:	Minutes per session: Start date: End date:	Minutes per session: Start date: End date: Number of sessions:	Minutes per session: Start date: End date:
Outpatient Speech Therapy	Minutes per session: Start date: End date:	Minutes per session: Start date: End date:	Minutes per session: Start date: End date:	Minutes per session: Start date: End date: Number of sessions:	Minutes per session: Start date: End date:
School-based Physical Therapy	Minutes per session: Start date: End date:	Minutes per session: Start date: End date:	Minutes per session: Start date: End date:	Minutes per session: Start date: End date: Number of sessions:	Minutes per session: Start date: End date:
School-based Occupational Therapy	Minutes per session: Start date: End date:	Minutes per session: Start date: End date:	Minutes per session: Start date: End date:	Minutes per session: Start date: End date: Number of sessions:	Minutes per session: Start date: End date:
School-based Speech Therapy	Minutes per session: Start date: End date:	Minutes per session: Start date: End date:	Minutes per session: Start date: End date:	Minutes per session: Start date: End date: Number of sessions:	Minutes per session: Start date: End date: