

Occupational Therapy Fieldwork Level II Student Treatment Plan Format

Student: _____ Patient's Name: _____ Date: _____

Strengths	Problems (Occupational Performance)	What is causing the performance problems (components context)	Goals	Interventions
1.	1.		1a)	
			1b)	
			1c)	
2.	2.		2a)	
			2b)	
			2c)	
3.	3.		3a)	
			3b)	
			3c)	

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Student: _____ Patient's Name: _____ Date: _____

Strengths	Problems	Goals	Interventions
4.	4.	4a)	
		4b)	
		4c)	
5.	5.	5a)	
		5b)	
		5c)	

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