

## **Therapy Report**

Name of Child: John Doe

**Birth Date:** 2017-08-16

**Session Date:** 5/30/2025

**Therapy Type:** Occupational Therapy

## **Observations:**

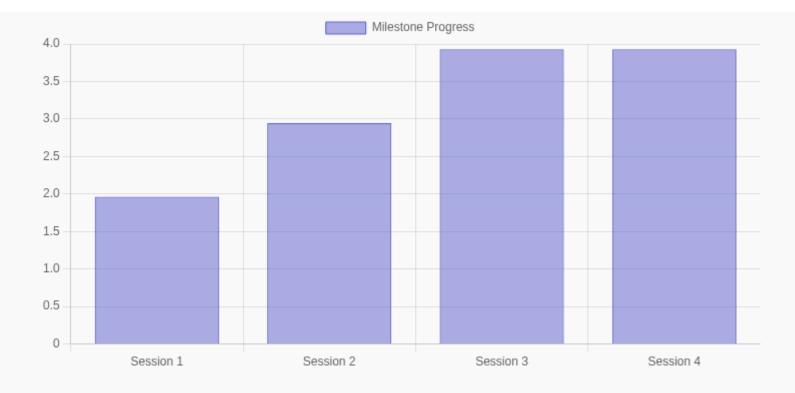
Patient showed engagement in all tasks.

## **Milestones:**

Milestone	Progress
Fine Motor	Good
Verbal Communication	Needs Improvement

## **Recommendations:**

Continue weekly therapy sessions.



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