

24



25

THERAPY PLANNER

CALENDAR

2024

January

Mo	Tu	We	Th	Fr	Sa	Su
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

March

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April

Mo	Tu	We	Th	Fr	Sa	Su
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May

Mo	Tu	We	Th	Fr	Sa	Su
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June

Mo	Tu	We	Th	Fr	Sa	Su
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July

Mo	Tu	We	Th	Fr	Sa	Su
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September

Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October

Mo	Tu	We	Th	Fr	Sa	Su
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December

Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

CALENDAR

2025

January

Mo	Tu	We	Th	Fr	Sa	Su
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February

Mo	Tu	We	Th	Fr	Sa	Su
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March

Mo	Tu	We	Th	Fr	Sa	Su
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April

Mo	Tu	We	Th	Fr	Sa	Su
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June

Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July

Mo	Tu	We	Th	Fr	Sa	Su
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September

Mo	Tu	We	Th	Fr	Sa	Su
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October

Mo	Tu	We	Th	Fr	Sa	Su
		1	2	3	4	5
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November

Mo	Tu	We	Th	Fr	Sa	Su
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December

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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Important Dates

DATE	EVENT	NOTES

Important Dates

DATE	EVENT	NOTES

Important Dates

DATE	EVENT	NOTES

MY GOALS FOR THE 2024-2025 SCHOOL YEAR

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

School:

Student's Name	Service Time	Teacher	IEP Date	IEP Objective(s)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

School:

Student's Name	Service Time	Teacher	IEP Date	IEP Objective(s)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

School:

Student's Name	Service Time	Teacher	IEP Date	IEP Objective(s)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

School:

Student's Name	Service Time	Teacher	IEP Date	IEP Objective(s)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Schedule

Date: _____

Time	Mon	Tue	Wed	Thu	Fri
7:00					
7:30					
8:00					
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					

Individual Student Planner

Student:

Birthday:

IEP Date:

Diagnosis:

IEP
Goals/Objectives

Task Analysis of
Goals/Objectives

Resources Needed for
Treatment Session

Individual Student Planner

Student:

Birthday:

IEP Date:

Diagnosis:

IEP
Goals/Objectives

Task Analysis of
Goals/Objectives

Resources Needed for
Treatment Session

Individual Student Planner

Student:

Birthday:

IEP Date:

Diagnosis:

IEP
Goals/Objectives

Task Analysis of
Goals/Objectives

Resources Needed for
Treatment Session

Individual Student Planner

Student:

Birthday:

IEP Date:

Diagnosis:

IEP
Goals/Objectives

Task Analysis of
Goals/Objectives

Resources Needed for
Treatment Session

Individual Student Planner

Student:

Birthday:

IEP Date:

Diagnosis:

IEP
Goals/Objectives

Task Analysis of
Goals/Objectives

Resources Needed for
Treatment Session

Individual Student Planner

Student:

Birthday:

IEP Date:

Diagnosis:

IEP
Goals/Objectives

Task Analysis of
Goals/Objectives

Resources Needed for
Treatment Session

Therapy Note

STUDENT: _____

DATE: _____ THERAPIST: _____

GOAL/OBJECTIVE:

HOW THEY DID IN THERAPY TODAY:

THINGS TO WORK ON AT HOME:

Therapy Note

STUDENT: _____

DATE: _____ THERAPIST: _____

GOAL/OBJECTIVE:

HOW THEY DID IN THERAPY TODAY:

Therapy Note

STUDENT: _____

DATE: _____ THERAPIST: _____

TODAY IN THERAPY WE WORKED ON:

- ☐ Adaptive Skills
- ☐ Bilateral Coordination Activities
- ☐ Executive Functioning Skills
- ☐ Fine Motor Skills
- ☐ Sensory-Based Activities
- ☐ Visual Motor Integration Skills
- ☐ Visual Perceptual Skills
- ☐ Other _____

WynterOT.com

Therapy Note

STUDENT: _____

DATE: _____ THERAPIST: _____

TODAY IN THERAPY WE WORKED ON:

- ☐ Adaptive Skills
- ☐ Bilateral Coordination Activities
- ☐ Executive Functioning Skills
- ☐ Fine Motor Skills
- ☐ Sensory-Based Activities
- ☐ Visual Motor Integration Skills
- ☐ Visual Perceptual Skills
- ☐ Other _____

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Therapy Note

STUDENT: _____

DATE: _____ THERAPIST: _____

TODAY IN THERAPY WE WORKED ON:

- ☐ Adaptive Skills
- ☐ Bilateral Coordination Activities
- ☐ Executive Functioning Skills
- ☐ Fine Motor Skills
- ☐ Sensory-Based Activities
- ☐ Visual Motor Integration Skills
- ☐ Visual Perceptual Skills
- ☐ Other _____

WynterOT.com

Therapy Note

STUDENT: _____

DATE: _____ THERAPIST: _____

TODAY IN THERAPY WE WORKED ON:

- ☐ Adaptive Skills
- ☐ Bilateral Coordination Activities
- ☐ Executive Functioning Skills
- ☐ Fine Motor Skills
- ☐ Sensory-Based Activities
- ☐ Visual Motor Integration Skills
- ☐ Visual Perceptual Skills
- ☐ Other _____

WynterOT.com

START OF THE DAY CHECK IN

DATE

M | T | W | T | F

THINGS I'M GRATEFUL FOR TODAY

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MOOD



ANGRY



TIRED



SAD



HAPPY



EXCITED

TODAY'S AFFIRMATIONS

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GOALS

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REMINDERS FOR THE DAY

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END OF THE DAY CHECK IN

DATE

M | T | W | T | F

WATER INTAKE



THINGS I'M GRATEFUL FOR TODAY

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TODAY'S AFFIRMATIONS

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MOOD



ANGRY



TIRED



SAD



HAPPY



EXCITED

WHAT TO DO TOMORROW

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OTHER

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START OF THE WEEK CHECK IN

WEEK OF:

THINGS I WILL BE GRATEFUL FOR
THIS WEEK

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MOOD



ANGRY



TIRED



SAD



HAPPY



EXCITED

WEEKLY AFFIRMATION

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GOALS

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REMINDERS FOR THE WEEK

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END OF THE WEEK CHECK IN

WEEK OF:

THINGS I WAS GRATEFUL FOR THIS
WEEK

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OVERALL MOOD



ANGRY



TIRED



SAD



HAPPY



EXCITED

WEEKLY AFFIRMATIONS MET

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WHAT TO DO NEXT WEEK

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OTHER

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Need a break or to check in before or after a meeting? Try some of these strategies below.

Start mentally planning your next trip

Do a body scan

Take a 5-minute walk

Practice deep breathing for 5 minutes

Write down three things you're grateful for

Remember how you felt when you graduated from OT/PT school

Have a healthy snack

Stretch for 5 minutes

Listen to your favorite song

Remember your why

Meditation/Prayer

Recall all the difficult solutions you've gotten through in the past

[illegible]