

Midwestern Intermediate Unit IV  
453 Maple Street • Grove City, PA 16127  
**Occupational Therapy Consultation Log**

Student: \_\_\_\_\_ School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Therapist: \_\_\_\_\_

Areas of Concern	Suggested Intervention	Outcome

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next consultation visit in \_\_\_\_\_ week(s) \_\_\_\_\_ month(s)

\_\_\_\_\_  
*Therapist Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Teacher Signature*

\_\_\_\_\_  
*Date*