



Sumlar Therapy Services, Inc.

Pediatric Physical Therapy, Occupational Therapy, and Speech Therapy
With Hippotherapy and Aquatic Therapy

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Therapy Progress Note

Child's Name:

Date of Service:

EI Service as Listed on the IFSP (Circle one):

EI Program:

Location:

PT

OT

ST

IFSP Outcome(s):

Summary of Session (include Parent Concerns):

Parent/Caregiver: *Please work on.....*

Therapist Signature: _____

Time: _____ **to** _____

Parent/Caregiver Signature: _____

Date: _____

Next Session:

**To Reschedule Call
445-6336**