YOUR LOGO
(optional)

CLINIC / PRACTITIONER NAME

Form OT-DATA-01

Address · phone · license #

Occupational Therapy Data Collection

Session-by-session performance data for tracking measurable progress toward a goal.

CLIENT & GOAL

Client name / ID

Therapist

Goal being measured

Baseline

Target / criterion

Measurement method

Data collection period

DATE	TRIALS	CORRECT	%	CUE LEVEL	NOTES

CUE LEVEL KEY

- ☐ I — Independent
- ☐ V — Verbal cue
- ☐ VI — Visual cue
- ☐ G — Gestural cue
- ☐ T — Tactile cue
- ☐ HOH — Hand over hand

Progress summary & clinical interpretation

Plan — continue, modify, or discharge goal

ADDITIONAL NOTES

Continuation, observations, or notes

SIGNATURES

The data recorded above was collected during skilled occupational therapy sessions.

Therapist signature

Date

Supervising OT signature (if applicable)

Date