# Learning Objectives

### ***At the completion of this experiential learning activity, the student will be able to:***

### **Analyze activity in pediatric populations, including areas of occupation, performance skills, performance patterns, context, activity demands, and client factors.**

### **Assess the need for continuation or discharge planning for occupational therapy services in pediatric populations.**

### **Produce effective and efficient occupational therapy service documentation and understand requirements for reimbursement of services.**

### ***This activity meets ACOTE Standards: B.3.2, B.3.3, B.3.6, B.4.6, B.4.26, B.4.28, B.4.29***

# Instructions

### **Students will demonstrate competency in writing a thorough, accurate SOAP note of a treatment session with a pediatric client.**

# Rubric

|  |  |  |  |
| --- | --- | --- | --- |
| Scoring Criteria / Requirements | Possible Points | Points Earned | Comments |
| **Subjective** Includes 1-3 quotes relevant to treatment and pain rating. All information is subjective and includes the client’s perspective on their condition or treatment (e.g., limitations, concerns, problems, pain). Subjective data cannot be measured or verified during the treatment session. | 5 |  |  |
| **Objective** Contains the following information about the session: WHO? WHERE? HOW LONG? WHY? Write exactly what you observed, no opinions or conclusions. Give measurable, quantifiable, and observable data. Use the FIM and report key deficits that are observed. Present a picture of the intervention session provided. Information in this section should be complete & concise. | 5 |  |  |
| **Assessment** Contains the therapist’s appraisal of the client’s progress, occupational limitations, and expected benefit from OT intervention. Use your clinical reasoning skills to interpret the meaning of the data you presented in the “S” and “O” sections. Focus on the three Ps: problems, progress, and rehab potential. Point out any inconsistencies or emotional components that impacted the session. Justify the need for continuation of OT services. | 10 |  |  |
| **Plan** Do you want to continue OT? If so, what is the frequency and duration of OT? Do you need to update any of the patient’s goals or POC? Inform the reader of your priorities regarding intervention strategies and any referrals to other providers. | 5 |  |  |
| **Total** | **25** |  |  |