## McLaren Flint FLINT, MICHIGAN **OCCUPATIONAL THERAPY DAILY NOTE**

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treatment sessio		te and Initial	, s Date and Initia	, Ils	Date and Initials				
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I assessed the need, made the skilled judgement for the treatment provided, participated with the student for the delivery of the service and I was present for the entire

		Therapist Signature/Credentials:
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Therapist Signature/Credentials:

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