## **ACTIVITIES DAILY WORKSHEET**

NAME:		ADMISSION DATE:											DISMISSAL DATE:																					
IMPAIRMENTS: HEARING:								VISION:								VOCAL:																		
ALERT: PERSON:	PLACE:					TIME:							ATTENTION SPAN:																					
APPROACH:																														đ				
DATE:								a 3																										
INDIVIDUAL VISITS:																																		
EYE MOVEMENT:																																		
EYE CONTACT:																																		
VERBAL SOUNDS:																																		
VERBAL PHRASES:																																		
VERBAL SENTENCES:																																		
MADE CONVERSATION:																																		
ARM MOVEMENT:																																		
HAND MOVEMENT:																																		
GRASPED AN OBJECT:																																		
LEG MOVEMENT:																																		
FOOT MOVEMENT:																																		
FULL MOTOR SKILLS:																																		
SMILED:																		+																
BLAND FACIAL EXPRESSION:																																		
APPEARED HAPPY:																																		
APPEARED SAD:																																		
APPEARED FRUSTRATED:	:												5																					
SHOWED NO INTEREST																																		
SHOWED NO INTEREST:									_		-		-																					
SHOWED NO RESPONSE:																<u></u>																		