Arts Therapies Report

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name |   | D.O.B |  |
| Address |   | C.A |  |
| ArtsTherapist |   | Date ofReport |  |

**Diagnosis**

**Background Information**

**Attention and Listening**

**Understanding of Language**

**Expression of Language:**

**Social interaction:**

**Summary and recommendations:**

**Next Steps:**

 **Signed: Date:**

#  Arts Language Therapist - Integrated Treatment Services

 CC: Parents

File

