

Arts Therapies Report

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| --- | --- | --- | --- |
| Client Name |  | D.O.B |  |
| Address |  | C.A |  |
| Arts  Therapist |  | Date of  Report |  |

**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

