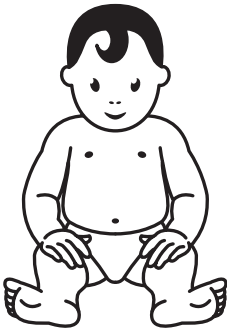


Ideas for home!



Name: _____ Date: _____

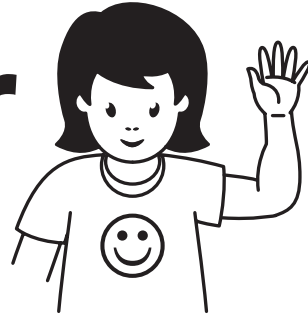


Ideas for home!



Name: _____ Date: _____

Ideas for home!



Name: _____ Date: _____

Occupational Therapy – Kids health information

Home program



Name of Therapist:

Phone:

Please contact your occupational therapist if you have any queries about the above information.