**Purpose**: To begin developing the student’s ability for accurately and concisely documenting occupational therapy services. Through repeated practice with SOAP note writing, students will gain an understanding about the concepts of documentation and apply the concepts to Level II Fieldwork and beyond. Subjective, objective, assessment, and plan-related information will be documented in SOAP note format for each Level I fieldwork course.

**Instructions**: Students are required to use this SOAP Note *Template* to practice documentation in a way that is HIPAA compliant. For the top four sections of the Template, identify which option matches the session being documented and delete the other options that do not apply.

In conjunction with using all other SOAP note and documentation resources, begin by identifying which notes on your Observation Guide that could fit in the S and O sections on this *Template*. Use the *Check List* and *the Formatting Guide* to double-check what information goes best in which section. For purposes of Level I Fieldwork assignments, SOAP notes are 1 page in length and must comply with word length min/max per syllabus specifications. Only the words in each SOAP section will be included in the final word count.

Students are highly encouraged to review their documentation with their Fieldwork Educators to check for accuracy of information. To increase opportunity for specific FW Educator feedback in a time-efficient manner, the student may state any of the following sentences for “on-the-go” input:

1. In review of that session, it appears the client did well with \_\_\_\_\_\_\_\_\_\_\_ but needed \_\_\_\_\_\_\_\_\_ assist to complete the task.
2. “A” and “B” appear to be the contributing factors that seem to be impacting how the client performed.
3. “X” and “Y” appear to be the primary areas of occupations that are most impacted by these contributing factors.
4. I thought I’d make goals addressing these problem areas.

Check for accuracy of thought as opportunities become available.

**Completion criteria**: This is a pass/fail assignment. Students will earn full, passing *credit* (1 point) for this assignment when (a) uploaded to Moodle by the established due date/time, (b) is completed with intentional effort/good quality per the Documentation Rubric criteria and per Academic Fieldwork Director’s appraisal, and (c) is HIPAA compliant. Students will earn *partial (.5 points) or no credit (*0 points) if any of these three criteria are deemed noncompliant. Students are permitted to delete any portion of these instructions for purposes of submitting the final homework document.

-----------------------------------------------------------------------------------------------------------

**FW Educator Credentials/Profession:** OT COTA Other (please specify):

**Type of FW Agency:** school early intervention day care acute hospital inpatient rehab outpatient long-term care/skilled nursing facility home health adult day program community-based mental health other:

**Client Age Group**: infant toddler child adolescent young adult middle-aged adult older adult geriatric

**General Client Diagnosis**: developmental/congenital acute-onset/traumatic neurological orthopedic behavioral mental health general health conditions other:

S:

O:

A:

P:

LTG #1:

STG #1:

LTG #2:

STG #2:

Signature/Credentials:

Date/Time: