

Weekly Therapeutic Recreation Calendar

For: _____

Month/Year _____/____	Time	Sup. By (Init)	Recreational Activity	Therapeutic Needs Addressed	Goal Addressed	Description of the activity, including how it met therapeutic needs and/or goals for the child.
Sunday _____	From			<input type="checkbox"/> Soc./Emot <input type="checkbox"/> Behavior <input type="checkbox"/> Education <input type="checkbox"/> Develop.	<input type="checkbox"/> Goal #1 <input type="checkbox"/> Goal # 2 <input type="checkbox"/> Goal #3 <input type="checkbox"/> Other	
	To					
Monday _____	From			<input type="checkbox"/> Soc./Emot <input type="checkbox"/> Behavior <input type="checkbox"/> Education <input type="checkbox"/> Develop.	<input type="checkbox"/> Goal #1 <input type="checkbox"/> Goal # 2 <input type="checkbox"/> Goal #3 <input type="checkbox"/> Other	
	To					
Tuesday _____	From			<input type="checkbox"/> Soc./Emot <input type="checkbox"/> Behavior <input type="checkbox"/> Education <input type="checkbox"/> Develop.	<input type="checkbox"/> Goal #1 <input type="checkbox"/> Goal # 2 <input type="checkbox"/> Goal #3 <input type="checkbox"/> Other	
	To					
Wednesday _____	From			<input type="checkbox"/> Soc./Emot <input type="checkbox"/> Behavior <input type="checkbox"/> Education <input type="checkbox"/> Develop.	<input type="checkbox"/> Goal #1 <input type="checkbox"/> Goal # 2 <input type="checkbox"/> Goal #3 <input type="checkbox"/> Other	
	To					
Thursday _____	From			<input type="checkbox"/> Soc./Emot <input type="checkbox"/> Behavior <input type="checkbox"/> Education <input type="checkbox"/> Develop.	<input type="checkbox"/> Goal #1 <input type="checkbox"/> Goal # 2 <input type="checkbox"/> Goal #3 <input type="checkbox"/> Other	
	To					
Friday _____	From			<input type="checkbox"/> Soc./Emot <input type="checkbox"/> Behavior <input type="checkbox"/> Education <input type="checkbox"/> Develop.	<input type="checkbox"/> Goal #1 <input type="checkbox"/> Goal # 2 <input type="checkbox"/> Goal #3 <input type="checkbox"/> Other	
	To					
Saturday _____	From			<input type="checkbox"/> Soc./Emot <input type="checkbox"/> Behavior <input type="checkbox"/> Education <input type="checkbox"/> Develop.	<input type="checkbox"/> Goal #1 <input type="checkbox"/> Goal # 2 <input type="checkbox"/> Goal #3 <input type="checkbox"/> Other	
	To					

***Descriptions of Recreational Activities and how they met therapeutic needs need to be detailed and specific. Add an additional page if needed. *The Activity Calendar MUST show at least 3 to 4 therapeutic interactions a week with the foster parents.**