What is your therapist’s name, and what are their credentials?

Name ________________________ Credentials ________________________

How many years of experience does the therapist have
In what setting(s)?

Years of Experience ________________________ Setting ________________________

Yes/No Is this therapist an occupational therapist, physical therapist, speech therapist, or a therapy assistant?

Yes/No Are they licensed in the state that you live in?

Yes/No Will they set the right goals for you?

Yes/No Will they push you to your limits but not past them?

Yes/No Can they fully understand what your disabilities are and what exercises and activities are needed to get them back to a normal state?

Yes/No Will they conduct regular meetings to evaluate your progress?

Yes/No Do they make consistent visits and address expectations?

Yes/No Do they have an eagle eye for improvement?

Yes/No Do they minimize frustration?

Yes/No Do they make work feel like play and keep you motivated?

Yes/No Do they provide patient and family education and support?

Yes/No Does the therapist conduct ongoing assessment of your progress for discharge and even after until a normal movement is reached?