

Pediatric CIMT

Home Program Template

Child's Name: _____

Plan for Week #: _____

I will try to incorporate wearing my constraint for (time/day, i.e. 2-3 hours) _____

This week, we will focus on (describe target movement): _____

PLAY:

Here are some ideas for play (*Toys, games, activities, how to change the environment or task*)

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PRACTICE IN DAILY ROUTINE

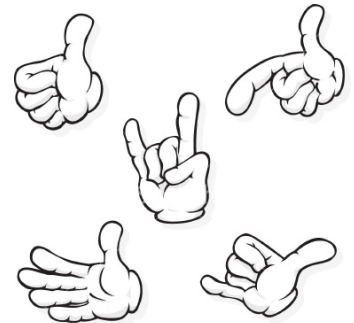
These are the everyday tasks I can try to use CIMT in:

These are the routines where I can try to use CIMT:

I can create these new routines:

Here are some ideas to target movements with both hands (without my constraint):

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THIS WEEK'S REFLECTIONS

These are some questions I have for the group and Therapists:

These are some concerns or challenges that came up:

Here are some things that worked well:

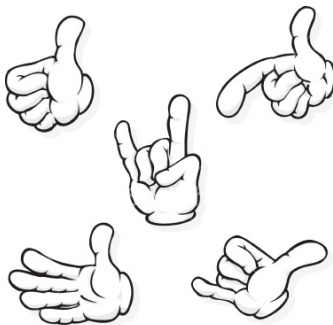
Here are some things that didn't work as planned:

Here are some changes I want to try for next week:

Parent Name

Date

Signature



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Please consult your therapist if you have any questions or concerns.