

[Date]

To the Parents/Guardians of [Child's Name],  
[Child's Date of Birth]

Subject: Completion of Occupational Therapy Services

Dear [Parent/Guardian Name],

This letter is to formally confirm that [Child's Name] has successfully completed their course of Occupational Therapy at [Clinic/Facility Name]. Our final session was held on [Date].

Since beginning therapy on [Start Date], [Child's Name] has made significant progress toward their therapeutic goals, specifically in the areas of:

- [Goal/Skill Area 1, e.g., Fine Motor Skills]
- [Goal/Skill Area 2, e.g., Sensory Processing]
- [Goal/Skill Area 3, e.g., Self-Care Independence]

At this time, [Child's Name] has met the discharge criteria and no longer requires skilled occupational therapy intervention. To maintain the progress achieved, we recommend the following home activities:

- [Recommendation 1]
- [Recommendation 2]

It has been a pleasure working with [Child's Name] and your family. If you have any questions or if you feel that further services are needed in the future, please do not hesitate to contact our office.

Sincerely,

[Therapist Signature]  
[Therapist Name, Credentials]  
[Clinic Name]  
[Phone Number]