

Play Therapy Activities

Patient Information

Name:

Age:

Date:

Session Number:

The objective of the Session:

Materials Needed

Session Outline

1. Warm-Up (5 minutes):
2. Free Play (15 minutes)
3. Structured Activity (20 minutes)
4. Processing (10 minutes)
5. Closure (5 minutes)

Homework or Follow-Up Activities

Notes and Observations

Additional Recommendations

Therapist Signature: