

School-based
Physical Therapy Plan of Care

Student Name: POC Date

School Teacher:

IEP Start: IEP End: Grade:

Parent/Family: Contact Info:

Diagnosis: Precautions:

Goals, Frequency, Duration, Location - See IEP

Student Goals
and Interests:

Intervention Approaches:

- | | |
|---|---|
| <input type="checkbox"/> Health promotion/ self-determination | <input type="checkbox"/> Environmental modification/ adaptation |
| <input type="checkbox"/> Skill acquisition | <input type="checkbox"/> Prevention |

intervention Types:

- | | |
|---|--|
| <input type="checkbox"/> One-on-one intervention | <input type="checkbox"/> Exploration/ support of opportunities for participating in general education classes:
<input type="text"/> |
| <input type="checkbox"/> Group | <input type="checkbox"/> Exploration/ support of opportunities for participating in extracurricular activities:
<input type="text"/> |
| <input type="checkbox"/> Whole Class | <input type="checkbox"/> Exploration/ support of opportunities for participating in community programs, work, other:
<input type="text"/> |
| <input type="checkbox"/> Consultation/ problem solving with team | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Training for team | |
| <input type="checkbox"/> Environmental modification/ equipment / adaptation | |
| <input type="checkbox"/> Program/ routine development and monitoring | |

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Planned Interventions/ Clinical Approaches:

(please describe specific interventions or approaches)

- Mobility
- Transfers
- Safety
- Adaptation/Equipment/Environmental Modification
- Motor control and coordination
- Neurodevelopmental
- Neuromotor and balance
- Sensory Motor
- Therapeutic Exercise
- Manual Therapy Techniques
- Functional training to improve skills or independence with activities of daily living required at school
- Pulmonary Enhancement/endurance
- Community Access
- Other

Outcome Measures:

- Attain IEP Goals
- Improve team and student performance/ satisfaction
- Increased student competence and / or independence at school
- Prevention of related or further obstacles/ difficulties
- Improved quality of life at school and/or other settings
- Increased participation at school
- Other:

Team discussion or suggestions from/for parent and teachers:

Transition plan/ issues for consideration

Planning for future exit from school-based PT

PT: Phone: Email:

Addendum/ updates (include date) :