

# Physical Therapy School Function Evaluation

Middle School and High School Form

<b>Student's Name:</b>	<b>Date of Birth:</b>
<b>OSIS#:</b>	<b>CSE #:</b>
<b>School:</b>	<b>Teacher:</b>
<b>Grade:</b>	<b>Program:</b>
<b>Parent/Guardian:</b>	<b>Telephone #:</b>
<b>Primary Physician:</b>	<b>Telephone #:</b>
<b>Hospital/Clinic:</b>	<b>Telephone #:</b>
<b>Orthotist:</b>	<b>Telephone #:</b>
<b>Name of Evaluator:</b>	<b>Date of Evaluation:</b>

## Part I. BACKGROUND INFORMATION

<b>Reason for Referral:</b>
<b>Type of Evaluation:</b> <input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Triennial</b> <input type="checkbox"/> <b>Other:</b>
<b>Location of Evaluation:</b> <input type="checkbox"/> <b>In-school</b> <input type="checkbox"/> <b>*Other:</b> <small>* If <b>Other</b>, please note that observation under <i>Part II. School Activities Assessment</i> is modified by adapting it to the location available and/or based on interview with parent, student or others.</small>

**A. Student Information:**

**B. Teacher Report:**

**C. Parent Report:**

Student Name: \_\_\_\_\_

**Part II. SCHOOL AND COMMUNITY ACTIVITIES ASSESSMENT**

**A. School Mobility:**

**B. Classroom/Locker Activities**

**C. Community Mobility and Transportation:**

**D. Mealtime:**

**E. Activities of Daily Living: Toileting, Hygiene**

**F. Gym Performance and Participation:**

**G. Pre-Vocational Skills:**

**H. Other School- or Student-Specific Activity:**

**Part III. INDIVIDUAL ASSESSMENT**

**A. Gross Motor Assessment:**

**B. Sensory Assessment:**

Student Name: \_\_\_\_\_

**Part IV. SUMMARY and RECOMMENDATIONS**

**A. Summary of Present Level of Function**

**B. School-Based Physical Therapy is**

- recommended.** Please see page six of IEP for Annual and Short-term Goals.

<b>Frequency</b>	<b>Duration</b>	<b>Group</b>

Explain how School-Based Physical Therapy will benefit the student's function and performance in his/her educational program:

- not recommended because**
  - the student's needs can be met by the primary education program.
  - the student's current function is at an appropriate level given the nature of his/her disability.
  - the student's physical limitations or deficits do not interfere with his/her participation in the school environment.
  - the student's deficits cannot be addressed by school-based physical therapy.
  - others: \_\_\_\_\_

**C. Other Suggestions**

**Therapist's Signature:** \_\_\_\_\_

**Date:**

Student Name: \_\_\_\_\_