

PHYSICAL THERAPY REFERRAL INFORMATION

Name _____ Date _____

School _____ Teacher/Program _____

1. Identify or attach the IEP goal(s) requiring PT support.

2. Have modifications and/or accommodations been tried? No Yes (circle)

If yes, explain _____

3. Check ALL applicable issues impacting student's performance:
SCHOOL ENVIRONMENT:

_____ Moving about the classroom _____ Moving about the lunchroom

_____ Accessing the drinking fountain _____ Opening and closing doors

_____ Up and down stairs _____ Accessing the bathroom

_____ Accessing the library _____ Sitting in the classroom

_____ Fatigue _____ Transferring on/off toilet

_____ Transferring on/off chair or floor _____ Has difficulty with P.E. activities

_____ Balance loss _____ Uses adaptive equipment
(walker/wheelchair)

OUTSIDE ENVIRONMENT

_____ Playground _____ Up/down stairs/ramps uneven surfaces

_____ In and out of doorways _____ On and off bus

_____ Evacuation from building _____ Fatigue

*****NOTE: Please return completed forms related to therapy services to Psychological Services.**

Per IDEA, school-based physical therapy is a unique, skilled service that is provided when necessary to enable a child to benefit from his or her special education program. School-based physical therapy is a related service and should enhance; not duplicate teacher services within the classroom. Private/clinic-based physical therapy services follow different guidelines than school-based services. School-based physical therapy is not intended to replace clinic-based physical therapy. Parents are therefore encouraged to seek additional clinic-based therapy services when deemed appropriate by medical professional.