

Neuromuscular Status:

Muscular Tone	
Muscle Strength	
Upper Extremities:	
Trunk:	
Lower Extremities	
Range of Motion	
Upper Extremities:	
Trunk:	
Lower Extremities	
Posture	

Equilibrium and Balance Reactions: _____

Coordination: _____

Functional activities relating to school

On/Off, Sit School Bus:	
Hallways: Move through. Carry items	
Transfer activities	
Class room: move about floor, chair, position while standing, wheelchair etc.	
On/Off of outerwear and backpack:	
Doors Open/Close	
Playground:	
Gym activities	
Cafeteria: reach, carry and feed	
Other:	

Equipment:

Current: _____

Needs: _____

Summary: _____

Recommendations:

Physical Therapy recommended: Yes No

Times per week _____ Times per month _____

Minutes per session _____

12 month schedule Yes No

Goals:

- 1. _____

- 2. _____

- 3. _____

- 4. _____

Comments: _____

Therapist's Name _____