

Physical Therapy Goal Sheet

Student Profile:

Name: _____ Age: _____

School: _____ Teacher: _____

Goal

1: _____

Functional Area: (what needs to be accomplished?) _____

Evaluation Methods: (observation, standardized testing, teacher report etc.) _____

Evaluation Timeline: (monthly, quarterly, annually etc) _____

Goal 2: _____

Functional Area: (what needs to be accomplished?) _____

Evaluation Methods: (observation, standardized testing, teacher report etc.) _____

Evaluation Timeline: (monthly, quarterly, annually etc.) _____

Goal 3: _____

Functional Area: (what needs to be accomplished?) _____

Evaluation Methods: (observation, standardized testing, teacher report etc.) _____

Evaluation Timeline: (monthly, quarterly, annually etc) _____

Goal 4: _____

Functional Area: (what needs to be accomplished?) _____

Evaluation Methods: (observation, standardized testing, teacher report etc.) _____

Evaluation Timeline: (monthly, quarterly, annually etc) _____