

Caregiver Progress Report

Student's Name: _____ **Date of Birth:** _____

School: _____ **Therapist:** _____

To Whom It May Concern:

Your child has been working on the areas marked below in the chart in physical therapy over the last _____. If you have any questions comments or concerns, please contact us and we will respond promptly.

Treatment Provided:

	Gait Training		Transfer Training		Range of Motion		Stairclimbing
	Functional Skills		Jumping Activities		Running Activities		Playground Skills
	Wheelchair Skills		Balance		Strengthening		Motor Planning
	Adaptive Equipment		Positioning		Ball Skills		Coordination
	Other:						

Suggested Home Activities/Program: _____

Signature of PT/PTA,

Date

Signature of Supervising PT