

# Quarterly Progress Report

**Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Therapist:** \_\_\_\_\_

Dear Caregiver,  
 Your child has been working on the areas marked below in the chart in physical therapy.  
 Please review progress and let me know if you have any questions comments or concerns.

(A: Achieved, S: Significant Progress, P: Progress, M: Minimal Progress, N: No Progress, N/A: Not Applicable)

Treatment Type	Quarter 1 Date _____	Quarter 1 Date _____	Quarter 1 Date _____	Quarter 1 Date _____
Gait Training				
Functional Skills				
Wheelchair Skills				
Adaptive Equipment				
Transfer Training				
Jumping Activities				
Balance				
Positioning				
Range of Motion				
Running Activities				
Strengthening				
Ball Skills				
Stair Climbing				
Playground Skills				
Motor Planning				
Coordination				
Other				

- Goals: 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

Comments/Concerns: \_\_\_\_\_  
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\_\_\_\_\_  
Signature of PT/PTA

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervising PT