



REQUEST FOR PHYSICAL THERAPY SCREENING

Alpena-Montmorency-Alcona
Educational Service District
2118 US 23 South
Alpena, MI 49707
(989) 354-3101

Purpose of school based therapy: To reduce the effects of acute and chronic conditions so the student can benefit from his/her educational program. The focus is on functional skills and adaptations that promote attainment of educational objectives.

TO BE COMPLETED BY THE CLASSROOM TEACHER:

Name:	DOB:
Parent/Guardian:	Phone:
Address:	Grade:
Building:	Teacher:
Significant Health Problems:	
School Services Receiving:	

AREA(S) OF CONCERN (Please check all that apply):

- Gross Motor Skills-** lack of ability to participate in physical education or on the playground, difficulty with running, jumping, hopping, difficulty with ball skills: catching, kicking, poor sitting balance, weak/poor posture, fatigues easily, stiff/inflexible
- Gait-** difficulty walking: awkward gait, walks on toes, stumbles or falls frequently, oversteps or understeps obstacles, walks with assistive devices (braces, crutches, walker, artificial limbs)
- Equipment-** needs training in wheelchair propulsion, transferring in/out of wheelchair, needs positioning equipment for classroom, needs equipment for standing/walking, needs special bathroom equipment
- Other-**

ADDITIONAL COMMENTS: (Please give a description of the child's motor concerns)

Parent Concern? Yes No

Parent Permission to Screen? Yes No

Date Permission Given: _____

Parent/Guardian Signature

RESULTS OF SCREENING:

DATE: _____

RECOMMENDATIONS

- This child's motor skills are developmentally appropriate. A physical therapy evaluation is not recommended at this time.
- It is recommended that the Teacher complete a Special Education referral for a physical therapy evaluation.
- Other:

Physical Therapist