



Mary E. Samples, Assistant Superintendent

## Physical Therapy Evaluation

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Name:	Grade:
Date of Birth:	Teacher:
Therapist:	Date of assessment/ observation:
District:	Report Date:
School:	

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**Introduction:** An educational physical therapy evaluation was completed due to \_\_\_\_\_.

**This evaluation will assist the IEP team in determining the need for special education services and/or accommodations within the classroom setting.**

Under the current edition of the Guidelines for Occupational Therapy and Physical Therapy in California Public Schools, the use of functional, curriculum-based assessments is highly encouraged. Observations made by a qualified professional, interview with those who are familiar with the child (especially parents, teachers, and other professionals providing services), and work samples compared with age-equivalent peers are considered appropriate assessment tools.

### **Method of Evaluation:**

\_\_\_\_\_ was cooperative throughout the evaluation process and appeared to try his/ her best during all activities. It is believed that testing and interview results provide an accurate picture of \_\_\_\_\_'s current level of function in the areas that were assessed; however, the results should not be given predictive value.

Health and development or medical factors which are relevant to this assessment are \_\_\_\_\_.

There are no environmental, cultural or economic disadvantages that are known to this assessor that are relevant to this assessment.

### **Findings:**

- Physical Findings
- Transfers
- Standing & Gait
- Functional Activities

### **Summary and Recommendations:**

It is recognized that \_\_\_\_\_

The recommendations are as follows: \_\_\_\_\_

The decision regarding the provision of specific related services is the responsibility of the IEP Team; therefore, the purpose of this document is to provide information to assist in making that decision.

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Physical Therapist