



Mary E. Samples, Assistant Superintendent

Checklist for Physical Therapy Referral

Student Name: _____ Date of Birth: _____

School: _____

Referral Name: _____ Phone Number: _____

Date of Completion: _____

Place a check in the column to the right that most accurately describes the student's behavior.

BEHAVIOR	FREQUENTLY	OCCASIONALLY	SELDOM
Motor Control and Coordination:			
1. Student loses balance and falls frequently during classroom and playground activities.			
2. Student walks with the following pattern:			
a. Up on toes			
b. Flatfooted			
c. Toes in			
d. Toes out			
3. Student tends to move impulsively in the classroom and the playground.			
4. Student tends to move sluggishly or awkwardly.			
5. Student has difficulty using stairs, curbs, or uneven surfaces.			
6. Student has difficulty in running, hopping, jumping, skipping, or galloping.			
7. Student tends to use only one side of the body.			
8. Student tends to avoid playground activities and equipment.			
9. Student tends to tire easily; is unable to keep pace with peers or participate in activities during the school day.			
Posture and Balance:			
1. Student is unable to maintain seated and standing positions when occupied with school activities.			
2. Student is unable to maintain position for functional activities.			
3. Teacher is uncertain whether student is positioned correctly to use adaptive equipment effectively.			

BEHAVIOR	FREQUENTLY	OCCASIONALLY	SELDOM
Activities of Daily Living/ Functional Mobility:			
1. Student is unable to manage personal needs in the classroom, campus, or community (e.g., using rest room, securing materials in the classroom.)			
2. Student is unable successfully to maneuver or change positions within the school setting, such as:			
a. Getting up and down from floor			
b. Getting into and out of chairs			
c. Using equipment (wheelchair) and assistive devices (walkers, crutches, splints)			
3. Student has no means of independent mobility.			
Environmental Adaptations and Assistive Devices:			
1. The student currently uses adaptive equipment:			
a. Computer			
b. Walker			
c. Wheelchair			
d. Splint			
e. Nonoral communication device			
f. Other			
2. Is the adaptive equipment sufficient to allow the student to function in the classroom? Yes No (Please Comment)			
Student Characteristics: Circle which words apply: Floppy Clumsy Awkward Stiff Excessive Movement Impulsive Uncoordinated Restless Jerky Asymmetrical Send completed checklist to:			