

Physical Therapist (PT) Summary Report

Physical therapist (PT):

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| Date: |       | School: |       |
| Student name: |       | ID#: |       |
| Date of birth: |       | Grade: |       |

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| **Date** | **Environments** | **Observations** |
|  | Classroom |  |
|  | Playground |  |
|  | Physical education |  |
|  | Bus/stairs |  |
|  | Community |  |

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| **Areas of Gross Motors Concerns (non-verbal)** |
| Functional Mobility:Wheelchair mobilityAmbulation |       |
| Strength |  |
| Balance |  |
| Coordination |  |
| Motor planning |  |
| Range of motion |  |

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| **Other Assessment Data** |
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| **Summary** |
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Individual evaluation was conducted in the student’s native language or other communication mode used by the student:

[ ]  Yes

[ ]  No

Evaluator’s initials: