

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 |  |

|  |  |
| --- | --- |
| **Areas of Gross Motors Concerns (non-verbal)** | |
| Functional Mobility:  Wheelchair mobility  Ambulation |  |
| 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: