

SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE

PHYSICAL THERAPIST REPORT ON REFERRED STUDENTS

STUDENT'S NAME

D.O.B.

SCHOOL

Therapist's observations:

a. Classroom observations: _____

b. Personal contact: _____

c. Teacher input: _____

State student's strengths and weaknesses in the following areas:

a. Gross Motor: _____

b. Movement Organization: _____

c. Postural Control & Stability: _____

d. Other (Lower extremity strength, coordination, etc.): _____

Recommendations:

Therapist's Signature

Date