

School-based PT Plan of Care

STUDENT NAME: _____ **School:** _____ **PT:** _____

IEP Time frame: _____ to _____ **Date of Plan of Care:** _____

School Year	Grade	Classroom Teacher	Aide(s)	PE Teacher

Parent Phone: _____ **Parent Email:** _____

Medical Release Yes No **Info:** _____ **Picture Release** Yes No

Age: _____ **DOB:** _____ **Diagnoses:** _____

Precautions: [Click or tap here to enter text.](#)

Preferences: _____

Medical Diagnosis: _____

PT/Intervention Diagnosis: _____

Frequency: _____ sessions per _____ **Duration:** _____

Location(s): _____

Relevant student/IEP goals:

Benchmarks/STGs:

Other goals/clinical reasoning:

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PT Diagnosis or Intervention Diagnosis (e.g. Functional Limitation d/t Spasticity, Abnormalities of Gait/Mobility, Impaired Balance, Motor Planning/Coordination Impairment, Functional Limitation d/t Weakness, At Risk for Falls):

Intervention will include the following:

Performance deficits/impairments to be addressed (e.g. strength, CV fitness, self-determination, balance):			
<p>Therapeutic focus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acquire skill <input type="checkbox"/> Generalize skill <input type="checkbox"/> Modify environment <input type="checkbox"/> Adapt task <input type="checkbox"/> Prevent 2ndary complication <input type="checkbox"/> Promote autonomy <input type="checkbox"/> Instruct staff <input type="checkbox"/> Program support <input type="checkbox"/> Health/wellness promotion <p>Transition:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent living <input type="checkbox"/> Community engagement <input type="checkbox"/> Post-secondary education <input type="checkbox"/> Employment 	<p>Service style:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1:1 <input type="checkbox"/> Small group <input type="checkbox"/> Large group <input type="checkbox"/> Whole class <input type="checkbox"/> Problem solving with team <input type="checkbox"/> Staff training <input type="checkbox"/> Modify or adapt environment/task <input type="checkbox"/> Integrate into routine/practice/program <input type="checkbox"/> Other: 		
Notes/Clinical reasoning:		Notes/Clinical reasoning:	
Planned interventions:			
1st quarter	2nd quarter	3rd quarter	4th quarter
<ul style="list-style-type: none"> <input type="checkbox"/> Therapeutic exercise to improve strength, endurance, and/or ROM <input type="checkbox"/> Positioning program <input type="checkbox"/> Dynamic activities/Dual Task <input type="checkbox"/> Gait training (including stairs) <input type="checkbox"/> DME/Device assessment, repair, and adjustment PRN 	<ul style="list-style-type: none"> <input type="checkbox"/> Therapeutic exercise to improve strength, endurance, and/or ROM <input type="checkbox"/> Positioning program <input type="checkbox"/> Dynamic activities/Dual Task <input type="checkbox"/> Gait training (including stairs) <input type="checkbox"/> DME/Device assessment, repair, and adjustment PRN 	<ul style="list-style-type: none"> <input type="checkbox"/> Therapeutic exercise to improve strength, endurance, and/or ROM <input type="checkbox"/> Positioning program <input type="checkbox"/> Dynamic activities/Dual Task <input type="checkbox"/> Gait training (including stairs) <input type="checkbox"/> DME/Device assessment, repair, and adjustment PRN 	<ul style="list-style-type: none"> <input type="checkbox"/> Therapeutic exercise to improve strength, endurance, and/or ROM <input type="checkbox"/> Positioning program <input type="checkbox"/> Dynamic activities/Dual Task <input type="checkbox"/> Gait training (including stairs) <input type="checkbox"/> DME/Device assessment, repair, and adjustment PRN

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<input type="checkbox"/> Wheelchair management/propulsion training <input type="checkbox"/> Student/staff/caregiver education and instruction <input type="checkbox"/> Neuromuscular re-ed and balance training <input type="checkbox"/> Activities to improve motor control and coordination <input type="checkbox"/> Transfer training <input type="checkbox"/> Environmental modification <input type="checkbox"/> Other:	<input type="checkbox"/> Wheelchair management/propulsion training <input type="checkbox"/> Student/staff/caregiver education and instruction <input type="checkbox"/> Neuromuscular re-ed and balance training <input type="checkbox"/> Activities to improve motor control and coordination <input type="checkbox"/> Transfer training <input type="checkbox"/> Environmental modification <input type="checkbox"/> Other:	<input type="checkbox"/> Wheelchair management/propulsion training <input type="checkbox"/> Student/staff/caregiver education and instruction <input type="checkbox"/> Neuromuscular re-ed and balance training <input type="checkbox"/> Activities to improve motor control and coordination <input type="checkbox"/> Transfer training <input type="checkbox"/> Environmental modification <input type="checkbox"/> Other:	<input type="checkbox"/> Wheelchair management/propulsion training <input type="checkbox"/> Student/staff/caregiver education and instruction <input type="checkbox"/> Neuromuscular re-ed and balance training <input type="checkbox"/> Activities to improve motor control and coordination <input type="checkbox"/> Transfer training <input type="checkbox"/> Environmental modification <input type="checkbox"/> Other:
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Collaborations and consultations needed:

1 st quarter	2 nd quarter	3 rd quarter	4 th quarter

Planning for exit from PT/Graduation:

1 st quarter	2 nd quarter	3 rd quarter	4 th quarter

Transition Plan Considerations:

Planning for exit from PT service:
