

		DOB:		POC Date:	
School:		Grade:		Teacher:	
Physical Therapist:			IEP Dates:		
Medical Diagnosis:					
PT/Intervention Diagnosis:					
Frequency:		Duration:		Level of Service:	
Precautions:					
Relevant Essential Standards:					
<b>Goals/ Focus:</b>					
1.					
2.					
3.					
Students Interests/ Needs:					
Parent Concerns/ Needs:					
Team Concerns/ Needs:					

**Intervention Approaches:**

- |   |   |
|---|---|
| <input type="checkbox"/> Health Promotion/ Self-Determination | <input type="checkbox"/> Environmental Modifications/ Adaptations |
| <input type="checkbox"/> Skill Acquisition                    | <input type="checkbox"/> Prevention                               |

**Intervention Types:**

- |  |  |
|--|--|
| <input type="checkbox"/> One-on-One Intervention   | <input type="checkbox"/> Orthotics                                   |
| <input type="checkbox"/> Whole Class/ Group  | <input type="checkbox"/> Consultation/ Problem Solving with the Team |
| <input type="checkbox"/> Training for the Educational Staff  | <input type="checkbox"/> Environmental Modification/ Adaptions       |
| <input type="checkbox"/> Program Development/ Monitoring   | <input type="checkbox"/> Equipment                                   |
| <input type="checkbox"/> Exploration/ support of opportunities for participation in general education classes:       |  |
| <input type="checkbox"/> Exploration/ support of opportunities for participation in community programs, work, other: |  |

**Planned Interventions/ Clinical Approaches:**

- |  |   |
|--|---|
| <input type="checkbox"/> Mobility-                       | <input type="checkbox"/> Neuromotor and Balance-                      |
| <input type="checkbox"/> Transfers-                      | <input type="checkbox"/> Sensory Motor-                               |
| <input type="checkbox"/> Safety-                         | <input type="checkbox"/> Therapeutic Exercise-                        |
| <input type="checkbox"/> Equipment-                      | <input type="checkbox"/> Functional training/ Therapeutic Activities- |
| <input type="checkbox"/> Environmental Modification-     | <input type="checkbox"/> Community Access-                            |
| <input type="checkbox"/> Developmental-                  | <input type="checkbox"/> Work Skills-                                 |
| <input type="checkbox"/> Motor Control and Coordination- | <input type="checkbox"/> Other-                                       |
| <input type="checkbox"/> Neurodevelopmental-             |   |

**Outcome Measures**

- |   |   |
|---|---|
| <input type="checkbox"/> Attain IEP goals   | <input type="checkbox"/> Improved quality of life at school and/or other settings |
| <input type="checkbox"/> Improve team and student performance/ satisfaction         | <input type="checkbox"/> Increased participation at school                        |
| <input type="checkbox"/> Prevention of related or further obstacles/ difficulties   | <input type="checkbox"/> Improved educational staff competence and carry over     |
| <input type="checkbox"/> Increased student competence and/or independence at school |   |

**Planning for future exit from school based PT:**

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