

DPS Physical Therapy

PEER REVIEW CHECKLIST 2008

Submitting therapist to complete information in italics

ELIGIBILITY/PLACEMENT

SPECIAL EDUCATION

YES

NO

Does the student have a disability/disorder based on disability criteria in the Governing Policies document

Does the disorder have a negative effect on the student's academic achievement or functional performance

Peer Review Team Decision: Does the student require PT as a related service to fully benefit from the specifically designed instruction provided by the primary area of eligibility _____

OR:

504

Does the student have a record of, or is regarded as having a physical or mental impairment

Does the impairment substantially limit one or more major life activities, making the student eligible for 504 accommodations

Peer Review Team Decision: Does the student require PT as a related service to fully access their regular education. _____

PT CRITERIA

Non-Clinical

Age 1) 14-21 years
2) 7-13 years
3) 3-6 years x 4 = _____

Motivation 1) low
2) fair
3) excellent x 2 = _____

Prognosis with0) prognosis expected without
Intervention intervention
1) unclear
2) fair
3) good/excellent or would regress
without intervention x 5 = _____

Behavior 1) uncooperative
2) fair cooperation
3) good/excellent cooperation x 2 = _____

Prior Therapy 1) extensive (3 years or more of
direct services
2) limited (less than 3 years of
service) x 4 = _____

Home Follow-Up 1) uncertain
2) fair
3) good/excellent x 1 = _____

Needs Can be Met 1) can be met
By Other Care 2) some can be met
Providers or Staff 3) can not be met x 1 = _____

Non Clinical Total: _____

Clinical-functional comparison to peers of similar disability and functional levels

Gross Motor
0) normal limits/optimal function for disability
do not expect further progress on goals in this area
1) mildly below like peers
2) moderately below like peers
3) severely below norm for like peers x4 = _____

Range of Motion
0) normal limits/optimal function for disability
do not expect further progress on goals in this area
1) mildly below like peers
2) moderately below like peers
3) severely below norm for like peers x4 = _____

Ambulation
0) normal limits/optimal function for disability
do not expect further progress on goals in this area
1) mild involvement
2) moderate involvement
3) severe involvement x 4 = _____

Muscle Strength
0) normal limits/optimal function for disability
1) mild involvement
2) moderate involvement
3) severe involvement x 4 = _____

Muscle Tone
0) normal limits
1) mild involvement
2) moderate involvement
3) severe involvement x 2 = _____

Posture
0) normal limits/optimal function for disability
1) mild involvement
2) moderate involvement
3) severe involvement x 4 = _____

Balance 0) normal limits/optimal function for disability
 _____ 0) do not expect further progress on goals in this area
 _____ 1) mildly below like peers
 _____ 2) moderately below like peers
 _____ 3) severely below norm for peers x 4 = _____

Breathing Control 0) normal limits/optimal function for disability
 _____ 1) mild involvement
 _____ 2) moderate involvement
 _____ 3) severe involvement x 2 = _____

Clinical Total: _____

Non Clinical

Clinical

Age _____	Gross Motor _____
Motivation _____	Range of Motion _____
Prognosis w/Intervention _____	Ambulation _____
Behavior _____	Muscle Strength _____
Prior Therapy _____	Muscle Tone _____
Home Follow-Up _____	Posture _____
Needs Met By Other Staff _____	Balance _____
	Breathing Control _____
Total _____	+ Total _____

=Total Score _____

Score Ranges-Check Appropriate Category

Primary Age Group (3-6) _____ 6-69 Minimal (No Service/Monitor)
 _____ 70-90 Moderate (Consult Monthly/Every Other Week)
 _____ 91-129 Intensive (1-2 Times Weekly)

Intermediate Age Group (7-13) _____ 20-72 Minimal (No Service/Monitor)
 _____ 73-92 Moderate (Consult Monthly/Every Other Week)
 _____ 93-129 Intensive (1-2 Times Weekly)

Secondary Age Group (14-21) _____ 24-74 Minimal (No Service/Monitor)
 _____ 75-93 Moderate (Consult Monthly/Every Other Week)
 _____ 94-129 Intensive (1-2 Times Weekly)

SERVICE DELIVERY RECOMMENDATION: _____

Peer Review Team Decisions:

<u>IEP:</u>	YES	NO	Partial
Present Level of Performance			
a. Identifies student's strengths in related skills	_____	_____	_____
b. Identifies student's needs in related skills	_____	_____	_____
c. Clear link to Annual Goal and Objectives/ Benchmarks.	_____	_____	_____
Annual Goals			
a. Measurable	_____	_____	_____
Benchmarks/STO's			
a. Defines progress toward meeting AG	_____	_____	_____
b. Measurable	_____	_____	_____
Statement of how Progress will be Measured	_____	_____	_____
Statement of how Parents will be Informed	_____	_____	_____

RSSD:

	YES	NO	PARTIAL	N/A
Description of student needs	_____	_____	_____	_____
Classroom Interventions appropriate	_____	_____	_____	_____
Related Service Provider Support appropriate	_____	_____	_____	_____
Equipment recommended appropriate	_____	_____	_____	_____

Service Delivery:

Service Delivery frequency appropriate _____

Additional Comments: _____

Peer Review Team Member _____

Peer Review Team Member _____

Peer Review Team Member _____