

Otsego Northern Catskills BOCES Itinerant and Related Services



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PHYSICAL THERAPY EVALUATION REFERRAL FORM

Date: _____ DOB: _____
Student: _____ Gender: _____
School District: _____ Parents: _____
School Attending: _____ Address: _____
Teacher: _____
Grade: _____ Phone: _____
PE Teacher: _____ Diagnosis: _____
Referred By: _____

Reason for Referral: _____

Place an **X** before all items which seem to describe characteristics of the student in question, given your knowledge of the student's performance. Please rate the student's overall performance in each category based on the following criteria:

- Average - performs as well as most peers
- Fair - performs just well enough to get by
- Poor - performance is frequently below fair level

When a large number of indicators are exhibited by a student and it is suspected that these delays are interfering with their ability to perform academically, attend in the classroom, fully participate in all school activities (e.g., gym), or perform in the home environment, then a Physical Therapy referral is indicated.

I. Muscle Strength, Endurance, Flexibility

Average Fair Poor

- Too much range of motion (movement) in joints of fingers, elbows, or knees (i.e., double jointed)
- Tires easily; unable to keep up with peers; frequently leans on supports

- Stands with head & shoulders forward or sway back

PHYSICAL THERAPY EVALUATION REFERRAL FORM

I. Muscle Strength, Endurance, Flexibility (cntd.)

- When walking:
- shuffles feet
 - slaps feet
 - walks on toes
 - looks stiff
- Holds head when writing or reading
- Poor or no arm swing when walking/running
- Can't touch toes with knees straight
- Muscles seem
- tight
 - flabby
- Difficulty carrying loose books, lunch tray, or book bag
- Sits with legs in a "W" position

II. Coordination of Body/Object Movement

- Average Fair Poor

- Poor rhythm when moving (looks awkward/clumsy)
- Continuously shifts position (e.g., can't sit/stand still)
- Difficulty maintaining balance
- Unable to:
- gallop smoothly
 - gallop while facing forward
 - skip smoothly
 - perform jumping jacks
 - catch a tennis ball
 - kick a ball

III. Motor Planning - planning how to complete a new motor task from verbal direction; requires conceptualizing, planning, and executing the task.

- Average Fair Poor

- When a new task is presented, watches others first
- Very uncoordinated with new/unfamiliar tasks
- Avoids new tasks or asks for help without trying first
- Appears to understand concept but has difficulty carrying out to completion
(i.e., following directions)

- Chooses familiar activities without self-initiated exploration of new activities;
may percerverate

PHYSICAL THERAPY EVALUATION REFERRAL FORM

IV. Transitions/Mobility

- Average Fair Poor

- Slow on stairs, needs to use railing
 Difficulty transitioning over changes in surfaces (e.g., outdoors)
 Difficulty managing doors
 Difficulty lifting/carrying lunch tray, books, chair

V. Body Organization - ability to internally organize inputs from the environment.

- Average Fair Poor

A. Sensory

- Cannot filter out trivial visual or auditory stimuli from pertinent,
especially in gym class or cafeteria
 Doesn't like to be touched when standing in line or sitting near someone
 Needs/wants excessive touching/cuddling/holding
 Seems to avoid balancing activities
 Doesn't like to climb playground equipment (being off the ground)

B. Attention

- Easily distractable/excitable
 Wants to leave situations which are difficult/stressful/frustrating
 Seems to understand directions, but cannot complete task
 Seems impulsive

C. Body/Spatial Awareness - knowledge of where the body is in space and in relation to other things in the enviroment

- Doesn't know body parts
 Bumps into objects/others as moves around room
 Frequently falls down, trips, steps on peers
 Unaware of safety concerns for self and others

Additional comments (inc. any relevant information not given above such as fine motor or perceptual difficulties):

PHYSICAL THERAPY EVALUATION REFERRAL FORM

Are you aware of any medical or health problems?

Should I be aware of any medical or health related problems before evaluating this student?

Note: Evaluation cannot be performed without parent consent.

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PHYSICAL THERAPY PARENT CONSENT FORM

Student Name: _____

Please place an **X** in the appropriate box.

Yes,
I give you permission to do a Physical Therapy evaluation of my child and to speak to his/her teachers.

No,
I do not give you permission to do a Physical Therapy evaluation of my child.

Please sign and date. Thank you.

Signature: _____

Date: _____