**Special Education Department Tazewell Mason Counties Special Education**

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**PHYSICAL THERAPY ANNUAL REVIEW**

**20\_\_- 20\_\_**

|  |  |
| --- | --- |
| Name:  | Date of Meeting: |
| BD: | Medical Diagnosis: |
| CA: | Medication: |
| Gender: | Doctor: |
| Therapist: | Precautions: |

**BACKGROUND INFORMATION**:

|  |  |
| --- | --- |
| School/District: | Teacher: |
| Grade/ Program:  | Educational Eligibility: Autism, Deaf Blindness, Developmental Delay, Hearing Impaired, Orthopedic Impairment, Specific Learning Disability, Traumatic Brain Injury, Intellectual Disability, Deafness, Emotional Disability, Multiple Disabilities, Other Health Impairment, Speech and Language Impairment, Visual Impairment, 504 |
| Last Full and Individual Evaluation: | Last PT Evaluation:  |
| Related Services: | Current Service Level:  |

Medical Information:

**SUBJECTIVE**:

**OBJECTIVE:**

Focus of Interventions: gait training (gait training,walker, kaye walker), stair training, balance training, transfer training, wheelchair mobility training, postural control, core strengthening, lower extremity strengthening, range of motion, gross motor development, motor planning, assist with classroom motor programming (positioning, standing, stretching program)

Goal Performance:

\_\_\_\_\_\_\_\_\_\_\_has met \_\_ /\_\_ objectives to improve \_\_\_\_\_\_\_\_ skills. (See Progress Report, Goals and Objectives/Benchmarks)

Gross Motor-

Neuromuscular:

Adaptive Equipment:

**ASSESSMENT:**

**PLAN:** Physical Therapy services for minutes per week ( visits) and minutes per semester ( visits) supervision to focus on \_\_\_\_\_\_\_.

OR

Physical Therapy services are not recommended at this time as it relates to \_\_\_\_\_\_\_ educational programming.

**Classroom/Home Suggestions:**

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , PTA | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amanda Kelly PT |
| Physical Therapist Assistant | Physical Therapist |

*Revised 5/16 Z=TM²C*