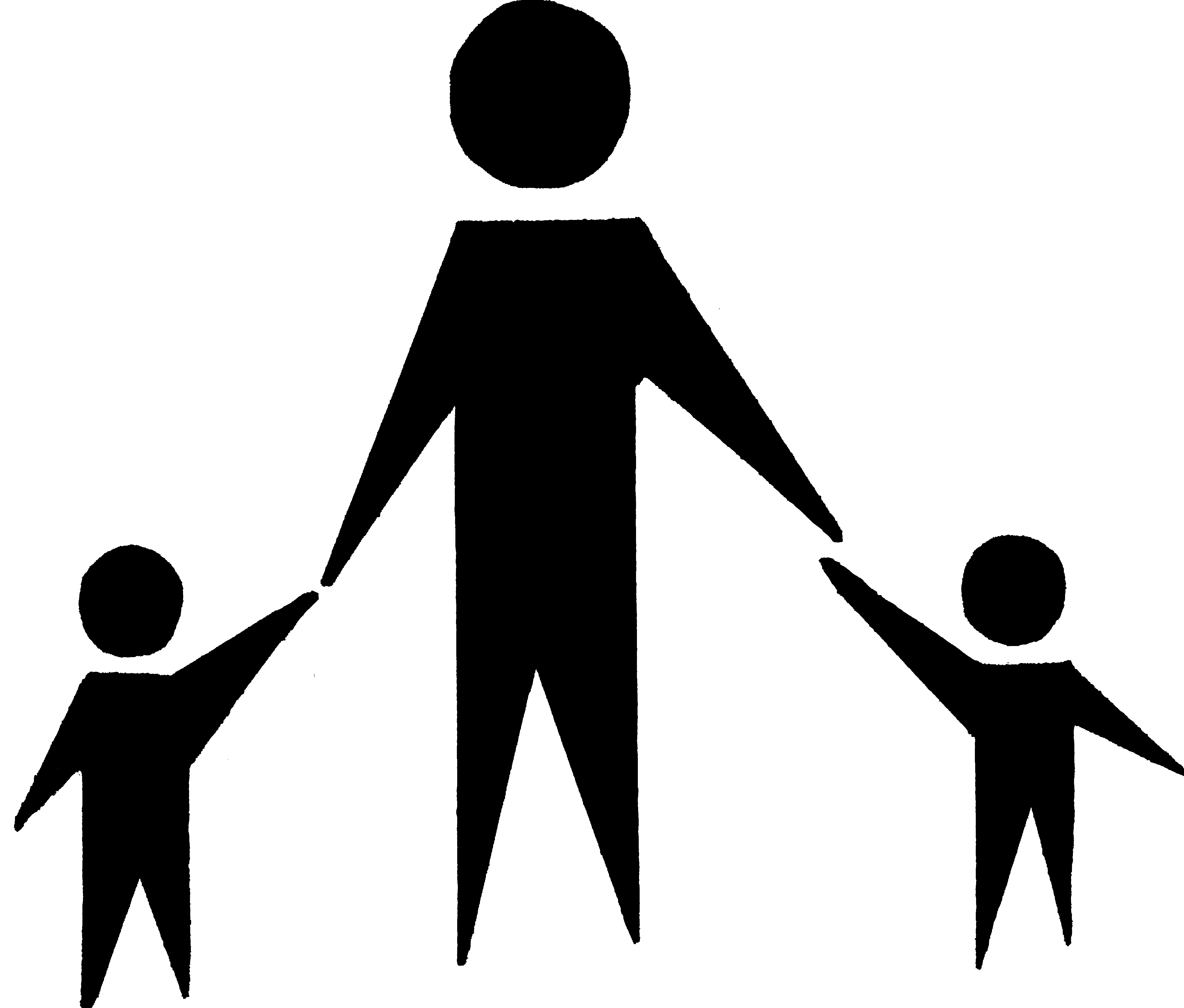
**tmcsea**

## Tazewell-Mason Counties Special Education Association

300 Cedar Street, Pekin, IL 61554-2576

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#### ph. 309/347-5164 · fax 309/346-0440

#### PHYSICAL THERAPY CLASSROOM QUESTIONNAIRE

**Student: Teacher:**

**Birthdate: School:**

**Grade/Classroom: Date Parent Was Notified:**

Dear Teacher:

Your student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is currently being reviewed to determine if there is a need for Physical Therapy (PT) services. In order to determine if and how PT can best meet this student’s needs, we need your input. Please list concerns in the areas below that impact the student’s educational program. Check mark or include a brief note indicating current functional levels. If you have no concerns in an area, please indicate: *no concerns*.

**Please return this form to** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**as soon as possible. If you have** **any questions, please contact** \_\_\_\_Mandie Kelly, PT\_\_\_\_\_\_\_\_\_\_\_\_\_ **at** \_347-5164 x251\_\_\_\_\_\_.

**Childs primary means of mobility**:

\_\_\_\_Walks

\_\_\_\_Walks with walker/crutches

\_\_\_\_Manual Wheelchair

\_\_\_\_Power Wheelchair

\_\_\_\_Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s primary means of transportation to/from school**:

\_\_\_\_Regular school bus

\_\_\_\_Adapted vehicle/Lift bus

\_\_\_\_Car

\_\_\_\_Walk

\_\_\_\_Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POSTURAL CONTROL**: The ability to sustain upright postures to attend to classroom activities. Please check any area that applies:

\_\_\_\_Has difficulty sitting with stability on the floor

\_\_\_\_Frequently sits in a w-sit position

\_\_\_\_Displays poor posture in classroom chair

\_\_\_\_Has difficulty sitting on toilet with stability

**Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSFERS**: Changing from one position to another. Please check any area in which the student has difficulty:

\_\_\_\_Moving from chair/wheelchair to floor

\_\_\_\_Raising self from chair/wheelchair to standing position

\_\_\_\_Moving from floor to chair/wheelchair

\_\_\_\_Moving on/off toilet

\_\_\_\_Standing up from the floor

**Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRAVEL**: Moving throughout school environment. Please check any area in which the student has difficulty:

\_\_\_\_Moving throughout classroom

\_\_\_\_Moving throughout building

\_\_\_\_Moving up/down incline or ramp

\_\_\_\_Keeping pace with peers

\_\_\_\_Ascending stairs (including bus steps)

\_\_\_\_Descending stairs (including bus steps)

\_\_\_\_Carrying object(s)

\_\_\_\_Opening doors

\_\_\_\_Picking up object from the floor

\_\_\_\_Moving with filled backpack

\_\_\_\_Moving on uneven surfaces (grass, gravel, over doorsills)

**Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GAIT**: Manner in which child walks. Please mark areas that apply:

\_\_\_\_Walks on toes

\_\_\_\_Toes turn inward

\_\_\_\_Toes turn outward

\_\_\_\_Drags toes

\_\_\_\_Feet wide apart

\_\_\_\_Unsteady/staggers

\_\_\_\_Stiff or awkward movements

**Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECREATIONAL MOVEMENT**: Ability to plan and execute complex or new motor skills. Please check any area in which the student has difficulty:

\_\_\_\_Running without falling

\_\_\_\_Jumping/Hopping/Galloping/Skipping

\_\_\_\_Throwing and catching ball

\_\_\_\_Kicking a ball without loss of balance

\_\_\_\_Playing on playground equipment

\_\_\_\_Participating in physical education

­­\_\_\_\_Participating in songs with motions

**Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADAPTIVE EQUIPMENT/CLASSROOM MODIFICATIONS**: Please list any additional equipment/modifications student is currently using.

**ADDITIONAL CONCERNS OR COMMENTS**: May also include student’s strengths, improvements, or how current strategies are working.

**Again thank you very much for your time!**

*Revised 11/09 Z=TM²C*