

PHYSICAL THERAPY OVERVIEW

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OVERVIEW

PHYSICAL THERAPY FOR INDIVIDUALS WITH DISABILITIES: PRACTICE IN EDUCATIONAL SETTINGS

Physical therapists have provided services to children with disabilities throughout the history of the profession. Public Law 94-142 (PL 94-142) provided the opportunity for physical therapists and physical therapist assistants to be actively involved in providing services to children with disabilities in educational programs. Public Law 99-457 (PL 99-457; reauthorized as PL 108-446) extended this involvement to early intervention services for infants and toddlers with disabilities and their families.

Physical therapists examine and evaluate children having a variety of sensory and motor disabilities. Physical therapists plan and implement programs that will help these children attain their optimal educational potential and benefit from special education. Physical therapists should assume a role in the development of a child's Individual Educational Program (IEP), or Individual Family Service Plan (IFSP), and make recommendations for increasing a child's ability to participate in educational activities. In addition, physical therapists contribute unique administrative, consultative, management, and teaching skills that help modify the educational environment so that children may benefit from their educational placement.¹

PURPOSE

The purpose of this guideline is to define the practice of school-based physical therapy (PT) service, which supports the educational goals of students with disabilities in Berrien County. This information is meant to demonstrate a consistent yet flexible approach for implementing physical therapy services through Berrien County public schools.

These guidelines are written for providers of therapy services, special education administrators, building administrators, and all school personnel responsible for service plan delivery. In addition, it may also benefit parents, teachers, and other professionals. This handbook is written as a source of information and suggestions for implementing physical therapy services. The intent is to supplement, not replace, the Individuals with Disabilities Education Improvement Act of 2004, the Michigan Revised Administrative Rules for Special Education, and local school board policies.

PHILOSOPHY

Physical therapy staff at Berrien RESA provide premier special education-related and early intervention services that support students in their education process. Therapy staff can be vital members of an educational team. This document supports collaborative teaming and integrated work. No single Individual Education Program (IEP) Team member provides services in isolation from other service providers. The IEP Team's goal is to ensure that the family or student benefits from his/her services and educational experiences.

For those receiving services under Part B, the student must exhibit a physical or developmental disability, which may interfere with the student's ability to benefit from education before qualifying for PT services. The student's school-based therapy needs should directly relate to and support his or her academic program, as the therapies facilitate maximum independent functioning within the educational environment.

PROVIDING PHYSICAL THERAPY SERVICES

"All students who are eligible for special education and some students with disabilities who do not receive special education are eligible for physical therapy. Generally, if a student has a disability, the student can receive school-based therapy if the student's educational team decides that the student needs therapy services." 2

"The IEP team develops each student's individualized education program, based on the student's unique needs. The team then decides if a student needs physical therapy to assist with achieving the educational goals, or accessing and participating in the educational environment, including extracurricular activities." 2

DEFINITIONS OF THERAPY

Physical therapy is defined by the Individuals with Disabilities Education Act (IDEA) of 2004; §300.34(c)(9). "Physical therapy" means therapy prescribed by a physician and provided by a therapist who is licensed by the state of Michigan under 1978 PA 368, MCL 333.1101 et seq. or a physical therapy assistant who provides therapy under the supervision of a licensed physical therapist. 3

QUALIFICATIONS

Physical Therapist (PT)

- All physical therapists require a Bachelors, Masters, or Doctorate of Physical Therapy
- Successful completion of national physical therapy licensure examination - license renewed every two years.
- Physician's prescription is necessary for ongoing treatment in the educational setting.

Physical Therapist Assistant (PTA)

- Associate's degree from an approved and accredited physical therapy assistant program
- Works under the supervision of a Physical Therapist

SUGGESTED INTERVENTION ACTIVITIES

Physical Therapists perform interventions that address functional mobility and safe, efficient access and participation in educational activities and routines.

Specific roles and responsibilities include:

- Participating in the IEP/504 process, including collaboratively determining the need for physical therapy as a related service under IDEA or as a reasonable accommodation under Section 504 of the Americans with Disabilities Act (ADA);
- Gathering appropriate information from students, parents, and other team members regarding the child's functional motor performance in school settings;
- Selecting, administering, and interpreting a variety of screening instruments and standardized measurement tools;

- Collaboratively work with students' IEP teams, examining and evaluating eligible students' strengths and needs to establish their ability to participate in meaningful school activities and routines with or without assistance;
- Designing and implementing physical therapy interventions that allow students to benefit from their educational program;
- Measuring and documenting student progress resulting from the designed physical therapy interventions;
- Teaching and training family members and educational personnel in an effort to help the student achieve his or her IEP goals;
- Functioning as a consultant to other school personnel, parents, and students to coordinate the delivery of physical therapy services, which may include:
 - Interpretation of assessments and recommendations;
 - Explanation of the potential impact of developmental, medical and/or sensorimotor impairments on educational performance;
 - Instruction of other caregivers regarding the physical management of students, such as safe lifting, positioning, assisted ambulation, gross motor programs, vocational tasks, leisure activities, and/or equipment use;
 - Setting realistic expectations for student performance in school; and
 - Selecting, modifying, or customizing adaptive equipment and assistive technology.
- Forming partnerships and working with other team members in the school setting to promote an effective physical therapy plan of care;
- Coordinating physical therapy interventions within the student's educational program;
- Adapting environments to facilitate student access and participation in the educational program;
- Educating school personnel and families to promote inclusion of students within the educational setting by developing, demonstrating, training, and monitoring the effectiveness of strategies and intervention activities, and subsequently using gathered data to make program modification decisions. This includes the use of assistive technology for access and participation in the general education curriculum;
- Supporting the safe transportation of students;
- Referring students to other related service personnel and to healthcare providers as appropriate; and
- Serving as a liaison among school, medical personnel, and medical equipment vendors

SPECIFIC ROLES

Physical therapists assess, treat and/or make recommendations to improve or maintain a student's level of functioning by addressing the following areas:

Educational Training - The goal is to build capacity in the educational setting with ongoing educational training to empower families, teachers, and other school staff to meet the educational needs of all students. Staff training is given in safe transfer and lifting techniques to prevent injury to both students and staff to and from chairs, wheelchairs, floors, toilets, cars, buses, and beds.

Musculoskeletal Development/Posture - Assessment of deformities of the musculoskeletal system (such as scoliosis or leg length discrepancy) and postural asymmetry is performed. Provision of exercise programs to improve posture is implemented when appropriate to support functional performance in the educational setting. Exercises and activities are designed to increase muscular strength and endurance, reduce abnormal muscle tone, maximize desired joint motion, and prevent deformity in order to facilitate participation in the educational setting.

Functional Mobility - Weight bearing and balance activities are designed to maximize mobility. Gait training in use of braces, orthotics, and lower extremity prostheses may include assistive devices (such as crutches, walkers, and canes) to negotiate all surfaces including stairs, ramps, and playgrounds. Training in wheelchair use for independent mobility is also provided as appropriate to the learning environment.

Components of Movement – An emphasis is placed upon development of head and trunk control for general stability and coordination, gross motor skills, balance and equilibrium reactions, reflex development, and integration of basic senses to support functional performance in the educational setting.

Adaptive Equipment Needs - Recommendation, design, construction, and/or modification of equipment such as positioning devices, wheelchairs, adaptive seating, mobility aids, braces, orthotics, and other specialized needs to support functional performance in the educational setting is implemented,

Environmental Adaptations - Recommendation and design of equipment is performed, which adapts the instructional environment (such as entrances, restrooms, classrooms, and/or transportation) to minimize obstacles which may prevent student participation. Assistance is provided to the classroom teacher in developing goals and programs for student mobility in the community as appropriate to the learning environment.

The following are a few examples of tools (used by a physical therapist) which may be used to assess a student's gross motor and mobility needs in order to help the IEP team determine if the student would benefit from direct physical therapy or physical therapy on a consultation basis:

HELP- Hawaii Early Learning Profile
GMFM – Gross Motor Function Measure
PDMS-2 – Peabody Developmental Motor Scales 2
PEDI – Pediatric Evaluation of Disability Inventory
SFA – School Function Assessment
BOT-2 – Bruininks Oseretsky Test of Motor Proficiency
PT-School Skills Checklist
Tinetti Balance Assessment

*Note: The practice of physical therapy does not include identifying underlying medical problems or etiologies, establishing medical diagnosis, or prescribing medical treatment.

INITIAL REFERRAL PROCESS

Any member of a student's IEP team (which includes either parent/guardian) may consult with the physical therapist if it appears that there is a gross motor mobility need and/or related concern. Interventions may be discussed in general at that time. A physical therapy (PT) evaluation may also be requested in which case a REED (review of existing evaluation data) meeting would be held during which time parental/guardian consent would be acquired for permission to complete the PT evaluation.

Requests for eligibility may result from different entities, but are not limited to the following:

School Personnel:

A school representative will discuss with the therapist specific concerns and review any interventions used.

Parent request for referral:

If the parent requests any evaluation, the special education legal requirements should be followed. The school will initiate the REED meeting. Written parental consent is needed on the REED form prior to conducting an evaluation.

Physician's request for referral:

A physician's request/prescription must be treated as a recommendation to be considered during the evaluation process. The REED team analyzes the request/prescription and any other relevant data to determine the educational need that may or may not be associated with the request, and determines if an evaluation will be completed. If written parent permission has been given through a release of records, PTs and other professionals may communicate with the physician during the evaluation process.

While direct access to a physical therapist is now available for PT services in the state of Michigan, an annual physician's prescription is still currently necessary to provide ongoing PT services. If a physician's request through a prescription for PT services is what initiated the PT referral, it is treated as a recommendation to be considered just like any other member of the IEP team.

The physical therapist would perform the evaluation and give recommendations to the IEP team who decides to what extent PT services may be needed. A release of information form must be signed by the parent/guardian if needed to allow communication with other professionals or agencies to gather further information (e.g. physicians, prior schools, prior therapists, etc.).

Appropriate PT goals and/or the extent of PT services (direct or indirect, frequency and duration, etc.) would be agreed upon by the team. Any services decided upon would be provided by the school district(s).

School-Based Therapy

Intent	<ul style="list-style-type: none"> • IEP driven • Educational goals are primary • To reduce the effects of acute and chronic conditions so the student can benefit from his/her educational program
Characteristics	<ul style="list-style-type: none"> • Services are collaborative with time allotted to communicate with other service providers, parents, and teachers • Focus is on functional skills and adaptations that promote attainment of educational objectives • The therapist goes to the students in the educational setting and provides a variety of services based on educational need; which may include individual or small group therapy, and consultation with other educational professionals who work with the student.

EVALUATION PROCESS

The evaluation process for PT begins with a Review of Existing Evaluation Data (REED) meeting. Evaluations are conducted by qualified therapists and should be comprehensive and objective. Parental consent is required with a signature on the REED form before an evaluation may begin. The nature of the evaluation and the selection of evaluation tools are determined by the therapist and are dependent on the difficulties the student exhibits that affect his/her participation in the educational setting.

Evaluations may include the following:

- Review of pertinent medical and educational records
- Review of the current IEP (if applicable)
- Interviews with student, parent/guardian, teacher
- Observations in a variety of school environments
- Evaluation of activity demands that impact educational performance
- Administration of informal evaluation tools, such as self-care, functional, and behavioral checklists
- Administration of standardized and/or non-standardized assessments
- Assessment of the student's neurological, musculoskeletal, cardiopulmonary, and integumentary systems as they relate to the educational setting
- Analysis of the evaluation findings for IEP team consideration

A written report must be completed at the end of each evaluation, prior to the eligibility recommendation at the Multidisciplinary Evaluation Team (MET) and/or IEP Team meeting. When using medical/educational terms in written evaluation reports; terms should be explained in language parents can understand by definition and by application to the educational setting.

In Michigan, each school system shall identify, locate, and evaluate students with suspected disabilities from birth through age 25. The provision of services shall be determined at the IEP Team meeting, using the input of the OT and/or PT and the results and recommendations of the therapy assessment. The continuation of services shall be determined at the annual IEP review using input of the therapist.

SPECIAL EDUCATION ELIGIBILITY

Criteria for provision of PT services: A, B, and C must be met.

- A. The student is classified and eligible for special educational services under at least one of the disability areas outlined in the *Michigan Administrative Rules for Special Education*. There must be documented evidence that physical therapy is required to assist the student to benefit from the general education or special education curriculum.
- B. The student demonstrates gross motor impairment in either the developmental or motor function category.
- C. For physical therapy services, a current physician's prescription is required, specifying duration. Prescriptions must be renewed annually for continued service. This is a legal requirement for delivery of PT services within the school setting.

EARLY ON ELIGIBILITY

Criteria for provision of PT services: both A and B must be met.

- A. The child is classified and eligible for Early On services as Part C or B of IDEA. There must be documented evidence of an established condition and/or developmental delay in at least one of the following categories: motor, visual motor, visual perceptual, sensory processing, self-care/activities of daily living, or psychosocial.
- B. PT is necessary to assist the student to access and benefit from their natural environment. (A doctor's prescription is required).

INDIVIDUALIZED FAMILY SERVICE PLAN-IFSP

When the child is eligible for Early On services for children ages 0-36 months, an IFSP is developed. The IFSP addresses the child's developmental needs as well as connecting families with community resources. An IFSP is a written plan that guides everything that will be done while a child and family are involved with Early On. It lists what activities, supports, and services are needed by a child and family. The IFSP:

- Spells out what the parent and the team will do
- Explains what is needed to support the child
- Is individualized for each family and child

INDIVIDUALIZED EDUCATION PROGRAM-IEP

The IEP is completed for the student 3-26 years, once the student is deemed 'eligible' (must be completed within 30 days). It will include a statement of the student's present levels of academic achievement and functional performance in an educational setting including:

- Strengths of the child; concerns of parents
- Results of initial (or most recent) evaluation
- Statement of measurable goals
- Description of child's progress toward meeting annual goals

- Details of related services and supplementary aids and services with necessary accommodations
- Projected date of service
Frequency, location, duration of service

The IEP is reviewed annually or at the parents' request.

DETERMINATION OF SERVICES

Instructions: The Physical therapist will complete the PT Grid (Appendix C) using their professional judgment, based on information gathered from the following: • PT evaluation • PT interpretation of data and underlying cause of motor dysfunction (not due to lack of experience, environmental or emotional factors) • Potential for change in the students' gross motor and functional mobility • Previous non-therapy/classroom interventions • Completed Physical Therapy Educational Performance Teacher Questionnaire (Appendix A) • Completed Physical Therapy Educational Performance Parent Questionnaire (Appendix B)

CONTINUUM OF SERVICES

Therapy in the educational environment should be viewed as a continuum that encompasses a variety of service delivery models and intervention strategies. Research has shown that interventions embedded in class routines using functional life skills increase the achievement of specific goals. The knowledge and expertise of a PT can be utilized to determine and design intervention strategies that can be integrated into a student's daily routine and implemented by school-based personnel. The student's needs may vary from year to year and are dependent on multiple factors, including the student's present level of performance, overall development, and educational program.

TERMINATION OF SERVICES

Termination of services may be determined only at an IEP Team or IEP Addendum meetings. PT support services may be terminated when a student meets one or more of the following:

- The student has accomplished all goals of the IEP that require PT intervention.
- The student no longer requires PT to make educational progress or change and special and/or general education teachers or staff are able to provide maintenance of function in order for the student to participate in his/her educational setting.
- The student is no longer eligible as a student with a disability,
- The problem ceases to be educationally relevant.
- The parent/guardian provides a written request for termination of services.
- In the case of Physical Therapy, a prescription is not provided by a medical doctor.

THERAPY CASELOAD AND WORKLOAD

The therapist's workload refers to the accumulation of all of the responsibilities of a PT. These activities include, but are not limited to, service delivery, addressing the student's needs, consulting with parents and teachers, conducting evaluations, report writing, attending IEP Team meetings, completing Medicaid billing, travel between buildings, and informing school teams, families, and administrators of the student's individual needs.

A therapist's caseload is uniquely individual. Variables which 'Will influence a therapist's caseload may include, but are not limited to, service delivery model, travel time, severity of student disability,

supervisory responsibilities, and individual program needs.' Consideration of caseload is a cooperative effort between the therapist, teaching staff, and administration. Flexible scheduling can be used to allow for a combination of delivery models (i.e., direct, monitoring, consultative) and to respond to the varying needs as students enter, progress, or exit the program.

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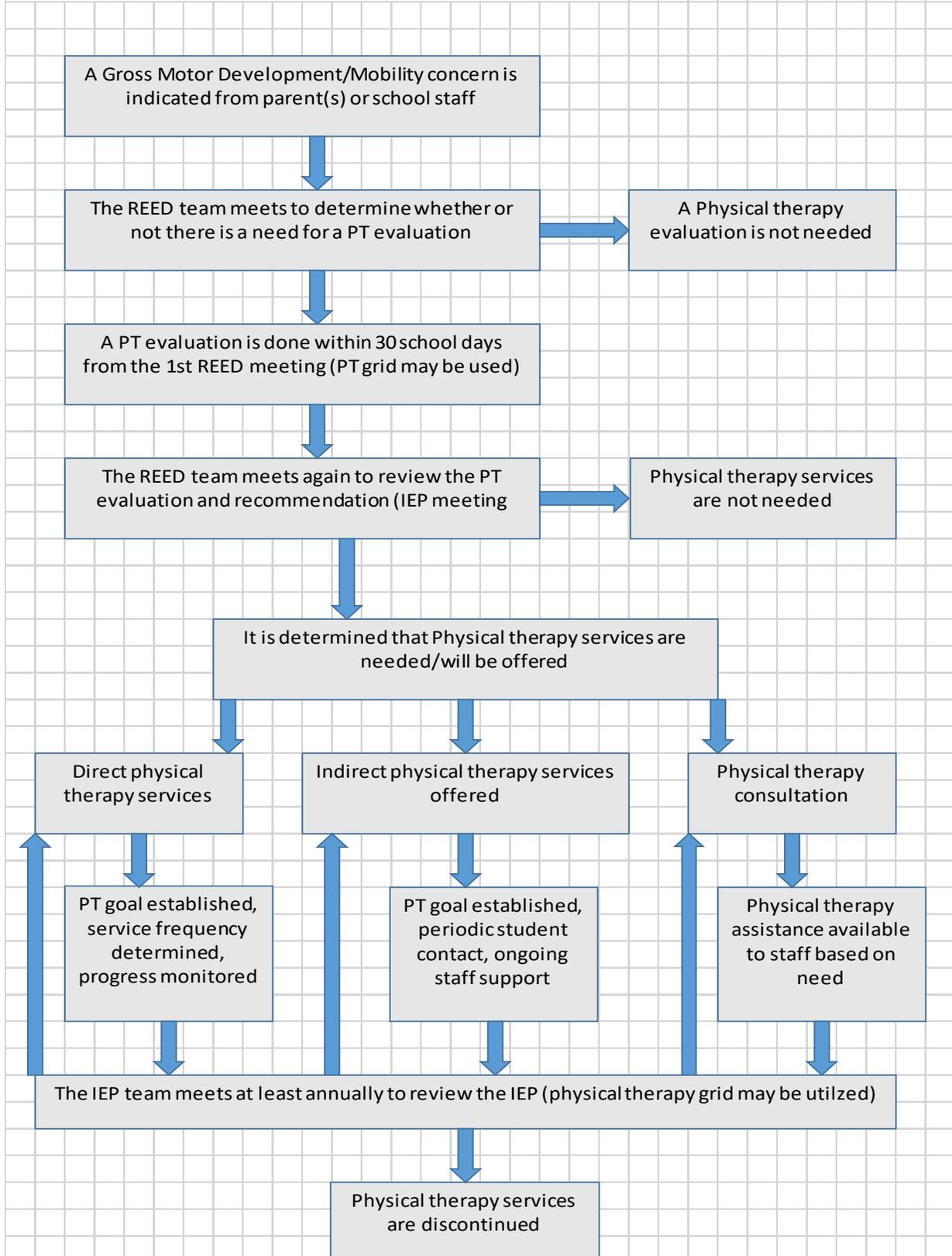
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FLOW SHEET

PHYSICAL THERAPY - Provision of Services Flow Sheet



Appendix A
PHYSICAL THERAPY EDUCATIONAL PERFORMANCE
TEACHER QUESTIONNAIRE

Student _____ Birthdate _____ Date _____
School _____ Teacher/Grade _____

1. MOBILITY:

Compared with classroom peers, does the student's ability to move in their environment **significantly interfere*** with participation? No ___ Yes ___ If yes, check items in section 1 that are difficult for the student; if no, go to section 2.

- | | |
|--|--|
| _____ Manage level surfaces (sidewalk, hallways, blacktop) | _____ Keep pace with peers in hallways |
| _____ Manage stairs with/without railing | _____ Manage uneven surfaces (grass, ramps, etc.) |
| _____ Maneuver in/around classroom | _____ Move in congested areas without bumping into people or objects |
| _____ Move to/from and on the playground | _____ Move on slippery surfaces (wet, polished floors, icy pathways, etc.) |

Please explain how mobility concerns **significantly interfere*** with the student's participation, and comment on successful/unsuccessful interventions (adaptations, accommodations, modifications) that you have tried:

2. TRANSFERS:

Compared with classroom peers, does the student's ability to transfer (move between surfaces) **significantly interfere*** with participation? No ___ Yes ___ If yes, check items in section 2 that are difficult for the student; if no, go to section 3

- | | |
|--|---|
| _____ Move in/out of desks and chairs | _____ Move from stand to floor and floor to stand |
| _____ Move on/off toilet | _____ Move on/off bus using steps, with/without railing |
| _____ Move on/off lunchroom seat | _____ Move on/off bus with lift |
| _____ Move from floor to chair or wheelchair | |

Please explain how concerns with transfers **significantly interfere*** with the student's participation, and comment on successful/unsuccessful interventions (adaptations, accommodations, modifications) that you have tried:

3. PHYSICAL ENVIRONMENT:

Compared with classroom peers, does the student's ability to manage tasks in school setting **significantly interfere*** with participation? No ___ Yes ___ If yes, check items in section 3 that are difficulty for the student; if no, go to section 4

- | | |
|--|--|
| _____ Move in/out of building | _____ Carry materials between classrooms |
| _____ Open/close inside/outside doors | _____ Carry tray/cold lunch |
| _____ Drink from drinking fountain | _____ Lock/unlock or open/close locker |
| _____ Other (fill in) | _____ Manage backpack/books |
| _____ Carry materials within classroom | _____ Hang coat/equipment |

Please explain how concerns with managing the physical environment **significantly interferes*** with the student's participation, and comment on successful/unsuccessful interventions (adaptations, accommodations, modifications) that you have already tried:

[*Significantly interferes: Requires greater length of time and/or physical assistance to perform when compared to peers, and student's needs are not currently being met by accommodations/modifications]

4. EQUIPMENT:

Does the student use equipment? No _____ Yes _____ If yes, check what equipment is used:

- | | | |
|--|------------------------|---------------------------|
| _____ Cane(s) | _____ Stroller | _____ Stander |
| _____ Walker | _____ Splints/braces | _____ Foot stool |
| _____ Crutches | _____ Seating supports | _____ Adapted bus/car/van |
| _____ Wheelchair (manual/electric) | _____ Car seat | |
| _____ Other supplemental aids (explain): | | |

Are there concerns with the student's use of equipment in the classroom or school environment?

No _____ Yes _____ If yes, please explain:

5. GROSS MOTOR SKILLS

Compared with classroom peers, do the student's gross motor skills **significantly interfere*** with participation?

No _____ Yes _____ If yes, check items in section 5 that are difficulty for the student.

- | | |
|-----------------------------------|--|
| _____ Stand on one foot | _____ Skip |
| _____ Jump with two feet together | _____ Throw overhand |
| _____ Run | _____ Play on playground equipment (slides, swings, climbing structures) |
| _____ Hop on one foot | _____ Kick playground ball |
| _____ Gallop | _____ Catch bounced playground ball |
| _____ Other (fill in) | _____ Sit in desk chair with upright posture during the school day |

Please explain how difficulty with managing gross motor skills **significantly interferes*** with the student's participation and comment on successful/unsuccessful interventions (adaptations, accommodations, modifications) that you have already tried:

Additional comments:

Teacher Signature _____ (IEP teacher input) Date _____

Please return form to:

[*Significantly Interferes: Requires greater length of time and/or physical assistance to perform when compared to peers, and student's needs are not currently being met by accommodations/modifications.]

Appendix B

**PHYSICAL THERAPY EDUCATIONAL PERFORMANCE
PARENT QUESTIONNAIRE**

Child _____ Birthdate _____ Date _____
School _____ Teacher/Grade _____

1. MOBILITY:

Compared with other children your child's age, does your child's ability to move in their environment **significantly interfere*** with participation?

No ___ Yes ___ If yes, check items in section 1 that are difficult for the student; if no, go to section 2.

- | | |
|--|--|
| _____ Manage level surfaces (sidewalk, blacktop) | _____ Keep pace with peers during play |
| _____ Manage stairs with/without railing | _____ Manage uneven surfaces (grass, yard, etc.) |
| _____ Maneuver in/around your home | _____ Move in congested areas without bumping into people or objects |
| _____ Move on slippery surfaces (wet, polished floors, icy pathways, etc.) | |

Please explain how mobility concerns **significantly interfere*** with your child's participation:

2. TRANSFERS:

Compared with other children your child's age, does your child's ability to transfer (move between surfaces) **significantly interfere*** with participation?

No ___ Yes ___ If yes, check items in section 2 that are difficult for your child; if no, go to section 3

- | | |
|--|---|
| _____ Move in/out of chairs/bed/couch | _____ Move from stand to floor and floor to stand |
| _____ Move on/off toilet | _____ Move in/out of bus/car with/without hand hold/railing |
| _____ Move from floor to chair or wheelchair | _____ Move on/off bus with lift |

Please explain how concerns with transfers **significantly interfere*** with your child's participation:

3. PHYSICAL ENVIRONMENT:

Do you have concerns about your child's ability to manage tasks in the school environment which significantly interfere* with participation?

No ___ Yes ___ If yes, check items in section 3 that are difficulty for your child; if no, go to section 4

- | | |
|---|-----------------------------------|
| _____ Open/close inside/outside doors | _____ Carry tray/cold lunch |
| _____ Drink from drinking fountain | _____ Manage playground/equipment |
| _____ Other (fill in) | _____ Manage backpack/books |
| _____ Carry materials (papers, books, etc.) | _____ Hang coat |

Please explain how difficulty with managing the physical environment **significantly interferes*** with your child's participation in school:

[*Significantly interferes: Requires greater length of time and/or physical assistance to perform when compared to peers, and your child's needs are not currently being met by accommodations/modifications]

4. EQUIPMENT:

Does your child use equipment?

No ___ Yes ___ If yes, check what is used:

___ Cane(s)

___ Walker

___ Crutches

___ Wheelchair (manual/electric)

___ Stroller

___ Splints/braces

___ Seating supports

___ Car seat

___ Stander

___ Foot stool

___ Adapted bus/car/van

___ Other (explain):

Are there concerns with your child's use of equipment in the classroom or school environment?

No ___ Yes ___ If yes, please explain:

5. GROSS MOTOR SKILLS

Compared with classroom peers, does your child's gross motor skills significantly interfere* with participation?

No ___ Yes ___ If yes, check items in section 5 that are difficulty for the student.

___ Stand on one foot

___ Jump with two feet together

___ Run

___ Hop on one foot

___ Gallop

___ Other (fill in)

___ Skip

___ Throw overhand

___ Play on playground equipment (slides, swings, climbing structures)

___ Kick playground ball

___ Catch bounced playground ball

___ Sit in desk chair with upright posture during the school day

Please explain how difficulty performing gross motor skills **significantly interferes*** with your child's participation:

How many years has your child received school-based physical therapy services? _____

Additional comments:

Parent Signature _____

Date _____

Please return form to:

Thank you

[*Significantly Interferes: Requires greater length of time and/or physical assistance to perform when compared to peers, and your child's needs are not currently being met by accommodations/modifications.]

Appendix C

PT GRID

Circle all that apply

Category	Mobility	Transfers	Physical Environment	Equipment	Gross motor	Subtotal
Does the problem significantly impact the student's ability to participate in the educational program in any of these areas & require the expertise of a physical therapist?	1	1	1	1	1	(If "0" total for this row, do not continue with GRID)
Age	18+ 0	12-18 1	7-12 2	7 or below 3		
Placement	0	Self-contained 1	Resource room 2	General education 3		
Previous school PT	5+ years 0	4-5 years 1	2-3 years 2	0-1 years 3		

TOTAL SCORE: _____

PT Frequency Guidelines:

Total Score

10-14
8-10
6-8
0-6

Frequency Recommendations

3-4x/month
2-3x/month
1-2x/month (direct or consult)
No service/Monitor

[*Significantly interferes: Requires greater length of time and/or physical assistance to perform when compared to peers, and your child's needs are not currently being met by accommodations/modifications]

KISD PT GUIDELINES (re-formatted)