

SCHOOL BASED REHABILITATION SERVICES
Physiotherapy Teacher Checklist

Student Name: _____ **DOB:** _____ **GoldCare #:** _____
(dd/mm/yyyy)

Teacher: _____ **Resource Teacher:** _____

School: _____ **Grade:** _____

Please check any areas of concern.

- | | |
|---|--|
| <input type="checkbox"/> Difficulty getting on/off school bus | <input type="checkbox"/> Trouble maintaining balance |
| <input type="checkbox"/> Difficulty opening doors | <input type="checkbox"/> Moves awkwardly, large movements are clumsy |
| <input type="checkbox"/> Slumps to one side or slides forward in chair | <input type="checkbox"/> Has extreme tightness that limits range of motion |
| <input type="checkbox"/> Difficulty getting on/off school bus | <input type="checkbox"/> Trouble maintaining balance |
| <input type="checkbox"/> Difficulty opening doors | <input type="checkbox"/> Moves awkwardly, large movements are clumsy |
| <input type="checkbox"/> Slumps to one side or slides forward in chair | <input type="checkbox"/> Has extreme tightness that limits range of motion |
| <input type="checkbox"/> Tires easily with routine tasks, complains of fatigue | <input type="checkbox"/> Difficulty bouncing, catching or throwing a ball |
| <input type="checkbox"/> Appears to have poor overall body strength is 'floppy' | <input type="checkbox"/> Hypermobility – too much movement in joints |
| <input type="checkbox"/> Makes no attempt to catch him/herself when falling | <input type="checkbox"/> Habitually walks up on toes |
| <input type="checkbox"/> Unable to heel-toe walk, hop on one foot, jump in place | <input type="checkbox"/> Stumbles and falls more frequently than others the same age |
| <input type="checkbox"/> Poorly developed sense of rhythm, can't play clapping games | <input type="checkbox"/> Difficulty completing stairs or accessing the playground safely |
| <input type="checkbox"/> Lacks reciprocal arm and leg movements when walking or running | <input type="checkbox"/> Unable to coordinate full body movements like galloping, skipping, or jumping jacks |

Please List any equipment that is currently in place to support the student?

Strengths/Interests:

If not listed, describe concern below or provide any additional details: _____

Completed by Signature

Date

***Please attach and submit with Principal Referral form**