Children's TREATMENT CENTRE OF CHATHAM-KENT

Clear Form

Physiotherapy Teacher Checklist

STUDENT INFORMATION:

Name:	Grade:	DOB: (dd/mm/yyyy)

Known diagnosis and/or any recent change to health status and/or upcoming diagnostic testing:

The following referral criteria must be met to proceed with referral:

- ☐ Concern is related to student's ability to access or participate in the curriculum (see area of concern section below).
- ☐ Caregiver has provided consent for a referral to physiotherapy services at the Children's Treatment Centre of Chatham-Kent.

Describe in detail the goal of this referral (required)

AREAS OF CONCERN: (select all that apply and provide additional information)

Is the student's ability to access the curriculum affected in the following areas?

Recess/Playground:	☐ Not at all	☐ Unable to Access	Describe in Detail:
Gym:	☐ Not at all	☐ Unable to Access	
Classroom:	☐ Not at all	☐ Unable to Access	

Is there a safety issue? (check all that apply)

☐ Stairs ☐ Falling ☐ Transfers ☐ Mobility ☐ Gym ☐ Play Equipment ☐ Classroom Environment

If yes, please describe in detail:

What is the student's transfer status?

☐ Independent ☐ Dependent (select all that apply): ☐ Portable lift ☐ Ceiling lift ☐ Other: _____

What is the student's mobility status?

☐ Independent ☐ Independent with aids ☐ Supervision Required ☐ Dependent with aids

Is this student requiring new or adapted equipment? ☐ Yes ☐ No

Please list current equipment in place to support the student.

Additional Information/Concerns: (select all that apply and provide additional information)

Gait/Walking Pattern

☐ Stumbles and falls more frequently than others the same age ☐ Walks on toes frequently
☐ Splints/ braces/ orthotics/ prosthetic use

Stairs

☐ Difficulty getting on/off school bus ☐ Difficulty completing stairs or accessing the playground safely

Strength

☐ Appears to have poor overall body strength, is "floppy" ☐ Difficulty standing up/sitting down at desk with control
☐ Difficulty maintaining an upright posture at desk or when sitting on the floor ☐ Difficulty transferring from standing to the floor and vice versa

Gross Motor

☐ Difficulty catching a ball ☐ Difficulty throwing a ball
☐ Difficulty dribbling/bouncing a ball ☐ Difficulty striking a ball/birdie with a racket
☐ Unable to hop on one foot ☐ Unable to balance on one foot
☐ Unable to two-foot jump ☐ Decreased endurance
☐ Difficulties following single step directions ☐ Difficulties following multi-step directions

HISTORY:

Has the student previously received SBRS PT? ☐ Yes ☐ No	**Please describe:**
Is the student on other SBRS caseloads (ex. SBRS OT, SBRS ST)? ☐ Yes ☐ No	

Completed by:	**Date:**	
Email:	**Phone:**	**Ext:**
Signature:		