

# JOHNSTON PUBLIC SCHOOLS

## *Special Services*

STUDENT _____	D.O.B. ____/____/____
SCHOOL _____	GRADE _____
TEACHER/COUNSELOR _____	
PARENT/GUARDIAN _____	ADDRESS _____
TELEPHONE: (h) _____ (w) _____ (c) _____	

The *Current Concerns Statement* is completed at the Evaluation Team meeting and forwarded as part of the team process to the appropriate evaluator.

Currently receiving special education services:  Yes  No

If yes - Primary Disability: \_\_\_\_\_  
 Current Service(s): \_\_\_\_\_

CURRENT EVALUATIONS	DATE	COMMENTS
Psychological		
Educational		
Social		
Medical:		
Other:		
Other agency evaluations:		

Evaluation results indicate the following weaknesses, which suggest the need for a physical therapy evaluation:

**Gross Motor Coordination**

- \_\_\_ transition between postures – moving from sitting to standing to kneeling to lying down, etc.
- \_\_\_ clumsiness – excessive tripping and falling
- \_\_\_ body manipulation through space – obstacle course, moving around people/furniture
- \_\_\_ developmental coordination – hop, skip, jump, run, gallop
- \_\_\_ step-over-step pattern on the stairs

**Gait Pattern**

- \_\_\_ toes pointed in or out
- \_\_\_ walking on tip toes
- \_\_\_ dragging feet while walking
- \_\_\_ improper or assisted use of adapted equipment (braces, crutches, walker, wheelchair, etc.)
- \_\_\_ lack of spontaneous arm swing during gait
- \_\_\_ wide base of support while walking (waddling)

**Neuromuscular Status**

- \_\_\_ abnormal muscle tone – floppy or rigid movement
- \_\_\_ muscle weakness – child may fatigue easily
- \_\_\_ poor posture – “W” sitting, leaning or slouching, head tilted to one side
- \_\_\_ decreased range of motion – limited movement of extremities

**Balance**

- \_\_\_ trouble standing on one foot
- \_\_\_ frequent tripping or falling
- \_\_\_ clinging to wall while walking in the corridors
- \_\_\_ excessive hanging on the railings while on the stairs

**Other:** \_\_\_\_\_

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**NAME:**

**D.O.B.:**

1. If this student is currently receiving special education services briefly describe:

- Attach a copy of the service page of the IEP
- Other support services in the school (e.g. Literacy, guidance, etc.)

2. What attempts have been made through the IEP process to remediate the weaknesses prior to this referral?

3. Major questions to be addressed during the physical therapy evaluation:

- \_\_\_ Is this service needed for the student to benefit from his/her special education program?
- \_\_\_ What accommodations/modifications should be made in the classroom or as part of the IEP to address the student's special education needs?
- \_\_\_ Other questions (please attach)

4. Is this child under treatment for any medical concern?

5. Comments:

\_\_\_\_\_  
CHAIR

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE