



# IROQUOIS SPECIAL EDUCATION ASSOCIATION

106 EAST FRONT STREET • GILMAN • ILLINOIS • 60938  
T: 815.683.2662 • F: 815.683.9913 • www.iroqsea.org

---

## PHYSICAL THERAPY REFERRAL

### On the Following Checklist:

- Please answer all questions to the best of your ability. Only mark "N/A" if the child in question is too young or too old to perform the activity.
- If you do not have all the information, please ask other staff working with the child to help complete the form.
- Please mail or give the parent a copy of the completed form.
- Please be aware that a copy of this referral will become part of the student's temporary school file and/or special education file.

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Form Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Classroom Teacher:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Parent Consent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please describe the problems you are seeing in the child's educational environment.

---

---

---

In what way(s) do you believe this child may benefit from an Physical Therapy Evaluation and/or services? **(If you would simply like an informal consultation with an P.T., and do not feel the child needs a full evaluation, please indicate this, and state your specific reasons).**

---

---

---

Has the child ever had a Case Study Evaluation? If so, was the child found eligible for special education and what services does he/she receive?

---

Is the Case Study Evaluation currently in progress? \_\_\_\_\_

Is the child currently receiving Rtl (Response to Intervention) services? \_\_\_\_\_

Does the child have any medical diagnosis (including ADHD)? \_\_\_\_\_

<b>Gross Motor Skills</b> <b>If you do not regularly observe the student perform gross motor activities, please ask the PE teacher or recess supervisor(s) to help complete this section.</b>	Always	Frequently	Occasionally	Seldom	Never
1. Does the child seem weaker than other children the same age?					
2. Does the child use immature stepping movements going up or down stairs (i.e. 2 feet to each step) after age 4 ½?					
3. Does the child have difficulty with running, jumping, hopping, skipping or similar skills when compared to same age peers?					
4. Does the child seem clumsy or not know how to move his/her body?					
5. Does the child bump into things (walls, people objects, etc.)?					
6. Does the child seem to trip and/or fall frequently?					
7. Does the child sit upright in the classroom chair/on floor without slouching or sprawling over table/desk?					
8. Does the child have difficulty learning new gross motor tasks?					
9. Does the child have poor skills in rhythmic activities or move in an awkward, unusual way?					
10. Does the child tend to confuse right and left sides of body (after age 6)?					
11. Does the child have difficulty pumping self on swing?					
12. Does the child seem reluctant to participate in sports or physical activities?					
13. Does the child seem reluctant to engage in gross motor play with peers at recess?					

**Comments on Gross Motor Skills:**

---



---



---

<b>Walking/Visual Control</b> <b>If you do not regularly observe the student perform gross motor activities, please ask the PE teacher or recess supervisor(s) to help complete this section.</b>	Always	Frequently	Occasionally	Seldom	Never
1. Does the child have poor rhythm when walking?					
2. Does the child shuffle their feet when walking?					
3. Does the child drag their toes?					
4. Does the child walk on their tiptoes?					
5. Does the child's arm swing while walking? Please note if it is one or both arms.					
6. Does the child have difficulty following a target with their eyes?					
7. Does the child move their whole body when following a target (i.e. knock things down)?					

**Comments on Walking or Visual Control:**

---



---



---

**Strategies Attempted to Improve the Area(s) of Concern:**

---



---



---

**Results of these Strategies:**

---



---



---