**Licking Regional Educational Service Center Physical Therapy Educational Assessment**

Reason for Referral:

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District/School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Assessment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Range of Motion** **Muscle Strength**

Hips: \_\_\_\_\_ R \_\_\_\_\_ L Hips: \_\_\_\_\_ R \_\_\_\_\_ L

Knees: \_\_\_\_\_ R \_\_\_\_\_ L Knees: \_\_\_\_\_ R \_\_\_\_\_ L

Ankles: \_\_\_\_\_ R \_\_\_\_\_ L Ankles: \_\_\_\_\_ R \_\_\_\_\_ L

**Flexibility**

Hip Flexors:

\_\_\_\_ Within Functional Limits \_\_\_\_\_ Decreased Flexibility \_\_\_\_\_ Increased Flexibility

Hamstrings:

\_\_\_\_ Within Functional Limits \_\_\_\_\_ Decreased Flexibility \_\_\_\_\_ Increased Flexibility

Calves:

\_\_\_\_ Within Functional Limits \_\_\_\_\_ Decreased Flexibility \_\_\_\_\_ Increased Flexibility

**Muscle Tone**

\_\_\_\_Functional \_\_\_\_Slightly Decreased \_\_\_\_Decreased \_\_\_\_Increased \_\_\_\_Fluctuating

Areas of Abnormal Tone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postural Control/Reflexes**

Supine Flexion: \_\_\_\_\_\_\_ seconds

Prone Extension: \_\_\_\_\_\_\_ seconds

ATNR: \_\_\_\_\_\_ Integrated \_\_\_\_\_\_ Not Fully Integrated

**Transitions**

Rolls Prone to Supine: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Did Not Demonstrate

Rolls Supine to Prone: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Did Not Demonstrate

Sits Up From Prone: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Did Not Demonstrate

Sits Up From Supine: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Did Not Demonstrate

Sit To Stand \_\_\_\_ Plantigrade \_\_\_\_ Half-Kneel \_\_\_\_Pulls to Stand \_\_\_\_Requires Assistance

Stand To Sit \_\_\_\_ Lowers Through Squat \_\_\_\_ Half-Kneel \_\_\_\_ Places Hands on Surface \_\_\_\_ Requires Assistance

**Gait**

Pattern:

\_\_\_\_ Step To \_\_\_\_ Step Through

Step Length:

\_\_\_\_ Equal \_\_\_\_ Decreased Right \_\_\_\_ Decreased Left

Stance Time:

\_\_\_\_ Equal \_\_\_\_ Decreased Right \_\_\_\_ Decreased Left

Uses Assistive Device:

\_\_\_\_ Wheeled Walker \_\_\_\_ Gait Trainer \_\_\_\_ Quad Canes \_\_\_\_ Lofstrand Crutches

Running Gait: \_\_\_\_ Functional \_\_\_\_ Decreased Flight Phase \_\_\_\_ Decreased Pace \_\_\_\_ Arms Held Out to Side

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sitting Balance/Posture**

Preferential Floor Sitting Position: \_\_\_\_ W sit \_\_\_\_ Tailor Sit \_\_\_\_ Long Sit \_\_\_\_ Straddle Sit \_\_\_\_ Side Sit \_\_\_\_ Ring Sit

Sits with Good Stability on Floor: \_\_\_\_ Yes \_\_\_\_ No

Sits with Good Stability in Standard Classroom Chair: \_\_\_\_ Yes \_\_\_\_ No

Sitting Posture: \_\_\_\_ Sits Upright in Chair \_\_\_\_ Feet on Floor \_\_\_\_ Slouched Posture \_\_\_\_ Feet Dangling

**Standing Balance/Posture**

Static Standing Balance: \_\_\_\_ Functional \_\_\_\_ Increased Sway \_\_\_\_ Compensatory Steps

Dynamic Standing Balance: \_\_\_\_ Functional \_\_\_\_ Arms In High Guard \_\_\_\_ Trips Frequently \_\_\_\_ Compensatory Steps

Standing Posture: \_\_\_\_ Functional \_\_\_\_ Increased Kyphosis \_\_\_\_ Increased Lordosis

**Extremity Dominance**

Leg Dominance: \_\_\_\_ Right \_\_\_\_ Left Arm Dominance: \_\_\_\_ Right \_\_\_\_ Left

**Functional Movements**

Standing on One Foot: \_\_\_\_ Right (seconds) \_\_\_\_ Left (seconds)

Jumping Up or Forward on Floor: \_\_\_\_ Distance (inches) \_\_\_\_ Two-footed Takeoff and Landing \_\_\_\_ One Foot Leading

Jumping Down from Raised Surface: \_\_\_\_ Height (inches) \_\_\_\_ Two-Footed Takeoff and Landing \_\_\_\_ One Foot Leading

Ascending Stairs: \_\_\_\_ Marked Time \_\_\_\_ Alternating \_\_\_\_ 1 Hand Support \_\_\_\_ 2 Hand Support \_\_\_\_ No Hand Support

Descending Stairs: \_\_\_\_Marked Time \_\_\_\_ Alternating \_\_\_\_ 1 Hand Support\_\_\_\_ 2 Hand Support \_\_\_\_ No Hand Support

Walking Across Balance Beam: \_\_\_\_ Does Not Step Off \_\_\_\_ Steps Off Beam \_\_\_\_ Shuffles Feet \_\_\_ Sidesteps

Hopping On One Foot: \_\_\_\_ Right (repetitions) \_\_\_\_ Left (repetitions) \_\_\_\_ Demonstrates Decreased Foot Clearance

Galloping: \_\_\_\_ Right \_\_\_\_ Left

\_\_\_\_ Functional \_\_\_\_ Emerging Pattern \_\_\_\_ Unable to Coordinate Movement

Skipping: \_\_\_\_ Functional \_\_\_\_ Emerging Pattern \_\_\_\_ Unable to Coordinate Movement

Rides Tricycle: \_\_\_\_ As Ride On Toy \_\_\_\_ Needs Push to Initiate Pedaling \_\_\_\_ Pedals independently

**Ball Skills**

Kicking: \_\_\_\_ Lifts Foot to Contact Ball \_\_\_\_ Uses Opposing Arm and Leg Movements \_\_\_\_ Does Not Make Contact

Throwing Overhand: \_\_\_\_ Flings Ball \_\_\_\_ Moves Arm Up and Back to Initiate \_\_\_\_ Trunk Rotation \_\_\_\_ Reciprocal Step

Throwing Underhand: \_\_\_\_ Flings Ball \_\_\_\_ Moves Arm Down and Back \_\_\_\_ Trunk Rotation \_\_\_\_ Reciprocal Step

Catching: \_\_\_\_ Presents Arms In Front \_\_\_\_ Attempts to Secure Ball \_\_\_\_ Traps Ball to Chest \_\_\_\_ Catches with Hands

**Strengthening/Coordination Activities**

Sit-ups: \_\_\_\_ Performs Independently \_\_\_\_ Pulls or Pushes Self Up \_\_\_\_ Requires Assistance \_\_\_\_ Needs Feet Held

Push-ups: \_\_\_\_ Knee Push-ups \_\_\_\_ Full Push-ups

\_\_\_\_ Performs Independently \_\_\_\_ Demonstrates Back Sag \_\_\_\_ Unable to Push Back Up to Start Position

Jumping Jacks: \_\_\_\_ Performs Independently \_\_\_\_ Unable to Coordinate Simultaneous Arm and Leg Movements

Cross Marching: \_\_\_\_ Performs Independently \_\_\_\_ Performs Same Side Touches \_\_\_\_ Unable to Coordinate

**Playground Access**

\_\_\_\_ Able to Navigate Playground Safely \_\_\_\_ Difficulty Transitioning on Uneven/Variable Surfaces

\_\_\_\_ Climbs on Playground Equipment Independently \_\_\_\_ Does Not Climb on Equipment

**Behavioral/Social Skills**

\_\_\_\_ Little to No Redirection Needed During Assessment Period \_\_\_\_ Frequent Redirection Needed

\_\_\_\_ Cooperative Throughout Assessment Period \_\_\_\_ Followed Verbal Directions \_\_\_\_ Difficulty Transitioning

**Teacher/Classroom/Clinical Observations** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conclusion:**

**Areas of Concern Within Classroom/ Functional Performance**

\_\_\_\_ Sitting Ability \_\_\_\_ Transitional Movements \_\_\_\_ Frequent Tripping/Falling

\_\_\_\_ Ability to Perform Classroom Activities \_\_\_\_ Performance During Gym Class \_\_\_\_ Playground Access

**Underlying Areas of Concern**

\_\_\_\_Decreased Strength \_\_\_\_ Postural Control Skills \_\_\_\_ Decreased Balance \_\_\_\_ Coordination Skills

\_\_\_\_ Spatial Awareness \_\_\_\_ Motor Planning Skills \_\_\_\_ Decreased Safety

**Physical Therapy Services Recommended:** \_\_\_\_ **Yes** \_\_\_\_**No**