



BOONE-CLINTON-NORTH WEST HENDRICKS JOINT SERVICES

PHYSICAL THERAPY SCREENING QUESTIONNAIRE

Child's Name _____ Date _____
School _____ DOB _____
Teacher/Grade _____ Age _____

Is child receiving special education services? _____ Yes _____ No

Please check all that are appropriate. Underline or circle the most significant problems. Please feel free to comment as needed.

Postural Skills

- ____ Fatigues quickly, becomes short of breath easily, arms or legs seem limp
- ____ Poor sitting posture, slumps in chair, head on hands when writing

Gross Motor/Motor Planning

- ____ Has difficulty learning new motor skills, i.e. gym, playground, classroom projects
- ____ Avoids or dislikes the playground, doesn't climb on the equipment
- ____ Dislikes gym or sports, reluctant participant, prefers sedentary activities
- ____ Difficulty following one-step directions
- ____ Difficulty following multi-step directions
- ____ Difficulty hopping, skipping, jumping, running, catching, throwing and/or kicking

Movement and Balance

- ____ Fearful on playground equipment
- ____ Avoids activities that require balance
- ____ Seems to be always moving, seeks movement activities
- ____ Has difficulty sitting still
- ____ Fearful of heights or stairs
- ____ Poor safety awareness
- ____ Poor body awareness
- ____ Appears clumsy or awkward
- ____ Bumps into people or things and/or drops things (spatial awareness)

Functional Mobility

- ____ Difficulty getting on and off the bus
- ____ Unable to move through crowded hallway
- ____ Difficulty navigating through school environment (stairs, through doorways, etc)
- ____ Unable to transition smoothly (moving from sit to stand, to/from chair or floor)
- ____ Struggles with reaching for objects on floor, shelves or desk
- ____ Difficulty with use of locker, carrying lunch tray, finding way to/or around classroom

Comments: