

# PHYSICAL THERAPY SCREENER

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 with gross motor activities
- \_\_\_\_\_ Difficulty following multi-step directions
- \_\_\_\_\_ Difficulty hopping, skipping, jumping, running, catching, throwing and/or kicking (circle all that apply)

## 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:

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

PT Evaluation: \_\_\_\_\_ Needed \_\_\_\_\_ Not Needed

Signature/Title \_\_\_\_\_ Date: \_\_\_\_\_