

Ute Pass BOCES Physical Therapy Referral Form
Please email completed form to bstapanowich@upboces.org.

Student Name: _____ DOB: _____ Date: _____

School: _____ Teacher: _____ Grade: ____ Current IEP: yes / no

- Please check the area of gross motor concern:

	Maintaining sitting balance on floor/ at desk		Opening doors		Restroom transfers
	Getting in/out chair, desk, or wheelchair		Traveling through hallways		Participation in P.E.
	Standing up or lowering down floor		Moving in lunchroom and managing tray		Keeping pace traveling with peers
	Maintaining balance while standing		Accessing playground equipment		Mobility during emergency evacuations (fire drills)
	Walking Independently		Traveling up/down stairs, curbs, or ramps		Participating in school/community experiences
	Using an assistive device (walker, cane)		Getting on/off bus or car (concerns with transportation)		Job/work environments
	Carrying objects and moving within the classroom		Wheelchair propulsion		Other (describe)

- How does the concern interfere with the student's participation in school activities relative to his/her peers?

-Best day of the week and time to observe the student when they are displaying the behavior that is the concern:

-These concerns have been discussed with the parent and they are aware that the teacher will be consulting with the physical therapist for the student to be individually, briefly screened for gross motor concerns.

Parents: _____ Date Contacted: _____ Method of contact: phone/email/in person

----- Below to be filled out by Physical Therapist-----

Date received: _____ Date Screened: _____ Outcome: _____