

# Marcellus Central Schools

## Physical Therapy Re-evaluation

Name:  
School:  
Date of Birth/Age:  
Date of Evaluation:

### Background Information

Medical and Academic History:

Reason for Evaluation:

### Equipment

Personal (splints, wheelchair, etc.):

Classroom (desk, chair, floor sitter, prone stander, etc.):

### Neuromuscular Assessment

Posture/Musculoskeletal Observations:

Tone:

Range of Motion (ROM):

Strength:

Balance:

**Gross Motor Assessment** *Currently there is no standardized evaluation for the educational environment which appropriately reflects a child's functional skills with regards to their muscle tone. Therefore, a narrative method has been chosen to more accurately describe the child's abilities within the context of the school environment.*

Clinical Observations:

Mobility/Environment-Accessibility Assessment:

Classroom and School Grounds:

School Bus Transportation:

## **Summary**