

Physical Therapy

Functional Performance Assessment

Student:
School:

Age:
Teacher:

Date:
Room #:

For each question below, place a in the appropriate box. If the child performs the task, but takes too much time, place a * under "YES".

	Yes	No	N/A	Teacher Comments
Classroom/Library/Art				
Can position at all work stations				
Can access all work material				
Can move between all work stations				
Doors				
Can open and close all doors				
Can move through doorways				
Hallways				
Can travel required distance				
Can move through crowded hallway				
Can use water fountain				
Lunchroom				
Can go through lunch line				
Can carry lunch tray				
Can maneuver in tight space				
Can sit at lunch table				
Restroom				
Can move in and out of toilet stall				
Can sit or stand at toilet				
Can access faucet, soap, and towels				
School Bus				
Can move on and off bus				
Can sit securely on bus				
Playground				
Can access playground				
Can play on outdoor equipment				
Can negotiate stairs or ramps				
Assemblies/Sports Events				
Can access assembly room/gym				
Can access athletic field				
Can sit with peers				
Additional Requests				
Teacher would like more information and instruction about the student's				
wheelchair				
walker				
crutches				
orthosis (braces)				
positioning				

Attach additional comments as needed.
Please return this form to Wanda Bailey at RISE Special Services

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Medical referral needed for further evaluation: _____ Yes _____ Date Sent _____ No

Signature/Title _____ Date _____