

School Based Physical Therapy Recommended Plan of Care (POC)

Student:

Date of Birth:

School:

Age:

Teacher/grade:

Date of POC:

Exceptionality:

Supervising Therapist:

Physical therapy/Intervention diagnosis (description of impairment/s, can be more than one):

POC Draft Approved: _____

Precautions:

IEP Duration:

Goals, frequency, duration, and location of services– found in current IEP.

Intervention Approaches:			
☐	Create/Promote (eg health promotion, self determination, staff education, program support)	☐	Modify/Adapt (eg environmental modification)
☐	Establish/Restore (eg skill acquisition or remediation, generalize skill to functional areas)	☐	Prevention (eg early intervening support; avoid secondary complications, develop daily program)

Intervention types:			
☐	One on one intervention	☐	Program/routine development/monitoring
☐	Group	☐	Exploration/support of opportunities for participation in:
☐	Whole Class	☐	general education class or inclusion
☐	Consultation/problem solving with team	☐	Special education class
☐	Education/training for team	☐	in extracurricular activities
☐	Environmental adaptation/modification/equipment	☐	community program, work, other

Outcome Measures:			
☐	Meet IEP goals	☐	Improved quality of life at school and/or other settings
☐	Increased team/student satisfaction with performance	☐	Increased participation at school
☐	Increase student competency and/or independence at school	☐	Increase team/team member competence
☐	Prevention of related or further obstacles/difficulties	☐	Increase skill of staff
☐	Comparison to baseline measure/observation	☐	Independent access to environment or task/activity

Planned Interventions/clinical approaches:			
☐	Mobility training	☐	Adaptation/equipment
☐	Transfer Training	☐	Modification
☐	Gait training	☐	Developmental training
☐	Wheelchair mobility training	☐	Motor control and coordination
☐	Wheelchair management	☐	Neurodevelopmental training
☐	Orthotic Training	☐	Neuromotor and balance training
☐	Safety awareness training	☐	Sensory motor development
☐	Orthotic/prosthetic check	☐	Therapeutic exercise
☐		☐	Manual therapy techniques
☐		☐	Endurance Training
☐		☐	Modalities indicated for diagnosis
☐		☐	Pain Management skills
☐		☐	Community access
☐		☐	Work skill development
☐		☐	Functional training to improve skills or independence with activities of daily living skills required at school

Team Discussion in Meeting:			
☐	Global picture of services	☐	Referrals, if needed:
☐	Suggestions for parent/teacher	☐	Discharge planning:
☐	Follow up:	☐	Goals met and new goals not appropriate
		☐	Continued need but not within school context
		☐	Service not needed at this time, contact therapist with future need

Supervising Physical Therapist

This information may be used in conjunction with other assessment findings to determine the need for school-based physical therapy services. It is recognized that the decision regarding the provision of specific related services is the responsibility of the IEP committee.