SAMPLE

PHYSICAL THERAPY
NC SCHOOLS
Contact Information
Anytown, NC

PHYSICAL THERAPY CONSULTATION or TRAINING

School:
Date of Consultation:
Teacher(s):
Teacher Assistant(s):
Physical Therapist:
General training on:
or
Student:

Objectives: **1.**
2.
3.

Equipment:

Plan/Procedure:

Notes or comments:

PT to Teacher/Assistant
Discussed_____
Demonstrated_____
All questions answered_____

_____
School Physical Therapist

Teacher/Assistant to PT
Discussed_____
Demonstrated_____
All questions answered_____

_____
Teacher

_____
Teacher or Teacher Assistant

SAMPLE

_____

Teacher or Teacher Assistant