

PRECAUTIONS:

PHYSICAL THERAPY

Student Service Information/Attendance Log

Name: _____

DOB: _____ Age: _____ Exceptionality _____

School: _____ Teacher: _____

Parent's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Diagnosis: _____

Physician: _____

Address/Phone: _____

Pvt Physical Therapist: _____ Phone: _____

Funding Source: _____ Duke Hx #: _____

IEP: _____ 3 Year Eval: _____

Type and Frequency of Service: _____

Service Grid: H/V-Holiday/Vacation WD-Workday SU-Student Unavailable TU-Therapist Unavailable

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
July																															
August																															
September																															
October																															
November																															
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January																															
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March																															
April																															
May																															
June																															
ESY-June																															
ESY-July																															

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| <ul style="list-style-type: none"> 1-Treatment 2-Evaluation 3-ReEval 4-Muscle Testing 5-Orthotic & Prosthetic Check 6-Physical Performance Test 7-Swallowing Eval 8-Progress Report | <p>Treatment Categories:</p> <ul style="list-style-type: none"> a-Adaptive Equipment Application b-ADL c-Cardiac Training d-Fabrication/Application Orthotic Equipment e-Fabrication of Motor Milestones f-Feeding/Oral Motor g-Functional Training | <ul style="list-style-type: none"> h-Gait Training i-Gross Motor Development j-Manual Manipulation k-Manual Therapy Tech (ROM) l-Modalities m-Muscle Strengthening n-Parent Consultation o-Posture and Body Mechanics Activities | <ul style="list-style-type: none"> p-Pulmonary Enhancement q- Sensory Motor r-Teacher Consultation s-Therapeutic Exercise t-Wheelchair Mobility <p>HV-Holiday/Vacation
SU-student unavailable</p> |
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