

PUBLIC SCHOOLS OF ROBESON COUNTY

Physical Therapy Screen Request

Student Name: _____ DOB: _____

Teacher: _____ School: _____

Please check student's status below:

Student is in EC____ Student is not in EC____ Student is Speech only____

Please check the areas of concern:

__Stair ascent/descent difficulty seen during recess or transportation

__Balance issues or falls that occur during activity (not falls due to behavior or being easily distracted)

__Leg weakness which manifests itself during functional activities, such as difficulty during sit to stand off chair/getting up off the floor/etc.

__Movement difficulty in getting from one place in school to another

__Difficulty using assistive devices such as wheelchair or walker

__Other, please explain below

Please explain each or any of above checked areas, if necessary: _____

Please indicate what was tried to help improve the above checked concerns: _____

Name/title of person requesting screen

Date