



Physical Therapy Pre-Referral Checklist

- Complete this checklist prior to making a PT referral
- Use this checklist to guide you when comparing this child to others of similar age

Student: _____ DOB: _____

Student's Home District: _____ Case Manager: _____

Teacher: _____ Grade: _____ Date: _____

Please check the areas in which this child significantly stands out from age related peers.

The child:	Comments:
exhibits poor sitting posture in the classroom.	
falls out of seat on a routine basis.	
w-sits.	
has muscles that seem tight or flabby.	
takes great effort or requires assistance to transition from floor to stand and/or sit to stand.	
has difficulty coordinating both sides of the body when performing an activity.	
has difficulty with rhythmic or alternating movements.	
has a tendency to confuse right and left sides of the body.	
seems to have difficulty learning new motor tasks.	
appears stiff and awkward or clumsy.	
falls frequently.	
exhibits decreased coordination when running.	
has abnormal gait: trips, loses balance, bumps into other people/objects, leans on walls/desks routinely.	
cannot walk safely while carrying everyday, school-related objects (books, supplies, etc).	
has difficulty or is unable to turn a doorknob or push/pull open doors.	
does not alternate feet when either ascending or descending stairs.	
is reluctant to participate in gym/recess, sports or physical activities; prefers table activities.	
hesitant to climb to play on playground equipment.	
is fearful of moving through space (i.e. seesaw, swing).	
has difficulty performing higher level skills (i.e. jumping, running, galloping, etc.)	
has difficulty balancing when lifting one foot off the ground (i.e. when kicking a ball).	

TEACHER SIGNATURE: _____

DATE: _____

PRINCIPAL SIGNATURE: _____

DATE: _____