

**Great Prairie AEA**  
**Teacher Request for Physical Therapy Collaboration**

Please complete this form when contacting a Physical Therapist for student-specific concerns. This gives the PT information to consult with you about strategies and activities for this student. This form does not replace an intervention plan or evaluation. It is designed for screening and problem-solving.

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parents: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

The parent is aware of this concern and that physical therapy services have been requested to assist in problem solving activities.

Date contacted: \_\_\_\_\_; Person contacting parents: \_\_\_\_\_

1. Circle the problem area.

1. Mobility

- a. In classroom
- b. Between classes
- c. Playground
- d. Bus
- e. Bathroom
- f. Steps
- g. PE class

2. Posture

- a. Floor
- b. Sitting
- c. Standing

3. Transitional Movements

- a. Floor to chair
- b. Chair to stand
- c. Floor to stand

2. Define the behavior which is problematic. Be as specific as possible, including examples.

3. Describe the expected performance. For example, "What are peers doing?"

4. List activities, strategies or modifications that have been tried and the results.

Teacher: \_\_\_\_\_

District: \_\_\_\_\_ Building: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_