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## General Information

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| **Name** | Tom Jones | **Date of Evaluation** | August 22, 2018 |
| **Date of birth** | 11.10.2010 | **Chronological Age** | 8 |
| **School** | Parkview Elementary school | **Grade** | 3 |
| **Evaluator** | Jason Gonzales |  |  |

## Purpose of Evaluation

The purpose of a Physical Therapy assessment within the school setting is to determine whether PT services are necessary for Tom to participate in the curriculum, develop and retain skills to meet academic goals. Test scores are not viewed alone in determining the need for service but are considered in the context of many other issues including, but not limited to; existing diagnosis, neurological issues, functional developmental skill level, cognitive ability, specific educational goals and objectives, and/or class placement. When a recommendation is made for therapy, the physical therapist and the Educational Team need to consider if support from an PT is necessary and required for the he to access, participate and make progress in the educational setting. The Educational Team needs to determine if the supports recommended by the physical therapist require PT as an ongoing service, or if these supports and accommodations could be implemented by other Educational Team members. Physical Therapy services can be provided through skill building sessions, classroom collaboration, monitoring, consulting, or a combination of those modalities, depending on which delivery model will best serve Tom's needs in the least restrictive environment.

## Background and Presenting Concerns

###### Interview with student / caregiver / teacher

Tom is an 8-year-old boy currently attending Parkview Elementary school in a 3rd grade resource classroom. He has been receiving special education services including Speech Therapy, Reading Support and Counseling. Physical therapy services were implemented to address gross motor skills. According to Anna, his mother, he receives private physical therapy (PT) services.

The assessor gathered data about Tom's interests, values, supports, and barriers through consultation with Anna, Tom, and his teacher Ms. Fisco. He lives with his mom and dad. Anna reported that there were no complications during Tom's birth. His gross motor skills were delayed and he received Early Intervention. In April 2014, he was diagnosed with ADHD and is currently taking Ritalin. He has a history of ear infections and no history of surgeries. Tom passed his hearing and vision screenings at school. Anna is concerned with Tom's ability to jump.

Ms. Fisco reports that he is funny and gets along with everyone. She is concerned with the fact that he doesn’t participate in PE. Tom is being assessed for physical therapy as part of an initial assessment to determine whether his needs significantly impact his academic performance within the realm of physical therapy. Physical therapy eligibility and service frequency will ultimately be determined at the time of the IEP meeting.

Tom likes to play with toys and video games. He reported that he doesn’t like school because it's boring. He reported that his favorite subject is English and he enjoys reading. He doesn’t like math because it's too hard. He stated that his goal is to be better at soccer. He wants to be policeman when he grows up.

Tom uses a wheelchair when he gets too tired in the afternoon. He is able to take frequent breaks in the classroom and leaves before everyone else to transition between classes. Tom has to take the long way to PE because there are too many stairs going to the gym. He must walk to the elevator which is on the other side of the building.

## Evidence of Information

The assessment was completed in the PT room, in the gym and in the hallway.

###### Assessments Administered:

* Records reviews
* Parent interviews
* Teacher interviews
* BOT-2 Bruininks-Oseretsky Test of Motor Proficiency, 2nd Edition
* Peabody Developmental Motor Scales (PDMS-2)
* Test of Gross Motor Development 2nd Edition (TGMD-2)

###### Validity Statement

The assessor used a combination of assessment methods and tools to provide an authentic and accurate profile of Tom's learning style, preferences, strengths, and needs across environments and settings. The assessor used this information to identify goal areas and identify supports and strategies that are essential for Tom's progress in his educational program. Results of this assessment are believed to be a valid representation of Tom's abilities.

## Behavioral Observations

Tom came willingly to testing. He was distracted by visual and auditory stimuli in the testing environment. He required maximum verbal cues, visual cues and physical prompts such as hand over hand or light touch to transition between activities. He was able to follow written and verbal directions.

Tom was able to answer and ask questions appropriately. Throughout the evaluation process, he displayed a restricted affect. He had minimal to no eye contact during interactions with assessor. He needed moderate verbal prompts and frequent breaks between activities due to difficulty maintaining visual attention and following verbal directions.

## Individual Assessment

### Test of Gross Motor Development 2nd Edition (TGMD-2)

The TGMD-2 is composed of two subtests that measure gross motor abilities that develop early in life. It was designed to assess the gross motor functioning in children 3 through 10 years of age and has empirically determined reliability and validity.

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| --- | --- | --- | --- |
|  | **Raw Score** | **Standard Score** | **Percentile** |
| **Locomotor** |  |  |  |
| **Object Control** |  |  |  |
| **Sum of Standard Scores** |  |  |
| **Gross Motor Quotient** |  |  |

Tom demonstrates weaknesses in the area of body awareness, following directions to move his body and decreased coordination. These weaknesses are evident on observation as well as in his low scoring on the TGMD-2. These weaknesses in body awareness and coordination impede Tom’s ability to perform higher-level functional mobility skills safely and efficiently.

Tom appeared to have functional range of motion, strength and balance for the educational setting. His low tone, poor endurance and trunk control and strength can impact his ability to participate in school related activities independently.

Tom had difficulty imitating gross body movements and positioning. He benefited from verbal cues and repeated demonstrations to imitate gross body movements and positioning. During the observation, Tom jumped forward a distance of 4 feet with a two foot take off and landing. He can stand on his right leg for 8 seconds and his left leg for 8 seconds.

Tom requires the use of a wheelchair to improve his mobility at school.

## Motor Skills/Sensory Motor Development

###### School Mobility

Tom is able to independently locate classrooms, enter/exit buildings and rooms, navigate classroom and navigate the hallways. He benefits from verbal or visual cues to walk on different surfaces (carpet, tile, grass), transition with peers and demonstrate safety awareness during transitions.

During his gait, Tom's right foot was turned out and pronated. His left foot was turned out and pronated. He walked flat-footed, which occurs when the entire foot strikes the ground as a unit without a separate heel strike. His feet positioning and gait pattern will affect Tom's speed, endurance, and ability to keep pace with his peers.

Compared to his peers, Tom tends to walk slower. He was observed ambulating throughout the school building tripping over obstacles and bumping into objects.

Tom demonstrates a reciprocal gait, leads with his right foot and uses the handrail when going up the stairs. When descending the stairs, Tom demonstrates a two-step gait, leads with his left foot and uses the handrail. When necessary, Tom uses the elevator to access different floors at school.

###### Classroom Activities

Tom's chair and desk are accessible, in a functional location and set at an appropriate height that allows him to be in an optimal sitting position.

Tom is able to get in and out of his chair independently. When sitting at his desk during tabletop activities, Tom displays fair sitting posture. He frequently changes sitting positions and sits with legs to the side on the floor. He is able to get up independently from the floor or rug.

Tom is able to independently follow classroom schedule, retrieve and put away materials and raise hand to participate. He needs verbal or visual cues to reach items on shelves, pick up items off the floor and demonstrate awareness of personal space.

###### Bussing, Arrival and Dismissal

When Tom takes a bus for arrival/dismissal and/or field trips, he is able to independently ascend/descend steps to board and exit the bus and move down the aisle without tripping. He needs verbal or visual cues to sit while the bus is moving.

###### Mealtime

During lunch, Tom is able to independently navigate the lunchroom or cafeteria and line up with his peers. Tom needs verbal or visual cues to maintain a seated position during eating and eat in an appropriate time frame. He requires physical assistance to carry lunch tray or lunch box to the table, open and close containers and clean up his area.

###### Toileting

Tom is able to independently recognize the need to use the bathroom and enter and exit the stall. He needs verbal or visual cues to lock and unlock the stall door, manage clothing and wash and dry his hands. Tom requires physical assistance to maintain hygiene.

###### Playground / Recess

Tom requires supervision in order to safely access the play structure and playground. He is able to use the slide, use the steps and swing on the swings. At recess, he likes to play on the structure with his friends.

###### Gym Performance and Participation

Tom is able to hit a stationary and moving (from 5 feet or greater) ball with a racket or bat. He is able to dribble a ball while standing in one place and running. He is able to catch a playground ball with two hands and a tennis ball with two hands. He had difficulty catching a ball possibly due to poor motor coordination, lack of experience, poor attention to task or poor eye-hand coordination. When throwing a ball, Tom demonstrates an immature throwing pattern (no trunk rotation or opposite lower extremity step with throw) and throws accurately and consistently at a stationary target. He had difficulty throwing a ball due to poor motor coordination, limited range of motion and decreased strength. He is able to kick a stationary and moving ball consistently. Assessor consulted with his PE teacher and observed Tom in class. During PE class, he take turns and is able to follow the rules of a game. His ability to pay attention, difficulty understanding directions and low endurance can impact his participation in PE.

###### Community Access

When out in the community, Tom is able to independently negotiate ramps to enter/leave buildings and negotiate curbs. He needs verbal and/or visual cues to recognize and avoid hazards (ice, puddles, etc), negotiate crowds and use public transportation. He requires physical assistance to cross the street safely.

###### Vocational Skills

Tom enjoys cooking and cleaning at home and at work. He currently volunteers at the Bob Evans in Medina. He washes dishes and sets the tables. He is able to prepare small meals and complete chores at home independently. Tom's tone, lack of motivation, inability to understand directions and decreased endurance impacts his ability to participate in vocational activities and may require modifications.

## Summary

Tom demonstrates a relative strength in the areas of school mobility, mealtime and playground/recess. Currently, there are several modifications and accommodations being implemented throughout Tom's school day, which allows him to access his educational environment as it relates to classroom activities, playground/recess and community access. These strategies include frequent breaks, visual schedules, and wheelchair when he is too tired.

Tom's difficulties in the areas of playground/recess and gym performance affect his ability to engage in structured learning activities at school. At this time, physical therapy services are recommended to address the areas of need mentioned above. As Tom's functional participation improves it is anticipated that physical therapy will be discontinued unless additional needs are identified by the individual education program team.

## Recommendations

* Provide close supervision when Tom is navigating the hallway.
* Consider placement and use of area rugs to prevent tripping.
* Provide breaks as needed.
* Assist Tom when stepping down from the bus stairs.
* Monitor Tom's transfers and positioning on the bus regularly.
* Assess for appropriate adaptive seating/equipment to provide stability as well as optimal comfort and orthopedic alignment during snack or lunch
* Practice skills prior to PE.
* Provide assistance to Tom while crossing the street.
* Break down tasks into manageable units.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_