

FUNCTIONAL PERFORMANCE ASSESSMENT - PHYSICAL THERAPY

TEACHER SECTION

Student: _____ DOB: _____ Date: _____

Form Completed By: _____ School: _____

For each question below, place a \checkmark in the appropriate box. If the child performs the task, but takes too much time, place a "T" under "YES".

	YES	NO	N/A	Teacher's Comments on Student's Problems
CLASSROOM/LIBRARY/ART				
Can position at all work stations				
Can access all work material				
Can move between all work stations				
DOORS				
Can open and close all doors				
Can move through doorways				
HALLWAYS				
Can travel required distance				
Can move through crowded hallway				
Can use water fountain				
LUNCHROOM				
Can go through lunch line				
Can carry lunch tray				
Can maneuver in tight space				
Can sit at lunch table				
RESTROOM				
Can move in and out of toilet stall				
Can sit or stand at toilet				
Can access faucet, soap, and towels				
PHYSICAL EDUCATION				
Ball Skills				
Kicking				
Catching				
Throwing				
Running				
Attention to activities				
SCHOOL BUS				
Can move on and off bus				
Can sit securely on bus				
PLAYGROUND				
Can access playground				
Can play on outdoor equipment				
Can negotiate stairs or ramps				
ASSEMBLIES/SPORTS EVENTS				
Can access assembly room/gymnasium				
Can access athletic field				
Can sit with peers				
COMMUNITY ACTIVITIES				
Can access public transportation				
Can access goods and products				
Can push grocery cart				
Can carry purchases				
ADDITIONAL REQUESTS				
Teacher would like more information about positioning the student				
Teacher would like assistance with adaptation of educational materials				
Teacher would like information regarding:	_____			