

CLAIBORNE COUNTY SCHOOL DISTRICT • OFFICE OF SPECIAL SERVICES
Report of Physical Observation

PERSONAL DATA			
Child's Name:	Race/Ethnicity:	Gender:	DOB:
District/School: CCSD/	MSIS #:	Grade:	Age:
IMPAIRMENTS OR INJURIES			
<p><i>Describe any congenital or acquired impairment(s) in the child's general physical condition, fine and gross motor skills, hearing, vision, orofacial functioning, and/or physical/health problems (e.g., allergies, diabetes, asthma) or any injuries that impact cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing, and/or speech, if any.</i></p>			
MEDICATIONS			
<p><i>List any medications that have been prescribed for the child, dosages, and potential side effects, particularly any that may impact classroom performance and/or educational testing.</i></p>			
LIMITATIONS AND PRECAUTIONS			
<p><i>Describe any limitations or precautions to consider when planning educational services, such as restrictions on mobility, activity, speech, equipment/adaptations, etc.</i></p>			
RECOMMENDATIONS FOR SCHOOL-BASED SERVICES			
<p><i>Describe any recommendations to consider when planning educational services, such as adaptive physical education, physical therapy, occupational therapy, speech/language therapy, mobility training, functional/self-care education, etc.</i></p>			

Healthcare Provider Specialty: _____

Signature: _____ Date: _____