

Mobility, Safety & Accessibility Checklist

Please complete this Checklist and the Strategies Documentation Form before referring a student.

Teacher Name:		Date Completed:
Student Initials:	Age:	Grade/School:

Student's Educational Programming: Regular Education 504 Special Education

What are the mobility, safety and/or accessibility concerns for this student at school?

What environments do you frequently observe the student? Check all that apply.

- General classroom, large groups
- Cafeteria or snack area
- Recess or playground
- Art or Music
- Hallways /Transitions
- Other: _____
- Small classroom, small groups
- Bathroom
- Physical education or sports
- Extracurricular activities
- Bus

P.E. Teacher Comments/Concerns:

Has the student been previously evaluated by an School-based Physical Therapist? Yes No Unsure
If yes, please provide what **new** changes in mobility, safety and/or accessibility have occurred initiating the need for re-evaluation:

Please list any known community supports (e.g., outpatient therapy):

Please complete the following checklists to identify mobility, safety and/or accessibility concerns that are *significantly* different from same-aged peers.

School Mobility & Safety	
<input type="checkbox"/> N/A (Check here if student's mobility is not a concern)	
Walking	<input type="checkbox"/> Able <input type="checkbox"/> Needs more assistance/cues than peers <input type="checkbox"/> Unable <input type="checkbox"/> Unsafe
Managing stairs, ramps, curbs, changes in terrain	<input type="checkbox"/> Able <input type="checkbox"/> Needs more assistance/cues than peers <input type="checkbox"/> Unable <input type="checkbox"/> Unsafe
Maneuvering a wheelchair	<input type="checkbox"/> Able <input type="checkbox"/> Needs more assistance/cues than peers <input type="checkbox"/> Unable <input type="checkbox"/> Unsafe <input type="checkbox"/> N/A
Changing positions (ex. Standing up from floor)	<input type="checkbox"/> Able <input type="checkbox"/> Needs more assistance/cues than peers <input type="checkbox"/> Unable <input type="checkbox"/> Unsafe
Keeping up with peers (tires easily, low endurance)	<input type="checkbox"/> Able <input type="checkbox"/> Needs more assistance/cues than peers <input type="checkbox"/> Unable <input type="checkbox"/> Unsafe
Other (Please provide an example): _____	<input type="checkbox"/> Able <input type="checkbox"/> Needs more assistance/cues than peers <input type="checkbox"/> Unable <input type="checkbox"/> Unsafe

Accessibility Skills	
<input type="checkbox"/> N/A (Check here if student's accessibility skills are not a concern)	
Maintaining a sitting or standing position	<input type="checkbox"/> Able <input type="checkbox"/> Needs more assistance/cues than peers <input type="checkbox"/> Unable <input type="checkbox"/> Unsafe
Opening doors, lockers	<input type="checkbox"/> Able <input type="checkbox"/> Needs more assistance/cues than peers <input type="checkbox"/> Unable <input type="checkbox"/> Unsafe
Toileting (ex. getting on/off toilet, sitting and managing clothing without losing balance)	<input type="checkbox"/> Able <input type="checkbox"/> Needs more assistance/cues than peers <input type="checkbox"/> Unable <input type="checkbox"/> Unsafe
Using and/or moving on playground or gym equipment	<input type="checkbox"/> Able <input type="checkbox"/> Needs more assistance/cues than peers <input type="checkbox"/> Unable <input type="checkbox"/> Unsafe
Running/Jumping/Galloping	<input type="checkbox"/> Able <input type="checkbox"/> Needs more assistance/cues than peers <input type="checkbox"/> Unable <input type="checkbox"/> Unsafe
Throwing/Kicking/Catching a ball	<input type="checkbox"/> Able <input type="checkbox"/> Needs more assistance/cues than peers <input type="checkbox"/> Unable <input type="checkbox"/> Unsafe
Other:	