**MCDOWELL COUNTY SCHOOLS**

**Physical Therapy Plan of Care**



**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School/Teacher/Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IEP Time frame:** \_\_\_/\_\_\_/\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_\_

**School-based therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Plan of Care:** \_\_\_/\_\_\_/\_\_\_\_\_



**Precautions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Preferences:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Frequency: \_\_\_ sessions per \_\_\_\_\_\_\_ Duration: *\_\_\_\_\_\_\_***

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relevant IEP goals:**

|  |  |
| --- | --- |
| **IEP Goal** |  |
| **Intervention Approach, examples:**  **•Acquire skill**  **•Generalize skill**  **•Modify environment**  **•Prevent 2ndary complication**  **•Promote autonomy**  **•Instruct staff**  **•Program support**  **•** |  |
| **Intervention Type, examples:**  **• 1:1**  **• Group**  **• Whole class**  **• Problem solve with team**  **• Staff training**  **• Modify or adapt environment/task**  **• Develop daily program**  **•** |  |
| **OutcomeMeasures, examples:**  **• Meet IEP goal, benchmarks and objectives**  **• Comparison to baseline measure**  **• Comparison to baseline observation**  **• Increased autonomy**  **• Independent access to environment**  **• Independent access to task/activity**  **• Increased participation**  **• Increased skill of staff**  **•** |  |
| **Plan for Exit, examples:**  **•Goals met and unable to identify new goals**  **• Continued need but not within school context**  **• Service not needed at this time, contact therapist upon future need**  **•** |  |
| **Follow up**  **•**  **•** |  |
| **Recommendation/Referral**  **•**  **•** |  |

|  |  |
| --- | --- |
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| **Intervention Type, examples:**  **• 1:1**  **• Group**  **• Whole class**  **• Problem solve with team**  **• Staff training**  **• Modify or adapt environment/task**  **• Develop daily program**  **•** |  |
| **OutcomeMeasures, examples:**  **• Meet IEP goal, benchmarks and objectives**  **• Comparison to baseline measure**  **• Comparison to baseline observation**  **• Increased autonomy**  **• Independent access to environment**  **• Independent access to task/activity**  **• Increased participation**  **• Increased skill of staff**  **•** |  |
| **Plan for Exit, examples:**  **•Goals met and unable to identify new goals**  **• Continued need but not within school context**  **• Service not needed at this time, contact therapist upon future need**  **•** |  |
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| **Plan for Exit, examples:**  **•Goals met and unable to identify new goals**  **• Needs no longer related to educational need/school context**  **• Service not needed at this time, contact therapist upon future need**  **•** |  |
| **Follow up**  **•**  **•** |  |
| **Recommendation/Referral**  **•**  **•** |  |