**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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| --- | --- |
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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****•****•** |  |