REGION 10 OCCUPATIONAL AND PHYSICAL THERAPY
CONFIDENTIAL
TEACHER INSIGHT FORM

Student:_____ District:_____ DOB:_____

Age:_____ Sex:_____ Therapist:_____ Date:_____

Campus:_____ Placement/Grade:_____ Teacher:_____

Check equipment used: ___Walker ___Cane ___Crutches ___Manual Wheelchair ___Power Wheelchair

____Orthotics (e.g., AFOs, arm/leg braces) Other:_____

Vision:_____Hearing:_____

Communication:_____Behavior:_____

Check level of independence; note parent concerns; note equipment used and comments **AND** Circle all applicable choices	INDEPENDENT	SUPERVISION	PHYSICAL HELP	DEPENDENT	PARENT CONCERNS	EQUIPMENT/ COMMENTS	*Note equipment used
GENERAL MOBILITY							
Mobility In Classroom							
Moves between all work stations/class areas							
Gets in/out of classroom desk/chair							
Gets up/down from floor							
Transportation							
Gets in/out of bus/family vehicle							
Manages bus steps ____**NA**							
Steps/Ramps/Terrain							
Negotiates campus steps							
Negotiates steps on playground							
Negotiates ramps							
Negotiates uneven terrain, e.g., grass, playground							
Doors							
Opens/closes exterior doors							
Opens/closes interior doors							
Moves through doorways							
Opens/closes locker, key/combination, cubby							
Hallways							
Travels required distance							
Moves through crowded hallways							
Moves in line							
Uses water fountain							
Wheelchair Independence ____**NA**							
Moves between all work stations/class areas							
Moves in/out of wheelchair to classroom chair							
Manages own wheelchair (seatbelt, brakes, etc.)							
Accesses/operates elevator/key/button ____**NA**							
Physical Education							
Attends Regular PE/APE/recess program							
Participates/cooperates with peers in activities							

Note the following gross motor concerns:

Mobility/access issues:

Balance problems/falls: # Falls: ____ Not observed ___1+/Day ____1+/Week ____1+/Month

Complaints of pain with activity/frequency: #Complaints: ____None ____1+/Day ____1+/Week ____1+/Month

Endurance/fatigue following activity (specify): _____

Check level of independence; note parent concerns; note equipment used and comments

AND

Circle all applicable choices

	INDEPENDENT	SUPERVISION	PHYSICAL HELP	DEPENDENT	PARENT CONCERNS	EQUIPMENT/ COMMENTS	*Note equipment used
CLASSROOM SKILLS/PERFORMANCE							
Classroom Skills							
Sits on floor/classroom chair/wheelchair							
Position at desk/table:	____Feet flat on floor ____Arms supported on desk/table ____Back upright						
Material Management/Performance							
Gets items from desk/shelves/floor							
Places items on desk/shelves/floor							
Accesses items from backpack/pencil box/pouch							
Uses pencil/eraser/crayons/markers/chalk							
Uses glue/tape/stapler							
Uses scissors							
Copies from board on wall/book/paper on desk							
Writes legibly							
Follows/attends to directions							
Organizes materials							
Computer/Keyboarding Skills							
Uses computer in classroom/computer lab							
Uses regular/adaptive software/equipment (specify)							
Locates letters by hunt and peck method							
Locates/types letters in sequence							
Uses tablet computer/smartboard							

Note sensory responses/problems: **Describe:**

Touch by others/touches others/textures _____

Distractible to sound in class/hall/others _____

Stand in line/sit in class/fidget _____

Limited/excessive movement/transitions _____

Chew on items/bite self/others/picky eater _____

Watches others/avoids eye contact _____

SELF CARE SKILLS							
Dressing							
Puts on coat/pants/shoes/socks							
Takes off coat/pants/shoes/socks							
Manages fasteners/buttons/zippers/snaps							
Restroom ____NA (Diapered)/Hygiene							
Moves in/out of toilet stall							
Sits/stands at toilet							
Accesses faucet/soap/towels							
Manages clothing/dressing closures							
Cafeteria/Meal Time							
Goes through lunch line							
Carries lunch tray							
Sits at lunch table							
Finger feeds							
Uses fork/spoon/spork/knife							
Drinks from cup/carton/straw							
Opens containers							

Teacher Comments/Greatest Concern(s): _____

This information to be used with professional staff only in keeping with FERPA & IDEA B confidentiality requirements.