

Physiotherapy and Occupational Therapy Report for XXXX

DOB: AGE: X year X months GENDER: Male/Female

SCHOOL: NHS No:

DATE OF REPORT: XX/XX/XXXX DATE OF TARGETS REVIEW: Month Year

Occupational Therapist
Physiotherapist
(Delete as appropriate)

Background Information

(Diagnosis, relevant past medical history, school / nursery child is at, reason for therapy input)

Child/Parent Goals:

At least one child and one parent/carer goal where possible.

What are Child's current abilities?

(Remove/amend headings to best fit child)



Gross Motor (big movement) Skills:

Head control

Prone/supine lying

Rolling

Sitting

Four point kneeling and crawling

Standing

Gait (walking)

Stairs.

Balance and co-ordination

Fine motor skills:

Bilateral skills

Handwriting

Scissor skills

Visual perception

Dressing/self care

Play/Leisure (inc. tolerance of different positions for play)

Other

Results of standardised assessments.

Previous Goals

	Achieved/Partially achieved/Not achieved. Explain why if not achieved fully.

NAME: XXXX XXXX DOB: XX/XX/XXXX NHS No: XXX XXX XXXX
THERAPISTS: XXXX XXXX and XXXX XXXX DATE OF REPORT: XX/XX/XXXX

DESIGNATED MEDICAL OFFICER FOR SEND:

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NAME: XXXX XXXX DOB: XX/XX/XXXX NHS No: XXX XXX XXXX
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Current Therapy Goals – No More than 3 ‘Needs’ (e.g one PT, one OT, one joint)

Activity and general advice to help develop the following areas has been provided to home and for school. Activities need to be performed little and often for a significant difference to be seen; the activities should challenge the child but not be too hard for them to be able to achieve; this is called a ‘just right challenge.’ The best results occur where the child is supported by family members and school to engage in the recommended activities for at least 15 minutes per day.		
Need	Provision How / where / who	Outcome Short / long term SMART goals
Think “I (child) want to be able to.... e.g - have neater handwriting, - be able to join in with PE - change position regularly to be comfortable and better access the curriculum.	List how the need will be met, including 1:1 provision needed. Link to education, but only comment on therapy needs, not what external agencies may provide. Physiotherapist/Occupational Therapist to review on needs basis and provide advice and support to home/school (delete as required) on implementing therapy programme daily.	Short term goal(s) Long term goal (end of current KS)
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		Short term goal(s)

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		Long term goal (end of current KS)
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The information included in this plan may change to reflect the child's changing needs.

Review Date: Month Year

Signature(s):

NAME: XXXX XXXX DOB: XX/XX/XXXX NHS No: XXX XXX XXXX
THERAPISTS: XXXX XXXX and XXXX XXXX DATE OF REPORT: XX/XX/XXXX

DESIGNATED MEDICAL OFFICER FOR SEND: