**Report of Physical Observation**

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| **PERSONAL DATA** | | | |
| **Child’s Name:** | **Race/Ethnicity:** | **Gender:** | **DOB:** |
| **District/School: JPSD/** | **MSIS #:** | **Grade:** | **Age:** |
| **IMPAIRMENTS OR INJURIES** | | | |
| *Describe any congenital or acquired impairment(s) in the child’s general physical condition, fine and gross motor skills, hearing, vision, orofacial functioning, and/or physical/health problems (e.g., allergies, diabetes, asthma) or any injuries that impact cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing, and/or speech, if any.* | | | |
| **MEDICATIONS** | | | |
| *List any medications that have been prescribed for the child, dosages, and potential side effects, particularly any that may impact classroom performance and/or educational testing.* | | | |
| **LIMITATIONS AND PRECAUTIONS** | | | |
| *Describe any limitations or precautions to consider when planning educational services, such as restrictions on mobility, activity, speech, equipment/adaptations, etc.* | | | |
| **RECOMMENDATIONS FOR SCHOOL-BASED SERVICES** | | | |
| *Describe any recommendations to consider when planning educational services, such as adaptive physical education, physical therapy, occupational therapy, speech/language therapy, mobility training, functional/self-care education, etc.* | | | |

**Healthcare Provider Specialty:**

**Signature: Date:**