

**Report of Physical Observation**

**PERSONAL DATA**

|                         |                        |                |             |
|-------------------------|------------------------|----------------|-------------|
| <b>Child's Name:</b>    | <b>Race/Ethnicity:</b> | <b>Gender:</b> | <b>DOB:</b> |
| <b>District/School:</b> | <b>MSIS #:</b>         | <b>Grade:</b>  | <b>Age:</b> |

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