

LELAND SCHOOL DISTRICT
Report of Physical Observation

PERSONAL DATA

Child's Name:	Race/Ethnicity:	Gender:	DOB:
District/School:	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: _____

Healthcare Provider's Name (Please Print): _____

Signature: _____ **Date:** _____