

St. Lucie Public Schools
 Exceptional Student Education – Audit Checklist

Student:	Number: 56
Last, First	

Program: Physical Therapy (PT)	Program Code:	E
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General education intervention procedures:	N/A
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Date Parent/Guardian gave written consent to conduct an (re)evaluation	
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Evaluations required:	Date Completed:
Physical Therapy Assessments, as defined in Section 486.031 (11) Physical Therapy Practice Act, by means of examining individuals with impairment, functional limitation, and disability or other health-related conditions in order to determine a diagnosis, prognosis, and intervention. Examination may include assessment of a wide variety of anatomical and psychological functions such as muscular performance, joint integrity and mobility, pain, self-care and activities of daily living, sensory integrity, arousal, attention and cognition	
Physical Therapy Assessments, as defined in Rule 64B17-6.001 (1) (d) Minimum Standards of Physical Therapy Practice, by means of observational, verbal, or manual determinations of the function of the musculoskeletal or neuromuscular system relative to physical therapy, including, but not limited to, range of motion of a joint, motor power, postural attitudes, biomechanical function, locomotion, or functional abilities, or the purpose of making recommendations for treatment.	

Prescription for Physical Therapy (date physician signed Rx)	
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Date(s) of parental contact for eligibility meeting (meeting notice)		
Date of eligibility determination		
Date(s) of parental contact for initial IEP (meeting notice)		
Date of initial IEP		
Date parent signed consent for placement		
Evaluation Completion Date		Triennial Reevaluation Date

Evaluation Source:	SLC	In-State Transfer	SLC/Out-of-State Transfer
(Florida initial eligibility criteria met)			

Discontinuation Date:	
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