SCHOOL DISTRICT OF GADSDEN COUNTY

SERVICE DEFINITIONS AND DATA COLLECTION FORM

PHYSICAL THERAPIST

1. PLANNING	/ PREPARATION
2.	Develop an individual physical therapy program Plan of Care and provide it to physician for approval. Participate in developing an Individual Education Plan (IEP) goals, and objectives for each student served. Identify / select appropriate materials and equipment for therapy.
4.	Establish schedules for therapy sessions.
2. ADMINISTR	RATIVE/ MANAGEMENT
	Establish and maintain effective and efficient record keeping procedures.
6.	Maintain accurate daily records and data collection to document students' progress, including requirements for Medicaid.
7.	Manage time effectively.
	Manage materials and equipment effectively.
	Establish and maintain a positive, organized and safe environment for students.
	Use technology resources effectively.
11.	Assist in developing forms for documentation.
3. ASSESSMEN	NT / EVALUATION
	Evaluate students' physical needs.
	Write evaluations and interim progress reports.
	Re-evaluate short-term objectives and write new ones as needed.
15.	Use standardized tests and clinical observations to screen, evaluate and reassess students' needs.
4. INTERVENT	ION / DIRECT SERVICES
16.	Implement Plan of Care with specific instructions to students, teachers, other professionals, parents and any other participants on an interdisciplinary team.
17.	Provide direct physical therapy to include strengthening exercise, stretching, balance training, gait and mobility training.
	Prescribe and adjust adaptive equipment and instruct classroom staff in safe use.
19.	Attend medical clinics with or on behalf of students as necessary, or send progress reports to explain students' status within the school setting.
20.	Provide for student services as recommended in IEP.
21.	Recognize overt indicators of student distress or abuse and take appropriate intervention, referral or reporting action.
5. COLLABOR	ATION
	Communicate effectively, orally and in writing, with other professionals, students, parents, and community.
	Correspond with sponsoring physicians as appropriate.
24.	Attend IEP meetings and other student-related conferences.

25.	Provide families, employees, and other professionals with consultation and instruction in therapy techniques to establish carry-over into daily activities. This may include, but not be limited to, home visits and regular scheduled meetings.		
26.	Consult with teachers, parents, and other IEP committee members to ensure that students' needs are being met.		
6. STAFF DEV	ELOPMENT		
27.	Participate in appropriate activities for the continuous improvement of professional knowledge and skills.		
28.	Provide employees inservice training as deemed necessary by the Director of Exceptional Student Education.		
7. PROFESSIO	NAL RESPONSIBILITIES		
29.	Model professional and ethical conduct at all times.		
	30. Perform all professional responsibilities.		
	Prepare required reports and maintain all appropriate records.		
	Maintain confidentiality of student and other professional information.		
	3. Comply with policies, procedures, and programs.		
	Support school and district goals and priorities. Perform other duties as assigned.		
8. STUDENT G	ROWTH / ACHIEVEMENT		
	INDICATORS		
36.	Ensure that student growth / achievement is continuous and appropriate for age group and student program classification.		
37.	Establish and maintain a positive, collaborative relationship with students' families to increase student achievement.		
38.			
39.			
9 ASSESSMEN	NT AND OTHER SERVICES		
J. HUULUUME	THIND OTHER SERVICES		
40.	The use of the adopted performance appraisal systems for instructional and other employees.		
41.	The accurate and timely filing of all school reports		
	The completion of required professional development services.		
	The analyzing and reporting of the results of the School Improvement Teams' efforts on student performance.		
44.	Assist in establishing and maintaining a positive collaborative relationship with the students' families to increase student achievement.		

PHYSICAL THERAPIST (Continued)

DATA COLLECTION CODES		
O Observed C Collected Data	I – Clearly Indicated NE – Not Evident	
	INTERACTION DATES	
Formal Observations	Informal Observations	
(Date)	(Date)	
(Date)	(Date)	
(Date)	(Date)	
	(Signature of Evaluator / Date)	