

Candler County Board of Education  
Program for Exceptional Children

**PHYSICAL THERAPY PRESCRIPTION  
SPECIAL EDUCATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_

Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

PRESCRIPTION FOR PHYSICAL THERAPY

All Pertinent

Diagnoses: \_\_\_\_\_

Precautions: \_\_\_\_\_

Treatment Duration:  1 Year  Review after 3 months

PHYSICAL THERAPY EVALUATION AND TREATMENT AS INDICATED:

Development Program

Upper Extremity Strengthening

Gait Training

Lower Extremity Strengthening

Self-Care Training

Balance and Coordination

Instruct with Exercise Program

Stretching to \_\_\_\_\_

Muscle Reeducation to \_\_\_\_\_

Other: \_\_\_\_\_

Comments, goals, etc... \_\_\_\_\_

\_\_\_\_\_  
Type or Print Physician's Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Please send completed form to:

Mary P. Clifton, PEC

Candler County BOE

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Metter, GA 30439

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