## PLATTSBURGH CITY SCHOOL DISTRICT Screening Request

DOR:		
<b>Grade:</b>		
Date:		
PT request		
PT concerns (check all that apply):		
Difficulty in Hallways Difficulty with Stairs Trips and falls frequently Slouched posture Awkward Movements Confuses Left and Right Difficult Time in PE Class Appears Weak Tires Easily Difficulty Hopping Avoids/Fears Climbing  Other:		
Date		
ESULTS.		
_ Date:		