

Communication Checklist

Name of Student:

Therapist:

Date:

Type of Therapy: **OT** **PT** **Speech** **Other**

| Questions | Yes | No |
|--|-----|----|
| Have I discussed the student's goals for the classroom with the teacher(s)? | | |
| Have I discussed the student's goals with the parent(s)? | | |
| Have I discussed the student's goals with the student? | | |
| Have I received feedback from prior teachers or school staff regarding the student's skills? | | |
| Do I need to get more information from the parents regarding the student's abilities or current functional level? | | |
| Do I need to get more information from the school staff regarding the student's abilities or current functional level? | | |
| Do I need to communicate with any other related service providers in the school or home? | | |
| Do I need to communicate with any other medical professionals who are familiar with the student? | | |

I still need to communicate with:

I need to follow up on: