



PERSONAL REHABILITATION THERAPIST'S RECOMMENDATION FORM

*(This form concerns only the persons who want their disability **and** functioning to be assessed. The completion of the form needs to be completed by every rehabilitation therapist of the person. If the person is being treated from more than one rehabilitation therapist, this form can be completed by all of them together or copies of the form should be given to every therapist to complete one.)*

Date:.....

Person's Details:

Name and Surname:	
Identification number:	Date of Birth:

Rehabilitation Therapists Details

Specialty	Details (Name, Telephone etc.)	Duration of treatment intervention (sessions / week)
PHYSIOTHERAPIST		
OCCUPATIONAL THERAPIST		
SPEECH THERAPIST		
SPECIAL EDUCATOR		
PSYCHOLOGIST		
OTHER SPECIALTY		

Functioning Level (please describe) :

<u>Mobility and Positions:</u>
<u>Upper arms functioning</u>
<u>Communication verbal – non-verbal, understanding</u>

Speech – Utterance – Semantics - Pragmatics

Mental functionig – level, education, knowledge application

Psychosocial condition – interpersonal relationships and social lie

Educational level – Knowledge level – School level

Reading, Writing, Passage understanding, Understanding of verbal and written script

Everyday activities: Feeding, clothing lower and upper body parts, undressing upper and lower body part, use of toilet, personal hygiene and cleanness, health maintaining and correct medication usage, handling of emergency needs.

Work and productive activities: Work activities, educational – school activities, household management, care of others.

Free time and play time: Inerests and hobbies, participation in free time and play time activities

Results of evaluation tools that have been used

<u>Evaluation tools, date of application</u>	Results

Factors that obstruct functioning

Mobility	Muscle tone (hypertonic, hypotonic, dystonic) range of motion (energetic, pathetic), muscle strength, endurance, coordination, stability.
Knowledge	Attention span, memory, orientation, problem solving, learning, generalization
Sensory	Sensory Integration, vision, hearing, touch, pain
Perception	Reaction to pain, body perception, right – left distinction, space positioning, perception of depth, spatial relationship, topographic orientation
Psychosocial	Psychological (values, interests, self- perception), social (roles, social behavior, interpersonal relationships), self-management (stress management, time management, self-control)

Environmental factor obstructing functioning

Architectural obstacles	House, community, school – work place
Urban/Rural area	House, community, school – work place
Family acceptance	
Acceptance from friends	

Aids that are used (please refer to aids that have been used in the past and if they have helped achieving the requested goals)

Mobility	
Communication	
Clothing, Footwear, Feeding	

Personal Hygiene	
High technology	
Orthotic aids	
Other	

Rehabilitation programme goals – goal ranking (direct and indirect)

SPECIALTIES	PSYCH	PHYSIO	OCC. THER.	SPEECH THER.	SPECIAL EDUCAT.
REHABILITATION PROGRAMME GOALS					
Improvement of mobility abilities					
Improvement of sensory integration					
Improvement of perception abilities					
Improvement of knowledge abilities					
Improvement of communication abilities					

Improvement of educational abilities for better educational inclusion					
Improvement of vocational rehabilitation abilities					
Improvement of free time management, leisure and play time management abilities					
Improvement of social abilities					
Improvement of participation skills in family and community activities					
Improvement of managing disability/illness abilities					

I declare that the abovementioned data that are submitted to the Disability Assessment Center of the Department for Social Inclusion of Persons with Disabilities are accurate.

**Signature, Full name and Stamp
of Rehabilitation Therapist**

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