## Template for Report of Caseloads for Physical Therapists:

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| District | |  | | |
| 2-Year Report for Period of |  | through |  | |
| REPORT OF CASELOADS FOR PHYSICAL THERAPISTS | | | | |
| (Must be submitted to the Nevada Department of Education and posted to the district’s website by October 1 in each odd-numbered year) | | | | |
| 1. Describe the factors used in determining caseloads (check all that apply): | | | | |
| Geographic considerations such as distance PTs must travel to get to sites | | | | NA |
| Number of students who need services at a given site | | | | NA |
| Number of students who need services in the district | | | | NA |
| Level of intensity of students’ needs | | | |  |
| Number of PTs employed by the district | | | | NA |
| Number of existing vacancies | | | | NA |
| Other – Describe: | | | |  |
|  | | | | |
| 2. Describe the range of number of pupils with disabilities at different school sites who require services: | | | | |
| Minimum number of students who receive PT at any given site: | | | | 0 |
| Maximum number of students who receive PT at any given site: | | | | 0 |
|  | | | | |
| 3. Describe the range of levels of intensity of the services required: | | | | |
| Number of pupils who receive direct services approximately 1-2 times per week: | | | | 0 |
| Number of pupils who receive direct services approximately 1-2 times per month: | | | | 0 |
| Number of pupils who receive consultation services approximately 1 time per week: | | | | 0 |
| Number of pupils who receive consultation services approximately 1 time per month: | | | | 0 |
| 4. Describe the availability of appropriately certified assistants to assist with provision of services: | | | | |
|  | | | | |
| 5. Describe the geographic factors that affect the ability of therapists to travel to provide the services (check all that apply and provide a brief description): | | | | |
| Travel time / distance. Describe: | | | |  |
|  | | | | |
| Weather conditions. Describe: | | | |  |

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| Other – Describe: | | | | | |  | |
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| 6. Describe the degree to which the district expects physical therapists to participate in meetings pertaining to the pupils: | | | | | | | |
|  | | | | | | | |
| 7. Provide the number of physical therapist vacancies experienced by the district in this reporting period: | | | | | |  | |
| 8. Describe the efforts made by the district for the recruitment and retention of physical therapists: | | | | | | | |
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| 9. List the number and caseload of each OT employed in this reporting period: | | | | | | | | |
| Full Time Physical Therapists (OTs) | | | Part-Time Physical Therapists (OTs) | | | | | |
| Full-Time PTs (FT PT) | Maximum Caseload | Employee (E) or Contracted (C) | Part-Time PTs (PT PT) | % FTE  Worked | Maximum Caseload | | Employee (E) or Contracted (C) | |
| FT PT #1 |  |  | PT PT #1 |  |  | |  | |
| FT PT #2 |  |  | PT PT #2 |  |  | |  | |
| FT PT #3 |  |  | PT PT #3 |  |  | |  | |
| FT PT #4 |  |  | PT PT #4 |  |  | |  | |
| FT PT #5 |  |  | PT PT #5 |  |  | |  | |
| FT PT #6 |  |  | PT PT #6 |  |  | |  | |
| FT PT #7 |  |  | PT PT #7 |  |  | |  | |
| FT PT #8 |  |  | PT PT #8 |  |  | |  | |
| FT PT #9 |  |  | PT PT #9 |  |  | |  | |
| FT PT #10 |  |  | PT PT #10 |  |  | |  | |
| FT PT #11 |  |  | PT PT #11 |  |  | |  | |
| FT PT #12 |  |  | PT PT #12 |  |  | |  | |
| FT PT #13 |  |  | PT PT #13 |  |  | |  | |
| FT PT #14 |  |  | PT PT #14 |  |  | |  | |

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| FT PT #15 |  |  | PT PT #15 |  |  |  |
| FT PT #16 |  |  | PT PT #16 |  |  |  |
| FT PT #17 |  |  | PT PT #17 |  |  |  |
| FT PT #18 |  |  | PT PT #18 |  |  |  |
| FT PT #19 |  |  | PT PT #19 |  |  |  |
| FT PT #20 |  |  | PT PT #20 |  |  |  |