

REQUEST FOR OT OR PT SERVICES

Give this form to the OT or PT assigned to your school.

Please provide the OT or PT with all information required for the site therapist to determine how to best support the student. The OT or PT will confer with you to determine if a Consult is sufficient, or if an Assessment is required.

1. STUDENT INFORMATION

DATE _____

Student's Name (Last, First, MI) _____

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Student ID Number

Grade _____

School _____

Teacher _____

Room No. _____

2. MEDICAL DIAGNOSIS and HEALTH CONDITION(S)

If applicable, report CA Children Services (CCS) status

3. REASON FOR REQUEST

THIS REQUEST IS FOR...

Complete separate forms if requesting both OT and PT. One form per service.

OT

PT

1. Describe how these concerns interfere with student learning and performance in the classroom. Include any parent concerns and observations.

2. What strategies have been tried that address the concerns included on the Checklist? Also list any adaptive equipment or assistive devices the student currently uses.

4. OTHER REQUIRED DOCUMENTATION: Please attach Hard Copies of documents related to 504 process, RTI/Student Study Team meetings, reports from outside agencies, parent correspondence as well as out of District IEPs for Interim IEP placements.

Student's current educational status:

General Education

↓ Attach ALL of the documents available:

Referral for Special Education
-from online IEP

504 Referral or Plan

Student Study Team (SST)
Documentation

Special Education

↓ Attach ALL of the documents available:

IEP, pgs. 1&2
-from online IEP

IEP Team Meeting Notes

Written letter/report, if available,
identifying need for assessment.

IEP Interim Placement

↓ Please forward documentation and completed request to your site OT or PT

Interim Placement
-from online IEP

plus out-of-district IEP

Immediately notify your school OT or PT and provide documentation

Person Requesting Services: _____

Phone No. _____

Case Manager _____

Title _____

Phone No. _____

Site _____