**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

<table>
<thead>
<tr>
<th>Student's Name (Last, First, MI)</th>
<th>Student ID Number</th>
<th>Grade</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School</th>
<th>Teacher</th>
<th>Room No.</th>
</tr>
</thead>
</table>

### 2. Medical Diagnosis and Health Condition(s)

If applicable, report CA Children Services (CCS) status

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### 3. Reason for Request

**THIS REQUEST IS FOR...**

- [ ] 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
- [ ] Special Education
- [ ] IEP Interim Placement

**↓ Attach ALL of the documents available:**

- Referral for Special Education -from online IEP
- 504 Referral or Plan
- Student Study Team (SST) Documentation

**↓ Attach ALL of the documents available:**

- IEP, pgs. 1&2
- IEP Team Meeting Notes
- Written letter/report, if available, identifying need for assessment.

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

- Interim Placement -from online IEP
- Immediately notify your school OT or PT and provide documentation

Person Requesting Services:

<table>
<thead>
<tr>
<th>Case Manager</th>
<th>Title</th>
<th>Phone No.</th>
<th>Site</th>
</tr>
</thead>
</table>

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