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DIVISION OF SPECIAL EDUCATION

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DIRECT CONSULT
(OCCUPATIONAL/PHYSICAL THERAPY PROGRAMS)

Miaimi-Dade County Public Schools
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PRINT STUDENT'S NAME (LAST) (FIRST) (M.I.)	DATE (MM/DD/YY)	
	STUDENT ID. NO.	

PLAN FOR CONSULTATIVE OT/PT	COMMENTS	DATE	INITIALS
Purpose:			
Activities:			
Implementation:			
Evaluative Criteria:			