



# Physical/Occupational Therapy Recommendation Report

## To the IEP Team

DIVISION OF SPECIAL EDUCATION

DOC  
TYPE 6413

PRINT STUDENT'S NAME (LAST) (FIRST) (M.I.) _____	DATE (MM/DD/YY) _____	STUDENT ID. NO. _____
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SCHOOL _____	GRADE _____	DATE OF BIRTH _____
PHYSICAL THERAPIST _____	OCCUPATIONAL THERAPIST _____	

REPORTED DIAGNOSIS _____	DATE CASE OPENED _____	FREQUENCY: PT _____ OT _____
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SKILL AREAS	PEN #	PURPOSE	PT	OT	COMMENTS
Environmental/Classroom Modifications & Equipment		Enhance accessibility to learning by adapting classroom strategies/educational environment.			
Activities of Daily Living		Promote opportunities and abilities to manage personal needs within the total educational environment.			
Mobility		Promote freedom of movement within the total educational environment.			
Gross Motor Skills		Promote basic developmental motor skills, posture and balance needed to function in the total educational environment.			
Fine Motor Skills/ Visual Motor		Promote opportunities and abilities to manipulate and manage the materials needed within the total education environment.			
Sensory Processing		Promote ability to accept varied positions, exploration of surroundings, and interaction with others, within the total educational environment.			

Summary/Additional Information including teacher concerns:	<p style="text-align: center;">RECOMMENDATIONS:</p> <p style="text-align: center;">Change Frequency to:</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%;">PT</td> <td style="width: 30%;">OT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input style="width: 80px;" type="text"/></td> <td><input style="width: 80px;" type="text"/></td> </tr> <tr> <td></td> <td>PT</td> <td>OT</td> </tr> <tr> <td>Continue</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>PT</td> <td>OT</td> </tr> <tr> <td>Discontinue</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		PT	OT	<input type="checkbox"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>		PT	OT	Continue	<input type="checkbox"/>	<input type="checkbox"/>		PT	OT	Discontinue	<input type="checkbox"/>	<input type="checkbox"/>
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