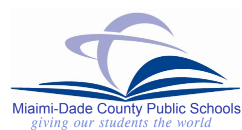

Physical/Occupational Therapy Recommendation Report
To the IEP Team

DIVISION OF SPECIAL EDUCATION

DOC TYPE 6413

DATE (MM/DD/YY)	
STUDENT ID. NO.	

PRINT STUDENT'S NAM (LAST) (FIRST) (M.I.) ______________________

SCHOOL ______________________ GRADE __________ DATE OF BIRTH ______________

PHYSICAL THERAPIST ______________________ OCCUPATIONAL THERAPIST ______________________

REPORTED DIAGNOSIS ______________ DATE CASE OPENED ______________ FREQUENCY: PT __________ OT __________

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:

RECOMMENDATIONS: PT OT

☐ Change Frequency to: ☐ ☐

Continue PT ☐ OT ☐ Discontinue PT ☐ OT ☐

Place original in cumulative record.

FM-6413 Rev. (01-20)