Clear Form

MIAMI-DADE COUNTY PUBLIC SCHOOLS

REQUEST AND CONSENT FOR AN OT/PT ASSESSMENT

Referrals must be initiated and completed by the student's teacher(s)

☐ **OCCUPATIONAL THERAPY (OT)** ☐ **PHYSICAL THERAPY (PT)**				DATE (MM/DD/YY)	
PRINT STUDENT'S NAME	(LAST)	(FIRST)	(M.I.)	STUDENT ID NO.	
SCHOOL:				GRADE:	BIRTHDATE:
PARENT / GUARDIAN NAME:				PHONE:	EMAIL:

Does the student have an IEP? ☐ Yes ☐ No **or** **Section 504 Accommodation Plan?** ☐ Yes ☐ No
(Do not refer students without one of the required documents mentioned above.).

The following are required to process request: *(Incomplete packets cannot be processed and will be returned)*

1. Completed and signed Form FM-6552 (this form)
2. A copy of the student's IEP or Section 504 Accommodation Plan

Additional Documents:

When requesting a **PT** assessment, please include Form FM-2515 (Physician's Referral for a Physical Therapy Assessment) completed and signed by student's licensed physician.

Teacher's Input: It is essential that the following information is <u>provided by the student's teacher</u>.

1. Please describe your concerns or the issues displayed by the student in your classroom:
   _____
2. What is the PEN/GOAL stated on the IEP, or strategies currently implemented on the 504 plan for which OT or PT support is requested:
   _____
   _____

Requested By: _____, _____
TEACHER NAME (PRINT) (SIGNATURE)

Administrator: _____, _____
ADMINISTRATOR NAME (PRINT) (SIGNATURE)

For Parent(s)/Guardian(s): Please complete the following: (Check all that apply)

☐ Yes ☐ No I/We understand the reason for this assessment.
☐ Yes ☐ No I/We give consent for this assessment.

With your consent, a licensed therapist will assess the student. A report will be written which will contain the results of the assessment. You will be invited to attend a meeting to review the report and to assist in developing an appropriate educational program for your child. As parent(s)/guardians(s) of a child with a disability you have protections under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA). A copy of the Summary of Procedural Safeguards has been attached for you.

_____ _____
(Parent/Guardian Consent Signature) *(Date)*

** Place Originals (with signature) in cumulative folder*
** Copy to Parent/Guardian*
** Email completed and signed form with all required attachments to ESEOTPT@dadeschools.net*