



EXCEPTIONAL STUDENT EDUCATION

DOC TYPE 6552

REQUEST AND CONSENT FOR PT/OT ASSESSMENT

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

Physical Therapy (PT) Occupational Therapy (OT)

PRINT STUDENT'S NAME (M.I.)	(LAST)	(FIRST)	STUDENT ID. NO.	DATE
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ADDRESS:	BIRTHDATE:	SEX:
SCHOOL:	GRADE:	ETHNIC ORIGIN: W B I A H M
PARENT OR GUARDIAN:	HOME PHONE:	WORK PHONE:

Does the student have an IEP? YES _____ NO _____

Does the student have a 504 Accommodation Plan? YES _____ NO _____

If the answer to both questions is "NO", please follow procedures for Rt/MTSS to address this student's issues. Do not refer students without one of the required documents mentioned above.

Attach the following to this form: (Incomplete referral packets cannot be processed and will be returned.)

1. A copy of the student's IEP.
2. If the student is not in Exceptional Student Education (ESE), a copy of the Section 504 accommodation plan listing the strategies and accommodations currently provided to the student and their outcomes.
3. If PT is requested, a Physician's Referral for a Physical Therapy Assessment.(FM-2515)
4. Form FM-2128 Consent for Mutual Exchange of Information

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

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 PT or OT support is requested.

For Parent(s)/Guardian(s):

A report will be written which contains the results of these assessments. You will be invited to attend a meeting to review this report and to assist in developing an appropriate educational program for your child.

I give consent for this assessment: _____
Parent/Guardian Consent Signature Date

As the parent(s)/guardian(s), you have specific rights and protections that are outlined in the attached **Summary of Procedural Safeguards.**

If you have any questions, please contact: _____ at _____ or: _____ at _____

_____ Administrator (print)	_____ Teacher (print)	_____ other (print)
_____ Administrator (sign)	_____ Teacher (sign)	_____ other (sign)