



**Division of Special Education**

**RESULTS OF EVALUATION**

**FOR PHYSICAL AND/OR OCCUPATIONAL THERAPY SERVICES**

FROM: Lou Schmitt/Guirla Dodard, Supervisors Date: \_\_\_\_\_  
Physical and Occupational Therapy Services  
9999 Annex Bldg., Room 407-F

TO: \_\_\_\_\_, Staffing Specialist Location #: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

School Name: \_\_\_\_\_ School Location #: \_\_\_\_\_

Occupational Therapy Services recommended by the therapist: \_\_\_\_\_  
\_\_\_\_\_

Physical Therapy Services recommended by the therapist: \_\_\_\_\_  
\_\_\_\_\_

Please schedule the individual educational plan (IEP) meeting when the therapist(s) is at the school:

OT \_\_\_\_\_ At school \_\_\_\_\_  
PT \_\_\_\_\_ At school \_\_\_\_\_

\*\*\*\*\*

**Please return this form with the IEP team's final determination:**

Occupational Therapy Services recommended by the IEP team: \_\_\_\_\_  
\_\_\_\_\_

Physical Therapy Services recommended by the IEP team: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Staffing Specialist

\_\_\_\_\_  
Date

If there are any questions, please contact Guirla Dodard at 305-995-1266, or Lou Schmitt at 305-995-1267.