



**DIVISION OF SPECIAL EDUCATION**

**DOC  
TYPE 4092**

|   |  |       |
|---|--|-------|
| <b>DATE<br/>(MM/DD/YY)</b>  |  | _____ |
| <b>PRINT STUDENT'S NAME (LAST)      □      (FIRST)      □      (M.I.)</b> |  | _____ |
| <b>STUDENT<br/>ID. NO.</b>  |  | _____ |

## PLAN OF TREATMENT

|   |
|---|
| School: _____                                     |
| Therapist: _____                                  |
| <b>Physical Therapy      Occupational Therapy</b> |