



Division of Special Education

**REQUEST FOR A CHANGE
IN PHYSICAL AND/OR OCCUPATIONAL THERAPY SERVICES**

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

TO: _____ Location #: _____

Student Name: _____ Student ID #: _____

School Name: _____ School Location #: _____

The following is recommended at this time:

Occupational Therapy Services recommended by the therapist: _____

Physical Therapy Services recommended by the therapist: _____

Individual Educational Plan (IEP) meeting: _____
Date Time

Please schedule the IEP meeting when the therapist 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: _____

Discontinue OT Discontinue PT

Signature/Title

Date

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