

REQUEST FOR OCCUPATIONAL AND PHYSICAL THERAPY SERVICES

Request is for the _____ School Year

Request is for the _____ ESY

OCCUPATIONAL THERAPY EVALUATION

- Consent to evaluate form
- Current psychological report
- Current neurological and/or developmental reports
- Health appraisal
- Indicate physician's name

INDICATE CSE

Date & Time if Known:

INITIAL

RE-EVALUATION

IEE

*For 1st Year Student in
BOCES Program*

OCCUPATIONAL THERAPY DIRECT SERVICES

Individual

Frequency (number of sessions per month)
Duration (minutes per session)
Location

Group

Frequency (number of sessions per month)
Duration (minutes per session)
Location
Ratio

OT CONSULTATION SERVICES

Frequency (number of hours per year)

INDICATE CSE

Date & Time if Known:

PHYSICAL THERAPY EVALUATION

- Consent to evaluate form
- Current neurological report
- Current orthopedist report
- Health appraisal
- Indicate physician's name

INITIAL

RE-EVALUATION

IEE

*For 1st Year Student in
BOCES Program*

PHYSICAL THERAPY DIRECT SERVICES

Individual

Frequency (number of sessions per month)
Duration (minutes per session)
Location

Group

Frequency (number of sessions per month)
Duration (minutes per session)
Location
Ratio

PT CONSULTATION SERVICES

Frequency (number of hours per year)

PHYSICAL "Aquatic" THERAPY SWIM

Frequency (number of sessions per week)
Duration (minutes per session)

To assist BOCES in fulfilling your request, please indicate:
Reason for Request or any additional information: