**Occupational Therapy and/or Physical Therapy**

**Referral Form**

Person Making Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_ Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Room Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Student is a preschooler, AM/PM Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student is being referred for: \_\_\_\_\_\_OT Is the student currently on an IEP? \_\_\_\_\_\_\_No

\_\_\_\_\_\_PT \_\_\_\_\_\_\_Yes

\_\_\_\_\_\_Both OT and PT

If the student is currently on an IEP, what is the primary disability category?

\_\_\_\_\_\_Specific Learning Disabilities \_\_\_\_\_\_ Deaf-Blindness

\_\_\_\_\_\_Mental Retardation (MR) \_\_\_\_\_\_Deafness (Hearing Impairment)

\_\_\_\_\_\_Multiple Disabilities (MD) \_\_\_\_\_\_Visual Impairment

\_\_\_\_\_\_Autism \_\_\_\_\_\_Orthopedic Impairment

\_\_\_\_\_\_Other Health Impairment (OHI) \_\_\_\_\_\_ Speech/Language Impairment

\_\_\_\_\_\_Emotional Disturbance (SBH) \_\_\_\_\_\_Preschool with Disabilities

Does the student have a medical diagnosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for the referral; please be specific in regards to your concerns:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I have been informed that an OT and/or PT screen has been recommended and give my permission for the screen to be completed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent) (Date)

I have received and agree to this referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Building Principal) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SEO) (Date)

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Building principal will contact special education officer (SEO) and provide copy of the referral form. Once the referral form is signed by the building principal and special education officer (SEO), a copy of the referral form is given to Donna Ankerman at the Auglaize County Educational Service Center (419)738-3422.

An informal observation for the above student was conducted on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments as the result of the informal observation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does the student need further evaluation? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

-If yes, this form needs to be returned to Donna Ankerman (fax# 419-738-1267). Donna will send out

the appropriate forms to the parent.

-If no, this form needs to be returned to Donna so it can be placed in the student’s school file.

\_\_\_\_\_\_ OT and/or PT parental consent and/or prescription information was sent to the parent on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

( OT PT OT and PT ) parental consent and/or prescription was received on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please circle one)

( OT PT OT and PT ) formal observation started on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please circle one) Completed on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed evaluations will be given to Donna Ankerman and copies of the formal observation will be distributed to the parent, school district, referring doctor, and county office.

Completed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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