

The School Board of St. Luice County, Florida
Exceptional Student Education
772-429-4570

Occupational and/or Physical Therapy Referral

Student Name: _____ School: _____ #: _____
Identification #: _____ D.O.B.: _____ Grade: _____
ESE Program: _____ Date of Eligibility: _____
Parent's Name: _____ Telephone #: _____
Address: _____ City: _____ Zip Code: _____
Does student wear glasses? Yes ___ No ___ Does student wear hearing aid? Yes ___ No ___
Is student on any medication? Yes ___ No ___
Physician: _____ Diagnosis: _____
Precautions: _____
Evaluation Requested: Occupational Therapy: _____ Physical Therapy: _____
❖ Physical Therapy Evaluation/Services Require Florida Physician Prescription ❖
Reason for Referral: _____

Modifications to program attempted: _____

Has student been enrolled previously? Yes ___ No ___

Please check the following area(s) the child appears to be experiencing difficulty in:

OCCUPATIONAL THERAPY

- ___ Poor Fine Motor (Control)
- ___ Difficulty Following Directions
- ___ Reverses or Confuses Letters
- ___ Frequently Loses Place When Reading and/or Writing
- ___ Difficulty Staying in Line
- ___ Difficulty Copying from Board
- ___ Difficulty Staying On Task
- ___ Poor Organizational Skills
- ___ Poor Problem Solving
- ___ Difficulty Performing School Related Dressing/Hygiene
- ___ Difficulty with Eating Skills
- ___ Difficulty Keeping Hands to Self
- ___ Avoids Physical Contact, Movement On Playground Equipment and Environmental Sounds
- ___ Poor Judgment in Social and Interpersonal Relationships
- ___ Impulsive
- ___ Low Frustration Tolerance
- ___ Other _____

PHYSICAL THERAPY

- ___ Poor Gross Motor Control
- ___ Requires Wheelchair, Walker or Other Assistive Devices
- ___ Requires Assistance With Positioning and/or Transfers
- ___ Poor Safety Awareness
- ___ Decreased Endurance
- ___ Decreases Ability To Utilize Playground Equipment
- ___ Decrease Balance
- ___ Impaired Ambulation
- ___ Other _____

Person Referring: _____ Position: _____
Regular Education Teacher: _____ Date: _____