

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

Physical Therapy Discontinuation Summary

Student Name:	Identification #:
School: _____ #: _____	Date: _____
ESE Program:	Medicaid #:
Diagnosis Code:	

This student has been assessed and/is recommended for discontinuation from educationally relevant Physical Therapy services.

Please check all those that apply:

- _____ 1. Medical evidence indicates that the student no longer meets criteria and/or needs the services of the special program, or
- _____ 2. Areas addressed in therapy no longer impact the student's ability to benefit from the educational program, or
- _____ 3. Therapy goals can be met in classroom with no intervention from the therapists

This information is presented to a staffing committee. This committee may include the Executive Director of Student Services or a designee, the teacher, the licensed therapist, and the parent(s).

Summary of Services Received:

Summary of Present Functional Level:

Therapist Signature: _____ **Date:** _____