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

Occupational 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 Occupational 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:** _____

White: ESE Audit File Yellow: Parent/Adult Student Pink: Therapist XED 0167 Revised 9/02