

SEIGLE DIAGNOSTIC CENTER OCCUPATIONAL/PHYSICAL THERAPY REFERRAL FORM

Date: _____ Type of Referral (Check all that apply.): OT PT

Student Name: _____ Student Number: _____

D.O.B: _____ School Name: _____ Program: _____

Grade: _____ Track: _____ Eligibility: _____ Medical Diagnosis: _____

Person Completing Referral: _____

Please provide detailed information:

1. What are the specific educational concerns and how are the concerns impacting the student's educational access? _____

2. Identify goals/modifications to be addressed (if applicable). _____

3. What interventions have been implemented and for how long? _____

4. What was the outcome of the intervention(s)? _____

5. For students not previously enrolled in CCSD, please provide a brief description of concern/areas of need to be addressed in the assessment. _____

Referrals for Handwriting must include the following: (1) Handwriting Data Forms that indicate 4 weeks of data collection with the outcome achieved; and (2) Handwriting questionnaire. These forms may be found on Interact in the SSSD Exchange>SSSD Departments>OT/PT icon under Handwriting Handbook Resource or with the Student Intervention Team Chairperson at your school. Include this referral with the data forms and questionnaire and send to: Seigle Office OT/PT (Fax) 799-1502 (Location #130).

Documentation that must accompany this referral:

1. Signed CCF-555

2. IEP Page (601) Assess Documented

OT/PT Office 855-6903 or 799-1500 (Fax) 799-1502