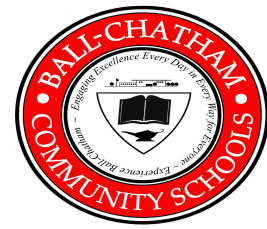


# Ball Chatham CUSD #5



## Physician's Order for Physical and/or Occupational Therapy Services during the 2024/2025 School Year

The student named below meets the eligibility criteria for receiving special education instruction and related services. In order for district personnel to provide related services including occupational and/or physical therapy, it will be necessary for you to provide the information specified below.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ School \_\_\_\_\_

The role of the physical or occupational therapist as delineated by law requires intervention by the therapist as a related service to augment the educational process. The law was not intended to provide medical services. If your patient is receiving therapy elsewhere and you wish us to coordinate with the therapist(s), please advise.

The therapist's role in the educational setting is to provide direct care, assist in modifying the school environment, establish a therapy maintenance program and provide training to parents and school personnel regarding exercises and activities which will help your patient in the educational setting.

### **PHYSICIAN MUST COMPLETE AND SIGN BELOW**

The educational recommendations of our staff to meet the needs of this student at this time are:

**Please circle:**                      **Occupational Therapy**                      **and/or**                      **Physical Therapy**

Medical Diagnosis and/or Description of Disability \_\_\_\_\_

Precautions or Contraindications \_\_\_\_\_

Adaptive Equipment (ex. assistive devices) \_\_\_\_\_

Additional Comments \_\_\_\_\_

Physician's Name (Print) \_\_\_\_\_ **\*NPI Number Required** \_\_\_\_\_

Office Phone # \_\_\_\_\_

Office Fax # \_\_\_\_\_

Office Address \_\_\_\_\_

Physician's Signature \_\_\_\_\_

**Send Completed forms to:**

**EMAIL: [hhopkins@bcasd5.org](mailto:hhopkins@bcasd5.org)**

form updated: 4/19/2024