

BRUSH COUNTRY CO-OP

REQUEST FOR OCCUPATIONAL THERAPY EVALUATION / NOTICE OF TRANSFER STUDENT

Student's Name: _____ Grade: _____ DOB: _____
School District: _____ Campus: _____
Request By: _____ Phone # _____
Special Education Teacher: _____

Reason for Request (check one)

- ☐ Initial Evaluation
☐ Re-evaluation: date of last evaluation _____
☐ This request is made in conjunction with an Autism Evaluation and must include Sensory

Additional information:

- ☐ Observable physical handicap (explain): _____
☐ Difficulty in self-help skills (explain): _____
☐ Difficulty in motor performance and/or perceptual motor skills (explain): _____

☐ Student transferred into the district on _____. OT evaluation is dated _____ and IEP is dated _____. OT services need to be initiated.

☐ OT report must be RECEIVED BY: _____

✓ Attach OT EVALUATION and OT IEP

Consent for evaluation dated _____ is on file in the eligibility folder.

SHARS Consent date: _____

Current Eligibility: _____ Date of Eligibility: _____ (Copy attached)

Prescription is: ☐ Current Date: _____ (Copy attached)
(Required only for
SHARS documents) ☐ In Progress Date requested: _____ (Attach a copy)

Diagnostician Signature

Date of Request

Special Education Director Signature

Date of Receipt

☐ 1 copy to Eligibility Folder

☐ 1 copy to Brush Country Co-op

Brush Country Co-op Received: _____
Occupational Therapist Initials/Received _____