

BRUSH COUNTRY CO-OP

REQUEST FOR PHYSICAL THERAPY EVALUATION / NOTICE OF TRANSFER STUDENT

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

Reason for Request

- ☐ Initial Evaluation
☐ Re-evaluation: date of last evaluation _____

Additional information:

- ☐ Observable physical handicap (explain): _____
☐ Self-help (ex. Mobility and Transfer skills, braces, wheelchair, etc.)
☐ Functional Mobility (ex. Pre-gait and gait training, equilibrium and balance)
☐ Environmental Adaptations (ex. Adaptive/assistive devices)
☐ Positioning (ex. Handling methods, splints, braces)
☐ Student transferred into the district on _____. PT evaluation is dated _____ and IEP is dated _____. PT services need to be initiated.

☐ PT report must be RECEIVED BY: _____

✓ Attach PT EVALUATION and PT 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: _____
Physical Therapist Initials/Received _____