



The need for therapy in special education should be related directly to the student's educational performance and not just general health.

RE: Student's Name: _____ D.O.B _____

Address: _____

Parents: _____

School/Location: _____

Physical Therapy

Occupational Therapy

Diagnosis

Signature of Physician

Date

Print Name of Physician

STAMP HERE



Physician's Address

Phone Number

Fax Number

Please fill in diagnosis, sign and date prescription. Thank you.