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| **DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA****DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA**17800 HIGHWAY 18 • APPLE VALLEY, CA 92307(760) 552-6700 • (760) 242-5363 FAX**Physical Therapy Referral**This form is for teachers, parents, or other persons involved with students who havea suspected need for specialized Physical Therapy services |
| **STUDENT INFORMATION** |
|  |  |  |  |  |
| **[ ]  INITIAL REFERRAL** | **[ ]  TRANSFER REFERRAL** |  | Referral Date: |       |
| Student Name: |       | Date of Birth: |       | Age: |       |
| Disability: |       | Grade: |       | Gender: | [ ]  Male  | [ ]  Female |
| Medical Diagnosis: |       |
| School Site: |       | Teacher Name: |       |
| District of Attendance: |       | District of Residence: |       |
| Parent/Guardian: |       |
| Home Phone: |       | Work Phone: |       | Other Phone: |       |
| Street Address: |       | City: |       | State: |       | Zip Code: |       |
| Mailing Address: |       | City: |       | State: |       | Zip Code: |       |
| Special education services student is currently receiving: |       |
|       |
|       |
| Specific time and day the student can be observed performing skill/activity of concern: |       |
|       |
|       |
|  |
| **INDICATE STUDENT NEEDS WITH FUNCTIONAL/MOBILITY IN THE FOLLOWING AREAS:** |
| 1. | Classroom-Library-Art | [ ]  | Difficulty accessing all work materials |
|  |  | [ ]  | Difficulty moving between all work stations |
|  |  | [ ]  | Difficulty positioning at all work stations |
|  | *What interventions have been tried to date? Over what period of time?* |       |
|  |       |
|  |       |
|  |       |
| 2. | Doors | [ ]  | Difficulty opening and closing doors |
|  |  | [ ]  | Difficulty moving through doorways |
|  | *What interventions have been tried to date? Over what period of time?* |       |
|  |       |
|  |       |
|  |       |
| 3. | Hallways | [ ]  | Difficulty traveling required distances |
|  |  | [ ]  | Difficulty moving through crowded hallways |
|  |  | [ ]  | Difficulty using a water fountain |
|  | *What interventions have been tried to date? Over what period of time?* |       |
|  |       |
|  |       |
|  |       |
| 4. | Lunchroom | [ ]  | Difficulty moving through lunch line |
|  |  | [ ]  | Difficulty carrying a lunch tray |
|  |  | [ ]  | Difficulty sitting at a lunch table |
|  |  |  |
|  | *What interventions have been tried to date? Over what period of time?* |       |
|  |       |
|  |       |
|  |       |
| 5. | Restroom | [ ]  | Difficulty sitting or standing at toilet |
|  |  | [ ]  | Difficulty moving in and out of toilet stall |
|  |  | [ ]  | Difficulty accessing faucet/soap/towels |
|  | *What interventions have been tried to date? Over what period of time?* |       |
|  |       |
|  |       |
|  |       |
| 6. | School Bus | [ ]  | Difficulty moving on and off the bus |
|  |  | [ ]  | Difficulty sitting securely on the bus |
|  | *What interventions have been tried to date? Over what period of time?* |       |
|  |       |
|  |       |
|  |       |
| 7. | Playground | [ ]  | Difficulty accessing the playground |
|  |  | [ ]  | Difficulty playing on outdoor equipment |
|  | *What interventions have been tried to date? Over what period of time?* |       |
|  |       |
|  |       |
|  |       |
| 8. | Assemblies-Sports Events | [ ]  | Difficulty accessing assembly room/gym |
|  |  | [ ]  | Difficulty accessing athletic field |
|  |  | [ ]  | Difficulty sitting with peers |
|  | *What interventions have been tried to date? Over what period of time?* |       |
|  |       |
|  |       |
|  |       |
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| **ADDITIONAL INFORMATION** |
| The teacher would like more information and instruction about the student’s: |
|  | [ ]  Wheelchair | [ ]  Walker | [ ]  Positioning | [ ]  Crutches | [ ]  Orthosis (appliance/device) |
| List any specialized equipment that the student uses: |       |
|       |
|       |
|       |
| Other Comments: |       |
|       |
|       |
| Referred By: |       | Relationship to Student (parent, teacher, etc.): |       |
| Signature: |  | Date: |       |
| Special Education Director Signature: |  | Date: |       |