

REASON FOR REFERRAL: The team determines an OT and/or PT and/or AT evaluation/assessment is indicated and parental signed consent is obtained.

“Evaluation/Assessment” should include:

- Referral Form** should be completed with OCCUPATIONAL THERAPY and/or PHYSICAL THERAPY and/or ASSISTIVE TECHNOLOGY boxes checked as well as adjoining “Evaluation/Assessment” checkboxes
- Signed Notice and Consent to Conduct an Initial Evaluation/Reevaluation** or **504 Accommodation Plan consent for testing** with OT and/or PT and/or AT indicated and parent/guardian signature
- Authorization for Exchange of Information** completed with at least Physician indicated and signed by parent/guardian
- Staff completed grade-appropriate **OT and/or PT Assessment Criteria Sheets** and/or **AT Screener** to determine areas of concern
 - If OT is indicated, please include classroom samples (if available)*

REASON FOR REFERRAL: A student enters school with an active IEP or 504 Accommodation Plan indicating that OT and/or PT should continue at a given frequency.

“Continue Services” should include:

- Referral Form** should be completed with OCCUPATIONAL THERAPY and/or PHYSICAL THERAPY checked as well as adjoining “Services to Continue as Indicated” checkboxes with service frequency noted under Comments, ex. 30 minutes per week, 5 hours per year indirect, etc.
- Authorization for Exchange of Information** completed with at least Physician indicated and signed by parent/guardian
- Include **IEP/504 Plan** indicating requested services ONLY if it is NOT located in district’s CT-SEDS system and/or is from outside the state

REASON FOR REFERRAL: A student is recommended for consultation/indirect services only to screen/observe student to determine if further testing is needed..

“Consult/Indirect Services” should include:

- Referral Form** should be completed with OCCUPATIONAL THERAPY and/or PHYSICAL THERAPY and/or ASSISTIVE TECHNOLOGY boxes checked as well as adjoining “Services to Continue as Indicated” checkboxes with service requested noted under Comments, ex. Consult as needed, Observation within gym, Classroom observation, etc.
- Include **IEP/504 Plan** indicating requested services ONLY if it is NOT located in district’s CT-SEDS system and/or is from outside the state
- Signed Notice and Consent to Conduct an Initial Evaluation** or **504 Accommodation Plan indicating testing** with OT and/or PT and/or AT Consult/Screen indicated and parent/guardian signature (if available)
- Staff completed grade-appropriate **OT and/or PT Assessment Criteria Sheets** and/or **AT Screener** to determine areas of concern
 - If OT is indicated, please include classroom samples (if available)*