

Order/Recommendation/Referral Form

Student Name: _____

DOB: _____

Current IEP Dates – From: _____

To: _____

District of Liability: _____

Case Manager: _____

Tel: _____

Recommendation for Speech/Language, Audiology and Hearing Services:

As a licensed practitioner of the healing arts, practicing within the scope of my practice, I recommend that speech/ language/audiology/hearing services be provided to the above-named student in accordance with the determinations made by the IEP team and described in this student's current IEP.

Printed Name: _____

Signature: _____

Credential: _____

Date: _____

Order for Occupational Therapy Services:

As a licensed practitioner of the healing arts, practicing within the scope of my practice, I order that occupational therapy services be provided to the above-named student in accordance with the determinations made by the IEP team and described in this student's current IEP.

Printed Name: _____

Signature: _____

Credential: _____

Date: _____

Order for Physical Therapy Services:

As a licensed practitioner of the healing arts, practicing within the scope of my practice, I order that physical therapy services be provided to the above-named student in accordance with the determinations made by the IEP team and described in this student's current IEP.

Printed Name: _____

Signature: _____

Credential: _____

Date: _____

Recommendation for Psychiatric Services:

As a licensed physician, I recommend that psychiatric services be provided to the above-named student in accordance with the determinations made by the IEP team and described in this student's current IEP.

Printed Name: _____

Signature: _____

Credential: _____

Date: _____

Recommendation for Vision Services:

As a licensed practitioner of the healing arts, practicing within the scope of my practice, I recommend that vision services be provided to the above-named student in accordance with the determinations made by the IEP team and described in this student's current IEP.

Printed Name: _____

Signature: _____

Credential: _____

Date: _____

Recommendation for Psychological Services:

As a certified psychologist, I recommend that psychological services be provided to the above-named student in accordance with the determinations made by the IEP team and described in this student's current IEP.

Printed Name: _____

Signature: _____

Credential: _____

Date: _____

Recommendation for Rehabilitative Assistance:

As a licensed practitioner of the healing arts, practicing within the scope of my practice, I recommend that rehabilitative assistance (i.e., mobility, communication, behavioral management, nutrition, medications, personal care, supported employment [but see specific requirements in He-M 1301.04(ae)(7)] or other remedial services) be provided to the above-named student in accordance with the determinations made by the IEP team and described in this student's current IEP.

Printed Name: _____

Signature: _____

Credential: _____

Date: _____

