Physical Therapy Evaluation Referral Form

Instructions for Accessing School Based Physical Therapy Assistance

1. The school team identifies a need for School Based Physical Therapy based on student needs.
2. Student must be eligible for Special Education services under one of the 13 existing eligibility criteria as defined by the Education Code and SELPA guidelines.
3. Physical Therapy Evaluation Referral Form and Release of Information forms (including any outside agencies that are working with the student and family - i.e. Outpatient Physical or Occupational Therapy, Speech Therapy) are completed and signed by a school team member (included below). **Please include "PT Request" in the subject line and email completed forms to esilvers@hcoe.org**
4. Within 14 days of receipt, requests will be reviewed to determine need and additional steps. An Assessment Plan (AP) should NOT be created until all forms are submitted and the health team has confirmed all relevant information has been obtained.

School Based Physical Therapy Focus

- Physical therapy, as a related service, is provided "to assist a child with a disability to benefit from special education." (IDEA §300.34)
- PT services aim to promote access to academic curriculum and participation in other school activities (personal, social, vocational, or any function that address an IEP goal).
- Physical therapists work to support inclusion and participation of all students in the regular daily routines of the school day. They often help adapt ways of doing things or instruct students and teachers in how to use adaptive equipment or methods to accomplish daily life tasks - like getting in and out of their wheelchairs, the restroom, the bus or accessing the playground.

Humboldt County Office of Education

Physical Therapy Evaluation Referral Form

Student Name	Date of Birth	School

Grade	Dates/Times of Attendance

Parent Name	Phone	Email

Teacher Name	Phone	Email

Caregiver Name	Phone	Email

IEP Eligibility: **Not Determined:**

School Status: ❑ Reg Ed ❑ RSP ❑ Speech ❑ 30-day Transfer ❑ SDC ❑ Hospital ❑ Home School

Dates: ❑ Initial ❑ Annual IEP ❑ Triennial ❑ Other

Agencies Involved: ❑ CCS ❑ Regional Center ❑ Other ❑ Private PT (Contact info: _____)

Medical Diagnosis: _____

Medications: _____

Presenting Problem(s): What is this child not able to do that other children in the classroom are able to do? Summarize concerns.

Who is providing this referral?

❑ Parent ❑ Teacher ❑ Principal ❑ Psychologist ❑ Nurse ❑ Other _____

Estimated Cognitive Ability

❑ Not Tested ❑ Above Avg ❑ Avg ❑ Below Avg ❑ Suspect Developmental Delay

Estimated Grade Level

Language Arts _____ Math _____ Science _____ History _____ PE _____

(Continued on next page)

Humboldt County Office of Education

Functional Ability: Please indicate the child's level of independence and participation

5= Independent 4= Needs Occasional Assistance 3=Requires Some Supervision
2= Constant Supervision 1= Dependent

Activity	Rating	Comments
General Education Classroom	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	_____
Special Education Classroom	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	_____
Campus	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	_____
Playground - Motor Ability	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	_____
Social Skills	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	_____
Bathroom	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	_____
PE	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	_____
Transitions	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	_____
Transportation	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	_____

Accomodations and modifications (that have been trialed or currently trialed):

Percentage of work child is able to complete: _____

Is the quality of work commensurate with curriculum grade level? ○ Yes ○ No

Any other information you would like the physical therapist to know:

Note: Please attach an Educational Assessment and any medical, OT, PT or APE reports

CONSENT TO RELEASE OR EXCHANGE OF INFORMATION

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

DISTRICT/SCHOOL: _____

PLEASE RETURN INFORMATION TO:

District Name: Humboldt County of Education

Address: 901 Myrtle Avenue, Eureka, CA 95501

Attention: HCOE Health Team: Physical Therapy

Phone: _____ Fax: (707) 445-7143

Written parental/guardian/adult student consent shall be obtained before personally identifiable information is disclosed in writing or orally to anyone other than authorized employees specified by the school district. You need to know that:

- You choose which agencies shall exchange information.
- You may refuse to sign this exchange form.
- Information about your child and family is strictly confidential. Your child's school maintains records specifying the source of the information, the date and purpose of any disclosure, and with whom information was shared.
- You have the right to review records.
- Your rights are preserved under: Title 34 Code of Federal Regulations; Family Education Rights Privacy Act of 1974, Title 20 of the United States Code, Section 1232 (g), Title 34 Code of Federal Regulations, Section 99.
- This consent is good for <u>one year</u> unless you withdraw your consent before that time.

I give permission for HCOE Physical Therapist to exchange information relevant to my child's education needs with the following agency/agencies/individual(s). Please **initial** the spaces(es) below to permit the exchange of information about your child with the specified agency/agencies/individual(s).

(Space after agency name may be used for phone and/or fax information.)

___ Audiologist: _____

___ California Children's Services: _____

___ Community Child Care Resources: _____

___ County Offices of Education: _____

___ Dept. of Mental Health: _____

___ Dept. of Rehabilitation: _____

___ Family Resource Centers: _____

___ Human/Social Services Dept.: _____

___ Infant Development Program: _____

___ OT and/or PT: _____

___ Other Medical Specialist: _____

___ Primary Care Physician/Clinic: _____

___ Public Health Nursing: _____

___ Regional Center: _____

___ Speech Therapist: _____

___ Other: _____

___ Other: _____

___ Other: _____

A photocopy of this form shall be as valid as the original. I understand that I am to receive a copy of this authorization.

Signature: _____ Date: _____

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

Signature: _____ Date: _____

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

This form was created and approved by the Humboldt - Del Norte SELPA for LEA use.

Updated 1/5/2023