



REQUEST FOR ASSISTANCE

Date: _____ Person Submitting the Request: _____

Home School District #: _____ School Attending: _____

Email Address: _____ Phone: _____

Student: _____ Birthdate: _____ Grade/Placement: _____

Preferred day/time to meet: _____

Current Status:

- | | |
|--|---|
| <input type="checkbox"/> Regular Education | <input type="checkbox"/> Special Education Services (IEP) |
| <input type="checkbox"/> Resource | <input type="checkbox"/> RTI (Response To Intervention) Services |
| <input type="checkbox"/> 504 Services | <input type="checkbox"/> Parent is aware/has been contacted of these concerns |

Assistance Requested:

- | | |
|---|---|
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Fine Motor | <input type="checkbox"/> Gross Motor |
| <input type="checkbox"/> Handwriting-attach samples | <input type="checkbox"/> Playground |
| <input type="checkbox"/> Visual Perceptual Motor | <input type="checkbox"/> P.E. |
| <input type="checkbox"/> Sensory Integration | <input type="checkbox"/> Balance |
| <input type="checkbox"/> Self-Help Skills | <input type="checkbox"/> Coordination |
| <input type="checkbox"/> Other (specify below) | <input type="checkbox"/> Low Muscle Tone |
| _____ | |

Describe in Detail Your Request and Concerns:

Note Interventions/Strategies That You Have Used Prior to This Request:

Principal

Date

Director Special Education

Date

This is not considered a request for a specialized evaluation
** Please submit to PT/OT/Therakids mailbox upon completion**

