MISD

THERAPY PRE-REFERRAL FORM

Student: _____ **Date:** _____

District: _____ **School:** _____

Eligibility:_____ **Grade:** _____

Referring Individual/Teacher: _____ **Birthdate:** _____

- The purpose of this pre-referral form is to identify if there are underlying gross motor difficulties that may impede the student form participating in their daily curriculum.
- School-based physical therapy provides services for students who have gross motor difficulties secondary to musculo-skeletal or nervous system impairments.
- Students must have the ability to actively participate in physical therapy activities.
- Students whose primary limitation is attention span and/or cognitive delays may appear to have gross motor delays, and may or may not be appropriate for a physical therapy pre-referral.
- Remediating attention span or cognition is not within the scope of practice of physical therapy.

1. Identify the primary educational /academic concern you have for this student.

□ School mobility   □ Balance/Poor Posture   □ Playground

□ Physical Education   □ Basic Motor Skills   □ Other

2. Describe the specific impact the student's deficits have on their educational performance.

_____

_____

3. List strategies tried and/or accommodations provided (be specific):
   **Please attach staffing notes/observations that support concerns when available

Identified Concerns	Strategies Tried	Effectiveness

I give permission for the MISD Physical Therapist to observe and interact with my child. I am aware this is not a formal assessment to determine eligibility for Physical Therapy services.

Parent signature (required): _____ **Date:** _____

MISD PT Signature (required): _____ **Date:** _____

To be completed By Physical Therapist following observation:

□ No further consultation recommended

□ Physical Therapy Assessment Recommended **** Complete a REED and Form 2****   Revised 6-2016