

SENDERO THERAPIES, INC

REQUEST FOR OCCUPATIONAL THERAPY SERVICES

Student Name: _____ DOB: _____ Date: _____

School Building: _____ Grade: _____ Teacher: _____

Currently on IEP? Yes No In Process If yes, Intervention Specialist: _____

OT Referral Issue (please be specific): _____

Service Requested:	Service Level*:	Input:	Output:
	RTI-I OT General	<input type="checkbox"/> This request form. No permission needed.	Handy Helpers, General Handouts. No follow up.
	RTI-II OT Screen	<input type="checkbox"/> This request form. <input type="checkbox"/> Classroom Checklist <input type="checkbox"/> Signed Permission	Screen write-up, with student specific suggestions. Possible follow up.
	RTI-II OT Consult	<input type="checkbox"/> This request form. <input type="checkbox"/> Classroom Checklist <input type="checkbox"/> Signed Permission	Consult write-up with student specific suggestions. No follow up.
	RTI-III OT Eval	<input type="checkbox"/> This request form. <input type="checkbox"/> Classroom Checklist <input type="checkbox"/> Signed Permission OR <input type="checkbox"/> Attach signed PR-05 that specifies OT evaluation.	OT evaluation on PR-06
	RTI-III OT Re-Eval	<input type="checkbox"/> This request form. <input type="checkbox"/> Signed permission OR <input type="checkbox"/> Attach signed PR-05 that specifies OT will re-eval.	OT re-evaluation on PR-06

Psychologist Signature: _____

Parent Permission: I understand that an occupational therapist will be completing the service outlined above. I understand that, depending on the level of service requested, services may involve specific testing and hands on evaluation of my child. I give my permission for OT evaluative services to be rendered as indicated.

Parent/Guardian Signature: _____ Date: _____

Director of Student Services Signature: _____ Date: _____

Sendero Therapies, Inc.
Occupational Therapy
Service Level Definitions*

_____ **RTI-I Prevention/General-Brief:** classroom observation, general suggestions provided, no student specific write up provided, no permission needed, no “Classroom Checklist” needed. This request may include in-service request, equipment/supply/environment suggestions. No follow-up provided.

_____ **RTI-II Student Specific Screen/Consultation:** Moderate classroom observation, no hands-on, no testing. Because this is student specific, **signed permission is required.** “Classroom Checklist” is required to identify longitudinal/in-class functioning. Screen/Consult write-up will be received with student specific suggestions included. Follow-up provided if indicated on write-up.

_____ **RTI-III OT Evaluation or Re-evaluation:** Evaluation will entail standardized (if appropriate) and functional testing in areas listed in referral issue. Please be specific in “referral issue” line so that the correct testing session can be prepared. Evaluation summaries will be written on PR-06 forms in SSEM. **Evaluation Permission must be signed** and 60-day timeframe is required per state law. Re-evaluation can be re-testing, record review, and/or present levels as requested. Please be specific.

1/11 KTR

Cc: RLM