

## Physical Therapy Referral

Person Originating Request: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date: \_\_\_\_\_ School: \_\_\_\_\_

**NOTE: A signed Receipt of Rights and Notice, Consent for Initial Section 504 Evaluation, and Section 504 Evaluation forms must accompany the completed referral form.**

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### STUDENT INFORMATION

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ ID: \_\_\_\_\_

504 Eligibility: \_\_\_\_\_

If student is a transfer student with PT services recommended by Section 504, what is the frequency and duration? \_\_\_\_\_

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### EDUCATIONAL CONCERNS

A Physical Therapy Referral may be appropriate if one or more of the following is checked:

1. The student appears to have physical problems getting from one location to another in school.
  - \_\_\_\_\_ Has a wheelchair
  - \_\_\_\_\_ Requires a device or physical assistance to walk
  - \_\_\_\_\_ Does not have independent mobility on steps/stairs
  
2. The student appears to have problems getting from one surface to another.
  - \_\_\_\_\_ Cannot stand without help
  - \_\_\_\_\_ Has physical difficulty getting up from the floor
  - \_\_\_\_\_ Requires assistance to move from one seat to another, e.g. wheelchair to toilet
  
3. The student appears to need positioning assistance.
  - \_\_\_\_\_ Cannot sit for activities without support
  - \_\_\_\_\_ Cannot physically stand for activities without support

List current learning that is being hindered:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please send this form and above noted documents to Section 504 Coordinator.