

OT or PT Assessment/Evaluation for Transfer Students

The School District of Escambia County, Florida
Exceptional Student Education

STUDENT: _____ DOB: _____ PARENT: _____

SCHOOL: _____ STUDENT # _____ PHONE #: _____

Assessment for previously received services: _____ OT _____ PT

For OT or PT to Complete

OT/ PT Name: _____

____ Review of records

____ Observation

____ Consult with Teacher

OT/PT Recommends:

____ Continue services as stated on out-of district IEP

____ Continue services on out-of-district IEP with the following changes:

____ Discontinue services (**meeting MUST be held with parent/guardian participation**)

Comments: _____

OT/PT Signature: _____ Date: _____