

OAK PARK PUBLIC SCHOOLS DISTRICT 97

Physician's Prescription for Occupational/Physical Therapy Evaluation and Treatment

Student's Name: _____ Birthdate: _____

Address: _____ Phone: _____

Parent/Guardian(s): _____ School Year: _____

Student's Home School: _____

The above student is referred for: Occupational Therapy Physical Therapy

for the following educationally relevant components:

- | | | |
|----------------------------------------------|----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Functional Mobility | <input type="checkbox"/> Positioning/Posture | <input type="checkbox"/> Gross Motor |
| <input type="checkbox"/> Self Care | <input type="checkbox"/> Manipulation of Materials | <input type="checkbox"/> Written Communication |
| <input type="checkbox"/> Sensory Motor | <input type="checkbox"/> Eye-Hand Coordination | <input type="checkbox"/> Other, please specify: _____ |

Diagnosis: _____

Precautions/Restrictions: _____

Additional Comments: _____

Physician's Signature: _____ Date: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL
If you are faxing this form, see school fax numbers below

Beye Elementary
Fax: (708)524-3069
Ph: (708)524-3070

Brooks Middle School
Fax: (708)524-3036
Ph: (708)524-3050

Hatch Elementary
Fax: (708)524-3139
Ph: (708)524-3095

Holmes Elementary
Fax: (708)524-7622
Ph: (708)524-3100

Irving Elementary
Fax: (708)524-3056
Ph: (708) 524-3090

Julian Middle School
Fax: (708)524-3035
Ph: (708)524-3040

Lincoln Elementary
Fax: (708)524-3124
Ph: (708)524-3110

Longfellow Elementary
Fax: (708)524-3037
Ph: (708)524-3060

Mann Elementary
Fax: (708)524-3049
Ph: (708)524-3085

Whittier Elementary
Fax: (708)524-3047
Ph: (708)524-3080