Henry-Stark Counties Special Education District #801
1318 W. Sixth Street, P.O. Box 597 - Kewanee, IL 61443-0597
Telephone: (309) 852-5696 Facsimile: (309) 853-4398

Occupational Therapy Concerns

Student: _____ Birthdate:_____ Age: _____Yrs. _____Mos.

Student's Medicaid Number:_____SIS Number:_____

Parent Name(s)_____District: _____

Address:_____ Building: _____

City, State, Zip:_____ Teacher: _____

Grade:_____AM/PM Special Education Program: _____

Primary Disability: _____

Resource Teacher:_____PE Teacher: _____

List days of the week and times when the student is available for evaluation (include lunch hour):

_____

When is PE?: _____ When is recess?: _____

1. Pertinent file information (Medical Diagnosis, Psychological (Mental Age), etc.):

2. Describe other support services the child is now receiving (RTI, social work, etc.):

3. Priority Concerns:

4. How do these problems interfere with the educational program?

(Please complete page 2.)

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Student name:_____

5. What intervention strategies have been used? Please include timelines and results.

6. Please list other professionals who have helped with intervention strategies. (Regular teachers, special education staff, outside agencies).

7. Does the parent(s) view this as a problem?

8. Physician's Name and Address:

Date completed:_____

This form was completed by:_____

Position:_____

Email address:_____

When can the referring person be reached to discuss this student?

_____

Coordinator signature:_____

Referral Request: The occupational therapists will review concerns/reasons and interventions strategies. Incomplete forms will be returned. The therapists will determine whether an evaluation is or is not appropriate to ISBE 34-57A.