Justification for Extended School Year

Student: _____ **Date of Birth:** _____
School: _____ **School Year:** _____
Therapist: _____

Reason/Justification:_____

Current Plan **(include Frequency & Duration):** _____

Recommended Plan **(include Frequency & Duration):** _____

_____ _____ _____
Signature of PT/PTA, Date Signature of Supervising PT