

Physical Therapy Request for IEP Modification

Student: _____
School: _____
PT/PTA: _____
Date: _____

To: Director of Special Education
From: Physical Therapy Department
Re: Modification in IEP

The physical therapy department recommends that a modification be made to the IEP of student named above.

Changes Recommended

- Frequency
Current times per week _____ to _____ times per week
Current times per month _____ to _____ times per month

- Duration
Current _____ minutes per session to _____ minutes per session

- Discharge

Reasons: _____

Please contact the Physical Therapy Department to schedule a meeting date.

Thank you,

_____ Physical Therapist / Asst.