

## Physical Therapy Screen Referral

**Student Profile:**

Date of Request: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Caregiver(s): \_\_\_\_\_  
Caregiver Contact: \_\_\_\_\_  
Grade Level: \_\_\_\_\_  
Referral Source: \_\_\_\_\_  
Teacher: \_\_\_\_\_

**Current Services/Therapies** (circle all that apply):

Speech Therapy                  Occupational Therapy                  Counseling

Other Related Services: \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Observations:** (What does student need to be able to do that he/she can't do now):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*Please return this form to your school physical therapist for a screen to be conducted at the earliest availability. Thank you for your time.