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1790 E. Packard Hwy

Charlotte, MI 48813

Phone: 517-541-8742 Fax: 517-401-6819

**Prescription for Special Education Therapy Services**

**STUDENT:**  **DOB:**

**DIAGNOSIS: ATTENDING DISTRICT:**

* **SPEECH, LANGUAGE, AND HEARING THERAPY** The student was evaluated for speech and/or language therapy services and speech/language services were recommended per the current IEP/IFSP.
* **OCCUPATIONAL THERAPY SERVICES** The student was evaluated for occupational therapy services and occupational therapy services were recommended per the current IEP/IFSP.
* **PHYSICAL THERAPY SERVICES** The student was evaluated for physical therapy services and physical therapy services were recommended per the current IEP/IFSP. Treatment includes:
* Strengthening
* Range of Motion (stretching)
* Gait Training
* Balance/Coordination
* Adaptive Equipment Training
* Orthotic Intervention & Support
* Transfer Training
* Mobility
* Gross Motor
* Other

**This prescription is valid for one year from date of physician’s signature and may include assistive technology device services as necessary.**

Physician Name (Printed): \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 (Stamped signature is invalid)

Physician NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you enrolled as a Medicaid Provider? Yes No

**This prescription is good for 1 calendar year and must be updated annually and kept in the student’s record for 7 years.**

**Form Last Updated: March 16, 2022**