SPECIAL EDUCATION DISTRICT OF LAKE COUNTY
18160 GAGES LAKE ROAD * GAGES LAKE, ILLINOIS 60030-1819
847-548-8470 * Facsimile 847-548-8472 * TTY 847-680-8328 www.sedol.us

PHYSICIAN'S REFERRAL

Student:__________________________________ Birthdate:________________ District/School:__________

Program:_______________________________________ Therapist:__________________________________

To the Physician:

The educational program in which your patient participates has referred him/her for occupational and/or physical therapy intervention. The therapist(s) has assessed fine and gross motor skills levels related to the educational environment. In the school system, Occupational and Physical Therapy are a related service which can be provided to students who may have difficulty adapting to the demands of school and benefiting from their educational placement due to difficulties with perception, motor planning, balance, coordination and self-care skills.

Referral for Occupational/Physical Therapy Treatment

Recommendations/Restrictions:

____ ________________________
(Physician's Signature) (Date)

PARENT: Please return this referral to the classroom teacher as soon as possible so that the Occupational/Physical Therapist can see your child in a timely manner.

Form #617 (3/17/14) sm