****

**Website: www.therakids.org**

**REQUEST FOR ASSISTANCE**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person Submitting the Request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home School District #:\_\_\_\_\_\_\_\_\_\_\_\_\_ School Attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_** Grade/Placement: \_\_\_\_\_\_\_\_

**Preferred day/time to meet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Status:**

**\_\_** Regular Education \_\_ Special Education Services (IEP)

\_\_ Resource \_\_ RTI (Response To Intervention) Services

\_\_504 Services \_\_ Parent is aware/has been contacted of these concerns

**Assistance Requested:**

**\_\_\_** **Occupational Therapy**  \_\_ **Physical Therapy**

\_\_ Fine Motor \_\_ Gross Motor

\_\_ Handwriting-*attach samples*  \_\_ Playground

\_\_ Visual Perceptual Motor \_\_ P.E.

\_\_ Sensory Integration \_\_ Balance

\_\_ Self-Help Skills \_\_ Coordination

\_\_ Other (*specify below)* \_\_ Low Muscle Tone

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

**Describe in Detail Your Request and Concerns:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note Interventions/Strategies That You Have Used Prior to This Request:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***\*This is not considered a request for a specialized evaluation\****

***\* Please submit to PT/OT/Therakids mailbox upon completion\****