

**Occupational/Physical Therapy Department**

 **Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dear Parent/Guardian,

I would like to take the time to welcome you to the start of the school year and introduce myself. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I will be providing occupational/physical therapy for your child. Your child will be receiving occupational/physical therapy during the school year for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *frequency and duration*

If you have any questions throughout the school year please contact me by email at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or send a note to school. As a reminder, a doctor’s prescription is required to begin occupational/physical therapy services. If the school does not have your current doctor information on file, please send this information to school.

I look forward to working with your child this school year. Again, if you have any questions please feel free to contact me.

Sincerely,

Signature of Therapist

Title