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 **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\****