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| **DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA**  **DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA**  17800 HIGHWAY 18 • APPLE VALLEY, CA 92307  (760) 552-6700 • (760) 242-5363 FAX  **Physical Therapy Referral**  This form is for teachers, parents, or other persons involved with students who have  a suspected need for specialized Physical Therapy services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **INITIAL REFERRAL** | | | | | | | | | | | | | | | **TRANSFER REFERRAL** | | | | | | | | | | | | | |  | | | | | Referral Date: | | | | | | | |  | | | | | | | | | |
| Student Name: | | | | | | | | |  | | | | | | | | | | | | | | | | | | Date of Birth: | | | | | | | | |  | | | | | | | | | | | | Age: |  | | |
| Disability: | | | | |  | | | | | | | | | | | | | | | | | | | | | Grade: | | | | | |  | | | | | | | | | Gender: | | | | | Male | | | | Female | |
| Medical Diagnosis: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School Site: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Teacher Name: | | | | | | | | |  | | | | | | | | | | | |
| District of Attendance: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | District of Residence: | | | | | | | | | | | |  | | | | | | | | | | | |
| Parent/Guardian: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone: | | | | | | |  | | | | | | | | | | | Work Phone: | | | | | | |  | | | | | | | | | | | | | Other Phone: | | | | | | | | |  | | | | |
| Street Address: | | | | | | | | | | | |  | | | | | | | | | | | City: | |  | | | | | | | | | | | | State: | | | | | | |  | | | Zip Code: | | | |  |
| Mailing Address: | | | | | | | | | | | |  | | | | | | | | | | | City: | |  | | | | | | | | | | | | State: | | | | | | |  | | | Zip Code: | | | |  |
| Special education services student is currently receiving: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Specific time and day the student can be observed performing skill/activity of concern: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| **INDICATE STUDENT NEEDS WITH FUNCTIONAL/MOBILITY IN THE FOLLOWING AREAS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | Classroom-Library-Art | | | | | | | | | | | | | | | | |  | | | Difficulty accessing all work materials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | | | Difficulty moving between all work stations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | | | Difficulty positioning at all work stations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | *What interventions have been tried to date? Over what period of time?* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| 2. | | Doors | | | | | | | | | | | | | | | | |  | | | Difficulty opening and closing doors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | | | Difficulty moving through doorways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | *What interventions have been tried to date? Over what period of time?* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| 3. | | Hallways | | | | | | | | | | | | | | | | |  | | | Difficulty traveling required distances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | | | Difficulty moving through crowded hallways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | | | Difficulty using a water fountain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | *What interventions have been tried to date? Over what period of time?* | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| 4. | | Lunchroom | | | | | | | | | | | | | | | | |  | | | Difficulty moving through lunch line | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | | | Difficulty carrying a lunch tray | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | | | Difficulty sitting at a lunch table | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | *What interventions have been tried to date? Over what period of time?* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| 5. | | Restroom | | | | | | | | | | | | | | | | |  | | | Difficulty sitting or standing at toilet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | | | Difficulty moving in and out of toilet stall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | | | Difficulty accessing faucet/soap/towels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | *What interventions have been tried to date? Over what period of time?* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| 6. | | School Bus | | | | | | | | | | | | | | | | |  | | | Difficulty moving on and off the bus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | | | Difficulty sitting securely on the bus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | *What interventions have been tried to date? Over what period of time?* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| 7. | | Playground | | | | | | | | | | | | | | | | |  | | | Difficulty accessing the playground | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | | | Difficulty playing on outdoor equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | *What interventions have been tried to date? Over what period of time?* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| 8. | | Assemblies-Sports Events | | | | | | | | | | | | | | | | |  | | | Difficulty accessing assembly room/gym | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | | | Difficulty accessing athletic field | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | | | Difficulty sitting with peers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | *What interventions have been tried to date? Over what period of time?* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **ADDITIONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The teacher would like more information and instruction about the student’s: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Wheelchair | | | | | | | | | | | | Walker | | | | | | | | Positioning | | | | | | | | | Crutches | | | | | | | | | | Orthosis (appliance/device) | | | | | | | | |
| List any specialized equipment that the student uses: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other Comments: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Referred By: | | | | | | | |  | | | | | | | | | | | | | Relationship to Student (parent, teacher, etc.): | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Signature: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | |
| Special Education Director Signature: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | |