



ADMINISTRATION BUILDING

701 West Gregory Street - Mount Prospect, Illinois 60056
P (847) 394-7300 | F (847) 394-7311 | www.d57.org

**PRESCRIPTION FOR SCHOOL-BASED
OCCUPATIONAL and PHYSICAL THERAPY SERVICES**

Student: _____ School: _____

DOB: _____ School Year: _____

This student is eligible for services as related to his/her Individualized Special Education Program:

OT Therapist: _____

PT Therapist: _____

School-based OT/PT services consist of therapeutic interventions which facilitate independent functioning in the educational setting.

State law mandates having a physician prescription in order to implement services.

MEDICAL DIAGNOSIS:

PRECAUTIONS / MEDICATIONS:

REMARKS:

Date

Physician's Signature

Phone Number

NPI Number

**Please return by mail (or fax) to: Fairview School
Case Manager or OT/PT
Fax: 847-394-7328**