2010-2011

BC **Bethlehem Central School District✧ Pupil Personnel Services**

Committee on Special Education✧Committee of Preschool Education

PHYSICAN'S RECOMMENDATION FOR ALL HEALTH RELATED SUPPORT SERVICES INDICATED ON A STUDENT'S INDIVIDUALIZED EDUCATION PROGAM

TO: Parents/Guardians
RE: Prescription Requirement

I, _____, recommend that the following health related support services be provided to _____ in accordance with the frequency and duration indicated on his/her 2010-2011 Individualized Education Program (IEP).

The State of New York requires that a **physician's prescription be obtained before your child can receive occupational and/or physical therapy services** in accordance with his/her IEP. **Therefore, your child's OT and/or PT services will not begin until the PPS Office receives this script.**

Please have your physician sign this form & return it to the PPS office as soon as possible.

Check all that apply:

_____ Occupational Therapy
_____ Physical Therapy
_____ Skilled Nursing Service*

*A specific physician's order for Skilled Nursing Service with specific instruction is required.

Physician's Signature: _____
Date: _____

Physician's Name: _____

Physician's Address: _____

Physician's Phone Number: _____

If your child will be attending a **BOCES program** or an **approved private school** you MUST still provide the BCSD PPS office with the physician's prescription. You MUST also give a copy to the program your child will be attending.

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