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Charlotte, Michigan 48813  
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*Office of Special Education Services/Administrative Services*

Physician: \_\_\_\_\_  
Practice Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**2011-2012 SCHOOL YEAR PHYSICAL THERAPY PHYSICIAN AUTHORIZATION**

The physical therapist has recommended that this child receive physical therapy at school. If you agree with this plan, please sign below and return to the Eaton Intermediate School District.

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
District: \_\_\_\_\_ Parent(s): \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**SUGGESTED THERAPY PROGRAM**

- |  |  |
|--|--|
| <input type="checkbox"/> Adaptive Devices                            | <input type="checkbox"/> Gross Motor/Balance Activities        |
| <input type="checkbox"/> Assessment/Evaluation                       | <input type="checkbox"/> Home Community Contact                |
| <input type="checkbox"/> Body Mechanic/Modulation                    | <input type="checkbox"/> Neuromuscular Development             |
| <input type="checkbox"/> Consultation                                | <input type="checkbox"/> Orthotic/Prosthetic Training          |
| <input type="checkbox"/> Transfer Training                           | <input type="checkbox"/> Parent Contact/Conference/Instruction |
| <input type="checkbox"/> Environmental Adaption                      | <input type="checkbox"/> Equipment Assessment/Recommendations  |
| <input type="checkbox"/> Range of Motion                             | <input type="checkbox"/> Establish Maintenance Program         |
| <input type="checkbox"/> Strengthening/Endurance                     | <input type="checkbox"/> Gait/Mobility Training                |
| <input type="checkbox"/> Monitor/Improve Wheelchair Use and Mobility |  |
| <input type="checkbox"/> Other _____                                 |  |

THERAPIST NAME: \_\_\_\_\_ EXT: \_\_\_\_\_

FREQUENCY OF TREATMENT: \_\_\_\_\_

**PHYSICIAN'S COMMENTS:** \_\_\_\_\_

**PHYSICIAN'S SIGNATURE:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_