

School Administrative Unit #24

Districts of

Stoddard

Henniker

Weare

John Stark

ORDER/RECOMMENDATION/REFERRAL FORM (ORRF)

Student:

Date:

DOB:

School:

Grade:

RECOMMENDATION FOR SPEECH LANGUAGE, AUDIOLOGY AND HEARING SERVICES:

As a licensed practitioner of the healing arts, practicing within the scope of my practice, I recommend that speech/language/audiology/hearing services be provided to the above student in accordance with the determinations made by the IEP team and described in this student's current IEP.

Printed Name:

Signature: _____

Credential:

Date:

ORDER FOR OCCUPATIONAL THERAPY SERVICES:

As a licensed practitioner of the healing arts, practicing within the scope of my practice, I order that occupational therapy services be provided to the above student in accordance with the determinations made by the IEP team and described in this student's current IEP.

Printed Name:

Signature: _____

Credential:

Date:

ORDER FOR PHYSICAL THERAPY SERVICES:

As a licensed practitioner of the healing arts, practicing within the scope of my practice, I order that physical therapy services be provided to the above student in accordance with the determinations made by the IEP team and described in this student's current IEP.

Printed Name:

Signature: _____

Credential:

Date:

RECOMMENDATION FOR PSYCHIATRIC SERVICES:

As a licensed physician, I recommend that psychiatric services be provided to the above student in accordance with the determinations made by the IEP team and described in this student's current IEP.

Printed Name:

Signature: _____

Credential:

Date:

RECOMMENDATION FOR VISION SERVICES:

As a licensed practitioner of the healing arts, practicing within the scope of my practice, I recommend that vision services be provided to the above student in accordance with the determinations made by the IEP team and described in this student's current IEP.

Printed Name:

Signature: _____

Credential:

Date:

RECOMMENDATION FOR PSYCHOLOGICAL SERVICES:

As a certified psychologist, I recommend that psychological services be provided to the above student in accordance with the determinations made by the IEP team and described in this student's current IEP.

Printed Name:

Signature: _____

Credential:

Date:

RECOMMENDATION FOR REHABILITATIVE ASSISTANCE:

As a licensed practitioner of the healing arts, practicing within the scope of my practice, I recommend that rehabilitative assistance be provided (i.e. mobility, communication, behavioral management, nutrition, medications, personal care, supported employment [but see specific requirements in He-M 1301.04(v)(7)] or other remedial services) to the above student in accordance with the determinations made by the IEP team and described in this student's current IEP.

Printed Name:

Signature: _____

Credential:

Date: