P.G. CHAMBERS SCHOOL • REFERRAL FOR RELATED SERVICES

CHILD'S NAME: _____ **DATE OF BIRTH:** _____ **GENDER** _____

PARENT'S NAME: _____

ADDRESS: _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP)

HOME PHONE: _____ **E-MAIL:** _____

CELL PHONE: _____ **BUSINESS PHONE:** _____

SCHOOL ATTENDING: _____ **REFERRED BY:** _____

IEP START/END DATES: _____ **DIAGNOSIS/EDUCATIONAL CLASSIFICATION:** _____

Note: To put an X in the check box, double-click on the box and select "Checked"

THERAPY	SERVICE TYPE	SESSIONS PER WEEK	START AND END DATES	LENGTH OF SESSION	FEE
OCCUPATIONAL	☐ Treatment ☐ Evaluation Session: ☐ Individual ☐ Group	☐ 1 ☐ 2 ☐ 3	Start:_____ End:_____	☐ 30 minutes ☐ 45 minutes ☐ 60 minutes	$_____
PHYSICAL	☐ Treatment ☐ Evaluation Session: ☐ Individual ☐ Group	☐ 1 ☐ 2 ☐ 3	Start:_____ End:_____	☐ 30 minutes ☐ 45 minutes ☐ 60 minutes	$_____
SPEECH	☐ Treatment ☐ Evaluation Session: ☐ Individual ☐ Group	☐ 1 ☐ 2 ☐ 3	Start:_____ End:_____	☐ 30 minutes ☐ 45 minutes ☐ 60 minutes	$_____
AUGMENTATIVE TECHNOLOGY	☐ Treatment ☐ Evaluation ☐ Follow-up Consultation Session: ☐ Individual ☐ Group	☐ 1 ☐ 2 ☐ 3	Start:_____ End:_____	☐ 30 minutes ☐ 45 minutes ☐ 60 minutes	$_____
ASSISTIVE TECHNOLOGY	☐ Treatment ☐ Evaluation ☐ Follow-up Consultation Session: ☐ Individual ☐ Group	☐ 1 ☐ 2 ☐ 3	Start:_____ End:_____	☐ 30 minutes ☐ 45 minutes ☐ 60 minutes	$_____
EDUCATION	☐ Treatment ☐ Evaluation Session: ☐ Individual ☐ Group	☐ 1 ☐ 2 ☐ 3	Start:_____ End:_____	☐ 30 minutes ☐ 45 minutes ☐ 60 minutes	$_____

PARTY RESPONSIBLE FOR PAYMENT OF FEES (CHECK ONE): ❑ FAMILY ❑ SCHOOL DISTRICT ❑ OTHER:_____

SEND PAYMENT VOUCHERS TO: NAME: _____

ADDRESS _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP)

SEND REPORTS TO: ❑ DISTRICT NAME _____ ❑ AGENCY ❑ PARENT(S)

NAME _____ ADDRESS _____

E-MAIL _____ TELEPHONE _____ FAX _____

AUTHORIZED SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ DATE: _____

FOR OFFICE USE ONLY: ❒ Admin Asst. I ❒ Accounts Receivable ❒ Data Resource ❒ Therapy Director _____

❑ Admin. Asst. II ❒ Receptionist ❒ Teacher/Therapist _____ ❒ Originator _____

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