

Telephone: 906-863-5665



Fax: 906-863-7776

1201- 41st Avenue
Menominee MI 49858
Http://mc-isd.org

Dear Parent(s)/Guardian(s) of: _____

Therapy services in the schools are based on educational relevance and need as determined by the Individualized Education Planning Team (IEPT). A doctor's order is needed for school based services and, if your child becomes eligible for Medicaid, to bill Medicaid for these services.

Please sign this form and we will fax it to your physician. If you prefer to take this form to your physician, please have him/her fax a prescription to our office. This prescription is required to be renewed annually.

If you have any questions or concerns please contact the Special Education Director at 906-863-5665 x1012.

Thank you.

To: Dr. _____

RE: _____ Date of Birth: _____
Student Name

A prescription is needed for the following services:

- ____ Speech/Language - Evaluation and/or treatment per educational goals
- ____ Occupational Therapy - Evaluation and/or treatment per educational goals
- ____ Physical Therapy - Evaluation and/or treatment per educational goals
- ____ Orientation and Mobility - Evaluation and/or treatment per educational goals
- ____ Personal Care Services (Please check all that apply)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Ambulation | <input type="checkbox"/> Dressing | <input type="checkbox"/> Personal Hygiene | <input type="checkbox"/> Toileting |
| <input type="checkbox"/> Mobility/Positioning | <input type="checkbox"/> Grooming | <input type="checkbox"/> Skin Care | <input type="checkbox"/> Muscle Strengthening |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Respiratory Assistance | <input type="checkbox"/> Eating/Feeding | <input type="checkbox"/> Medical Equipment Maintenance |
| <input type="checkbox"/> Transferring | <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Maintaining Continence | <input type="checkbox"/> Health Related Functions through |
| <input type="checkbox"/> Redirection and
Intervention for Behavior | <input type="checkbox"/> Intervention for Seizure
Disorder | <input type="checkbox"/> Assistance with Staff
Administered Medications | Hands On Assistance, Supervision
and Cueing |

Please fax a prescription to the Menominee County ISD (Fax: 906-863-7776) as soon as possible

Parent Signature: _____