



Office of Related Services  
**RESPONSE TO INTERVENTION**  
**REQUEST FOR PHYSICAL THERAPY SUPPORT**

Student: \_\_\_\_\_ DOB.: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

PT referral reason: \_\_\_\_\_

Difficulty with (check area of difficulty):

<input type="checkbox"/> Gross Motor Skills <input type="checkbox"/> School Mobility <input type="checkbox"/> Braces/Orthotics Management	<input type="checkbox"/> Class/Building Accessibility <input type="checkbox"/> Wheelchair Mobility <input type="checkbox"/> Other
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Check One:	Level Requested:	Make Sure This Is Complete	You Will Receive:
Service Re- quested	Service Level	Input	Output
	<b>Rtl Tier I</b> Whole School/Classroom	____ This request form Parent permission not required.	Inservices, Movement Breaks, Environmental Design, Universal Design for Learning
	<b>Rtl Tier II</b> Teacher implemented interven- tions	____ This request form Parent permission not required.	Courageous Pacers, Motor Lab, Classroom De- sign, Evacuation Plans, Teacher Training, Capacity Building
	<b>Rtl Tier II</b> Beginning of SST Process	____ This request form ____ Parent permission obtained by SST lead. ____ PT invited to SST meetings. ____ Fill out Functional Mobility Survey	Informal observation of student Recommend general student supportive inter- ventions. TEAM Gathers DATA on effectiveness. PT follow up.
	<b>Rtl Tier III</b> Beginning of ETR process	____ This request form ____ Permission for evaluation obtained by psychologist. ____ PT included on planning form.	PT evaluation completed.
	<b>Rtl Tier III</b> PT Re-eval	____ This request form ____ Permission obtained by Psychologist. ____ PT included on planning form.	PT Re-evaluation completed.