

**Region 10 Education Service Center**  Logged:\_\_\_\_\_\_\_\_\_

## **Direct Student Services**

## **Occupational and/or Physical Therapy Related Services**

## **TECHNICAL ASSISTANCE REQUEST**

( )

**District Therapist Name Phone #**

**Mentoring**

New OT

New PT

**\*OT Technical Assistance for Students ages 3-22**

evaluation

student program assistance

other

**\*PT Technical Assistance for Students ages 3-22**

evaluation

student program assistance

other

**\***Requests for technical assistance need to involve a District/SSA Occupational and/or Physical Therapist.

**NOTE: Ongoing student intervention, ARD attendance, independent evaluations are NOT elements of Technical Assistance.**

**Technical Assistance is provided by Region 10 Education Service Center at no cost to the district/SSA.**

**Assistance Regarding (student name if applicable) Campus**

A check in this box and authorizing signature, indicates that all Procedural Safeguards as stipulated in Rules and Regulations relative to student/parent rights have been implemented.

Special Education Director’s Authorizing Signature Date

**THIS INFORMATION TO BE USED WITH PROFESSIONAL STAFF ONLY IN KEEPING WITH FERPA & IDEA CONFIDENTIALITY REQUIREMENTS. 6/15**