

Telephone: 906-863-5665



Fax: 906-863-7776

1201- 41<sup>st</sup> 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 secure a physician authorization. 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.

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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<br>Intervention for Behavior | <input type="checkbox"/> Intervention for Seizure<br>Disorder | <input type="checkbox"/> Assistance with Staff<br>Administered Medications | Hands On Assistance, Supervision<br>and Cueing            |

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

Parent Signature: \_\_\_\_\_