



Request for Collaborative Consultation

Date Received by Therapist:

Requesting

Occupational Therapy

Physical Therapy

General Classroom Strategies

Student Specific Strategies

If Student Specific, Student's Name:

Date of Birth:

Grade:

Parent Name:

Parent Phone/E-Mail:

Parents Have Been Notified By:

Method of Notification:

Date of Notification:

Teacher Name:

Teacher E-Mail:

Best Way to Contact:

AEA Core Team Member:

Core Team Member E-Mail:

School District:

Building:

Best Time to Visit:

Date of the Request:

If child specific, what other services does the child receive?

Concerns

1. What are your specific concerns for your classroom/student?

2. How does this interfere with the student's educational program?

3. What are the strategies that are currently being used to address the concern?
Please refer to: [\[OT Interventions\]](#) [\[OT Intervention Videos\]](#) [\[PT Interventions\]](#)

How are they working?

4. *What help would you like from the therapist?*

Response to Request/Notes [Staff Use Only]: