Northville Public Schools
Cooke School
21200 Taft Road ○ Northville, MI 48167
Phone: (248) 344-3550 ○ Fax: (248) 344-3551

PRESCRIPTION FORM FOR SCHOOL-BASED THERAPY SERVICES

Therapy service in the schools is based on educational relevance and need, and is determined by the Individualized Educational Team (IEPT)

STUDENTS NAME_____**BIRTHDATE**_____

ADDRESS_____**PHONE**_____

SCHOOL: Cooke School

Diagnosis:_____

_____

_____

_____

( ) **Physical Therapy**

Evaluation/Treatment Recommendations:_____

_____

_____

Precautions/Contraindictions: _____

( ) **Occupational Therapy**

Evaluation/Treatment Recommendations:_____

Precautions/Contraindications:_____

This Prescription authorizes therapy for one year from
Today's date:_____

Physician's Signature (NO STAMPED Signatures)_____

Print Physician's name:_____

Physician's NP #_____

Address:_____

Phone:_____

Fax:_____