

Date _____

**OT/PT/APE
Pre-Assessment Information**

_____ **Occupational Therapy**

_____ **Adaptive Physical Education**

_____ **Physical Therapy**

Student Name _____

Date of Birth _____

School _____

Grade _____

Teacher _____

Exceptionality _____

Person making the referral _____

Reason for referral _____

Please describe any medical condition(s) that may be affecting performance:

Please include work samples for O.T.
