

Candler County Board of Education
Program for Exceptional Children

**OCCUPATIONAL THERAPY PRESCRIPTION
SPECIAL EDUCATION**

Name: _____ DOB: _____

Address: _____ Phone: _____

School: _____

Physician: _____

Address: _____ Phone: _____

PRESCRIPTION FOR OCCUPATIONAL THERAPY

All Pertinent

Diagnoses: _____

Precautions: _____

Treatment Duration: 1 Year Review after 3 months

OCCUPATIONAL THERAPY EVALUATION AND TREATMENT AS INDICATED:

Upper Extremity Strengthening

Home Exercise Program

Gross Motor Training

Play/Leisure

Fine Motor Coordination/Dexterity

Learning/Work

ADL/Self-Care Training

Socialization

Other: _____

Comments, goals, etc... _____

Type or Print Physician's Name Physician's Signature Date

Address City State Zip

Please send completed form to:

Mary P. Clifton, PEC

Candler County BOE

210 S. College St.

Metter, GA 30439

(912) 685-5713