

PLATTSBURGH CITY SCHOOL  
DISTRICT  
Special Education Office  
49 Broad Street  
Plattsburgh, New York 12901



Fortune Ellison  
Director of Special Education,  
Chairperson Committee on Special  
Education & CPSE  
518-563-6262 Fax 518-247-4955

Date: September 13, 2010

To: Related Service Providers  
Special Education Teachers  
Building Principals  
School Nurse Teachers

From: Claudine Selzer

Re: OT and PT referrals for evaluations

In order to facilitate the completion of an occupational and physical therapy evaluation, please note that the following steps are to be taken when a referral is forwarded to the Special Education Office:

- Level I – regular education teacher’s meets with OT/PT based on concerns before request for referral. Intervention implemented in the regular classroom and progress monitored for 6-8 weeks.
- Level II – Screening request form completed with both teacher and PT/OT to determine concerns. Intervention (motor group activity) implemented and progress monitored for 6-8 weeks. Consent from parents/guardians for participation in group activity required.
- Level III – Team meeting to discuss intervention and data may result in full evaluation. Request Cover sheet with packet signed by building principal then forwarded to the Special Education Office for evaluation to be conducted.

Upon receipt of the completed evaluation to this office, a copy will be forwarded to the building principal, school nurse teacher, psychologist and Linda Haubner to review and submit to building team for further action.

I have enclosed complete packets. Please share this information with classroom teachers. Thank you for your assistance.

PLATTSBURGH CITY SCHOOL  
DISTRICT  
Special Education Office  
49 Broad Street  
Plattsburgh, New York 12901



CLAUDINE SELZER  
Director of Special Education,  
Chairperson Committee on Special  
Education & CPSE  
518-563-6262 Fax 518-247-4955

### **PARTICIPATION IN MOTOR ACTIVITY GROUP**

I give permission for my son/daughter to participate in a small group activity provided by an occupational and/or physical therapist. The purpose of these activities has been explained to me.

---

Signature (parent/guardian)

---

Date