

## Referral for OT/PT Review/Assessment

To: OT/PT Assessment Team  
Physical Disabilities Program  
Lynnbrook Center

From: Name \_\_\_\_\_

School \_\_\_\_\_

Re: Student \_\_\_\_\_

As a result of a recent IEP meeting, we are submitting a referral for an OT/PT Review/Assessment for the above named student.

- MCPS Form 336-51: *Individualized Education Program (IEP) and current meeting notes (if any)*
- MCPS Form 336-31: *Authorization for Assessment (with full address)*
- MCPS Form 336-24: *Motor Characteristics of Student*
- MCPS Form 336-32: *Authorization for Release of Confidential Information (optional)*

In addition, we are including a copy of any OT/PT related information in the student's file from other therapists, clinics, or agencies to assist you with this request.

Thank you for your attention to this matter.

Questions regarding this process may be directed to the Assessment Team Coordinator, Lynn Tozzi, at 301-657-4959 or by e-mail to [Lynn\\_G\\_Tozzi@mcpsmd.org](mailto:Lynn_G_Tozzi@mcpsmd.org)

