



District School Board of Pasco County

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638 • 813/ 794-2000

Heather Fiorentino, Superintendent

www.pasco.k12.fl.us

Dear Parents of _____,
(Student Name) (Date)

We would like to take this opportunity to welcome you and your child to Pasco County schools. The purpose of this letter is to make you aware of specific Florida statutes that govern certain medically-based exceptional student education programs and the provision of Occupational and Physical Therapy in the state of Florida.

Your child's current Individual Education Plan (T/IEP) has been reviewed and the program eligibilities will be continued as indicated on the attached form, MIS #707. We will provide comparable services to your child's previous T/IEP; any recommended changes will be based on data obtained from you, the previous school and/or our observations/ assessment. The statutory requirements below will impact your child's plan:

___ Your child has been transferred into one of the following eligibilities: Hospital/Homebound, Orthopedically Impaired, Other Health Impaired, Traumatic Brain Injured and/or Visually Impaired. Florida statutes require medical documentation by a Florida licensed physician within the past 12 months. This documentation must specify that there is a medical condition impacting your child's education in order to continue to provide exceptional student education services. Your child's teacher will provide you with the medical form used to document this information.

___ Your child was receiving services from an occupational therapist. Florida statutes require an evaluation by a Florida licensed occupational therapist in order to provide services as specified in the T/IEP. Following the required evaluation, the T/IEP team may recommend the T/IEP be revised to address the current needs of your child based on the results of the evaluation and data collected. A prescription for occupational therapy from a Florida licensed physician is requested.

___ Your child was receiving services from a physical therapist. Florida statutes require an evaluation by a Florida licensed physical therapist in order to provide services as specified in the T/IEP. Following the required evaluation, the T/IEP team may recommend the T/IEP be revised to address the current needs of your child based on the results of the evaluation and data collected. A prescription for occupational therapy from a Florida licensed physician is required.

Your child's school will be requesting your written permission to evaluate your child for Florida eligibility in the next few weeks. Additional information can be provided upon your request. If you need assistance to obtain the required medical documentation indicated above or if you have any questions about this information, please contact your child's case manager.

Sincerely,

Case Manager Name Phone Number

For students receiving OT/PT services:

I agree to allow the occupational/physical therapist to initiate an evaluation in order to determine educationally relevant therapy needs for my child. I also understand that a prescription is required for physical therapy services and requested for occupational therapy services.

Parent/Guardian: _____ Date: _____

Additional evaluation may be recommended once the team reviews all information from the prior school and a formal consent for evaluation will be sent home at that time. Parents may participate in that review of data if desired. Please indicate your choice below:

___ Yes, I wish to be part of the data discussion ___ No, I please proceed without me

For office use only: Date copy of this letter given to therapist _____ Copies for District, parent