

Request for Assistance

*OT/PT/Speech/Psychologist for Behavior

Background

Student Name: _____ Building: _____ Grade: _____

Referred by (check): Team TBT Individual Teacher

Teacher Name: _____

Assistance requested for a (check):

Occupational Therapist

Physical Therapist

Speech/Language Therapist

Psychologist for Behavior

Specific Area of Need

Please explain why you are requesting assistance:

**Please attach student work if this would aide in your explanation.*

Authorization from Principal

*Principal Name: _____

Signature: _____ Date: _____

**Please place this request in the corresponding therapist/psychologist and the teacher's mailbox.*

Notes