



Southern Worcester County Educational Collaborative

Post Office Box 517

Southbridge, Massachusetts 01550

Tel. (508) 764-8500 ~ Fax. (508) 764-2724

Visit us at: www.swcec.org

Administrative Offices
Dudley, MA 0157

Referral Form

Please complete and *fax* or *mail* to:

Southern Worcester County Educational Collaborative (S.W.C.E.C.)

P.O. Box 517 Southbridge, MA 01550

Attn: Dr. Melissa Manzi, DPT

Phone: 508-764-8500

Fax: 508-764-2724

Please check requested Assessment/Service(s):

- | | |
|--|--|
| <input type="checkbox"/> Adaptive PE | <input type="checkbox"/> Orientation and Mobility |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Vision (Functional Vision Assessment) |
| <input type="checkbox"/> Teacher of the Deaf | <input type="checkbox"/> Vocational and Life Skills Evaluation |
| <input type="checkbox"/> Learning Media Assessment | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Music Therapy | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Psycho-Educational |

Please Print Clearly:

Today's date: ____/____/____

District; _____

Referred by: _____

Contact Number: _____ Email: _____

Reason for Referral: _____

Occupational Therapy Referral Form

Student's Full Name: _____

Student's Date of Birth: ____/____/____ Sex: M F Student's Age: Years:____ Months:____

Grade:_____ School: _____

Parent/Guardian: _____ Phone #:_____

Teacher: _____ Teacher email: _____

Date Parent/Guardian permission was obtained: ____/____/____

Consultation/Assessment approved by: _____
(SIGNATURE OF AUTHORIZED SPECIAL EDUCATION REPRESENTATIVE)

***Please submit the following forms/documentation with the Referral Form. These forms are required BEFORE an assessment can be conducted;**

Occupational Therapy:

_____ Current Individual Education Plan (IEP)

_____ **Relevant Medical Information/Reports**

_____ Pertinent Therapeutic Evaluation Documents

_____ Copy of signed Parent/ Legal Guardian Consent form

_____ List of other services student receives (if applicable)
