Department of Education

Occupational and Physical Therapy

STUDENTS TO BE CONTRACTED OUT FORM SY 2016-20

Complete separate forms for each school. Indicate this school's Cluster.

Indicate the # of sessions you are currently serving.

X	OT		PT	Name: Jane Doe	Tel: XXX-XXX-XXXX	Total # of Sessions: 40

School DBN: 75K123@004

OT/PT Supervisor: your supervisor's name

School Administrator: Mr. John Dough

School Administrator Signature:

For each student who is attending your school and is not assigned to a DOE therapist, please indicate the Student's Name, NYC ID No., Grade, Mandate to Be Contracted Out and Date of Last IEP. If student is *partially receiving* from a DOE therapist, please indicate this under Comments ol administrator. Note that being the assigned DOE therapist in your school, you are responsible for re-evaluation of thes e requested by your school administrator or OT/PT Supervisor. This form must be submitted to your OT/PT Supervisor A via email.

If you decide to submit Caseload Form via email, please ensure that you have a signed copy in your file.

Student's Name	NYC ID No.	Grade/ PK	Mandate To Be Contracted Out				Date of Last IEP	Comments	Date Sent to Supervisor
			Freq	Dur	Grp	Loc			
Shane Twenty	111-222-333	PK	2	30	2	C	4/5/16		9/23/16
Marco Twenty-One	444-555-666	K	1	30	1	C	11/3/15	Partially Served 2x30,1	9/23/16
Jadan Twenty-Two	777-888-999	1	3	30	1	S	2/3/16		9/23/16

Indicate student's grade accordingly, use PK, K, 1-12

Be mindful of these dates. You may be responsible for re-evaluating.

Please be sure to indicate if the mandate is partially served.