

LUZERNE INTERMEDIATE UNIT
Special Education Department
Kingston, PA 18704

NOTIFICATION OF INTENT TO CONDUCT OT / PT EVALUATION(S)

Date

Dear _____,

The Luzerne Intermediate Unit in cooperation with _____
(School District)

will provide an occupational / physical therapy evaluation for _____.
(Student's Name)

The student was referred for an evaluation by _____

for the following reasons:

This evaluation is scheduled for _____ at _____
in the student's school building. Upon completion of the evaluation you will be notified as to whether
therapy is necessary.

If this evaluation shows that the student can benefit educationally from therapy, we will ask for
your assistance in developing a program.

Any questions concerning this evaluation should be directed to _____,
who may be contacted at _____.

Sincerely,

Therapist's Signature