

LUZERNE INTERMEDIATE UNIT
Special Education Department
368 Tioga Avenue
Kingston, Pennsylvania 18704

NOTIFICATION OF RESULTS OF PHYSICAL / OCCUPATIONAL THERAPY EVALUATION(S)

Date

Dear _____,

The Luzerne Intermediate Unit has provided a(n) _____
therapy evaluation for _____

At this time it does not appear necessary to place the student in a therapy program.

You have the right to review all data collected on this student. If you wish to discuss the
evaluation results you may call:

Specify staff member, telephone number and hours during the day when he/she can be reached.

Sincerely,

Therapist's Signature