

Medical Practitioner Authorization for SBAP Services

Student's name: _____

Date of the current IEP meeting: _____
Month / day / year

I reviewed the Individualized Education Program (IEP) for this student and agree that the following evaluations and health-related services recommended by the IEP team are both appropriate and medically necessary.

Evaluations	Related Services	Frequency	Projected Start Date	Anticipated Duration
<input type="checkbox"/> Audiology	<input type="checkbox"/> Audiology	_____	_____	_____
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Nursing	_____	_____	_____
<input type="checkbox"/> Orientation and Mobility	<input type="checkbox"/> Occupational Therapy	_____	_____	_____
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Orientation and Mobility	_____	_____	_____
<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Personal Care Assistant	_____	_____	_____
<input type="checkbox"/> Psychological	<input type="checkbox"/> Physical Therapy	_____	_____	_____
<input type="checkbox"/> Social Work	<input type="checkbox"/> Psychiatric	_____	_____	_____
<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Psychological	_____	_____	_____
	<input type="checkbox"/> Social Work	_____	_____	_____
	<input type="checkbox"/> Special Transportation	_____	_____	_____
	<input type="checkbox"/> Speech/Language	_____	_____	_____
	<input type="checkbox"/> Hearing Impaired	_____	_____	_____

Authorized Signature: _____ **Date:** _____

Practitioner Title: _____ **Record Review Time:** _____
No. of minutes

A School or Licensed Psychologist can recommend and authorize psychological services only.

A Licensed Social Worker, Licensed Professional Counselor, or Licensed Family Counselor can recommend and authorize social work services only.

