

# Physician's Recommendation for all Health Related Support Services Indicated on a Student's Individualized Education Program

I, \_\_\_\_\_, recommend that the following health related support  
services be evaluated and provided to \_\_\_\_\_, if deemed necessary, in accordance  
with the frequency and duration as indicated on the Individualized Education Program (IEP). This is being recommended due to

Physician, P.A., Nurse Practitioner

Name of Student

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Check all that apply:

**Speech Services:**

**Physical Therapy:**

**Occupational  
Therapy:**

**Skilled Nursing  
Services\*:**

\* A specific physician's order for Skilled Nursing Services with specific instructions is required

Signature: \_\_\_\_\_

Physician, P.A., Nurse Practitioner

Title: \_\_\_\_\_ Date: \_\_\_\_\_