

IEP/FSP Development Date: _____

Indicated as Part of IEP/FSP

Alachua County Public School
620 East University Avenue, Gainesville, FL 32601
Exceptional Student Education

Plan of Care

Type of Service: Occupational Therapy Physical Therapy

Student's Name: _____ School: _____ Medicaid #: _____ DOB: _____

Plan of Care: Initial Revised

Description of Student's Current Medical Condition:

Goals/Objectives:

Frequency: _____ Length: _____ Duration: _____ (may be total minutes per week)

Service Discontinued Based on IEP/FSP Recommendation on _____ No Yes -- If yes, state reason _____
(Date)

Print Therapist Name: _____ Credential: _____

Therapist Signature: _____ Date: _____