

# Medical Practitioner Authorization for SBAP Initial Evaluation Services

Student's Name: \_\_\_\_\_

Participating School Name: \_\_\_\_\_

## Initial Evaluations

<input type="checkbox"/> Audiology	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Orientation, Mobility & Vision
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Psychological
<input type="checkbox"/> Social Work	<input type="checkbox"/> Speech & Language	<input type="checkbox"/> Hearing Impaired

I agree that the Initial Evaluations above are both appropriate and medically necessary.

Authorized Signature \_\_\_\_\_ \*Date of Signature \_\_\_\_\_

Printed Name/Practitioner Title \_\_\_\_\_ License # \_\_\_\_\_

NPI# \_\_\_\_\_ MA Provider # \_\_\_\_\_

If review of medical necessity was conducted face-to-face with the student, separate documentation must be maintained.

\*The date of signature is required prior to or on the date of service. Refer to section 4.8 of the [SBAP Handbook](#) for the definition of the date of service.