

**SUFFOLK COUNTY DEPARTMENT OF HEALTH
OFFICE OF CHILDREN WITH SPECIAL NEEDS
Preschool Special Education Program**

PRESCRIPTION/RECOMMENDATION FOR PRESCHOOL SERVICES

Student's Name: _____ DOB: _____ CIN: _____

School/Provider: _____ District: _____
(Agency, Center Based School or Individual Provider)

The child named above is recommended for the following service(s). Services when provided will be in accordance with the Individualized Education Program designed by the Committee.

Period of Service: School Year 7/1/2022 - 6/30/2023

RECOMMENDED SERVICES TO BE PROVIDED



You must provide the MOST SPECIFIC ICD-10 CODE(S) for each service checked.

<u>Service/Therapy</u>	
Please use an ICD-10 code for each service selected	
<input type="checkbox"/> OT	ICD-10 Code _____
<input type="checkbox"/> PT	ICD-10 Code _____
<input type="checkbox"/> Speech	ICD-10 Code _____
<input type="checkbox"/> Psych Co*	ICD-10 Code _____
<input type="checkbox"/> NU**	ICD-10 Code _____

*Psych Co = Psychological Counseling Services

**NU = nursing services (In addition to the appropriate ICD-10 code, add the following description to the ICD-10 code: "Nursing services")