**PREVIOUS CLIENT INFORMATION**

|  |  |
| --- | --- |
| **CLIENT #1** | |
| School District Name |  |
| Address, City and State |  |
| Program POC (name, email, phone number) |  |
| Contract Administrator (name, email, phone number) |  |
| Term dates of contract |  |
| Services Provided |  |
| Number of assigned OT and/or PT staff |  |
| Number of students serviced (i.e, students who received direct and indirect OT and PT services) |  |
| Size of school district (i.e. total number of students) |  |
| Total Contract Amount |  |
| Specialized skills / services provided |  |
| Goals / Outcomes / Achievements |  |

**PREVIOUS CLIENT INFORMATION**

|  |  |
| --- | --- |
| **CLIENT #2** | |
| School District Name |  |
| Address, City and State |  |
| Program POC (name, email, phone number) |  |
| Contract Administrator (name, email, phone number) |  |
| Term dates of contract |  |
| Services Provided |  |
| Number of assigned OT and/or PT staff |  |
| Number of students serviced (i.e, students who received direct and indirect OT and PT services) |  |
| Size of school district (i.e. total number of students) |  |
| Total Contract Amount |  |
| Specialized skills / services provided |  |
| Goals / Outcomes / Achievements |  |