



Dear Parents,

With the increasing recognition of the early years as critical in a child's development, schools are screening children at younger ages to determine their strengths and weaknesses in important activities. Occupational Therapist's Steven Sanford will be conducting Occupational therapy screenings at your child's school on _____ . Even if you do not suspect any problems, we urge you to take advantage of this opportunity to have your child evaluated by state licensed therapists who specialize in pediatrics.

Each complete screening will include an evaluation of:

- | | | |
|--|-------------------|-----------------------|
| *Visual-motor integration skills | *Grasping skills | *Balance |
| *Visual perception skills | *Posture at table | *Sensory motor skills |
| *Ability to attend, follow directions and stay on task | | |
| *cutting | *writing | |

OCCUPATIONAL THERAPY

We will observe the development of gross motor, fine motor (cutting, coloring, and writing), self-care skills, and visual perception and attention skills. For younger children, we will also observe their developmental milestone achievements.

Following your child's screening, you will receive a confidential report from the therapists where they will show the results and recommendations for a follow up Evaluation if needed. If there are any concerns, you will be given information to contact The Children's Center for Therapy and Learning.

*****PLEASE UNDERSTAND THIS IS A SCREENING ONLY. SHOULD ANY RED FLAGS SHOW UP ON THE SCREENING, A FULL EVALUATION WILL BE DISCUSSED.**

Please complete and sign the following:

I hereby apply and consent to Therapy screening. I certify that I am the legal parent or guardian of the identified patient and that I have the right to independently seek OT services for this child.

Child's Name: _____ DOB: _____

Teacher/Class#: _____

Parent's email _____

Any Concerns Noted:

Parent/Guardian Signature: _____ Date _____