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 such as fine and gross motor skills as well as how they focus on non-preferred activities. Occupational Therapist's Steven Sanford and Katie Essary 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 licensed therapists who specialize in pediatrics.

There is no cost for each **screening**.

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, writing), self-care skills, 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 and NOT a full evaluation.**

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_____

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