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**Parent Permission for Screenings**

Dear Parent/Guardian,

As part of their holistic approach to early education, Harvey Browne has partnered with TheraPLACE Learning Center to offer occupational therapy screenings to enrollees this year. If permission is given, your child will participate in an approximately 15 minute screening during regular classroom hours. You will receive a note home summarizing findings and recommendations. Harvey Browne will also receive a confidential copy of the results. At this point, you may contact TheraPLACE to discuss evaluation, ongoing therapy services, fee schedules, and potential funding sources. Therapists will collaborate with teachers and caregivers to ensure maximum gains are made.

The cost of this screening is $15. Please place a check made out to TheraPLACE Learning Center in an envelope and staple to this form.

Child’s Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Birth Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Caregiver Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caregiver Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Yes, I want my child to receive an occupational therapy screening

 No, I DO NOT want my child to receive an occupational therapy screening

If you select yes, you have the option to attach a note with your concerns to this form, and invite teachers to do the same. Any information you provide is confidential, and will help the therapists to more fully understand your child’s capabilities.

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Parent/Caregiver Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Caregiver Signature

Parent/Caregiver Signature

**How Do I Know If My Child Might Benefit From**

**Occupational, Speech, or Physical Therapy Services?**

\_\_\_\_ 1. Difficulty focusing attention or unable to shift to next activity.

\_\_\_\_ 2. Seems weaker or tires more easily than other children.

\_\_\_\_ 3. Needs more practice than other children to learn new skills.

\_\_\_\_ 4. Difficulty with the use of a spoon or cup and/or has messy eating habits.

\_\_\_\_ 5. Difficulty putting on shoes (not tying) or getting on coat with zipper.

\_\_\_\_ 6. Appears clumsy, often tripping or bumping into people and furniture.

\_\_\_\_ 7. Dislikes playing with puzzles or small manipulative toys (blocks, beads, etc.)

\_\_\_\_ 8. Difficulty paying attention or following instructions.

\_\_\_\_ 9. Overly active, unable to slow down and appears to be in constant motion.

\_\_\_\_ 10. Does not accept change in routine easily.

\_\_\_\_ 11. Dislikes swimming, bathing, hugs, and/or haircuts.

\_\_\_\_ 12. Over-reacts to touch, taste, sounds, or odors.

\_\_\_\_ 13. New people have difficulty understanding what my child is saying.

\_\_\_\_ 14. Has difficulty making friends with children of the same age, prefers adults or younger children.

\_\_\_\_ 15. Frequently pushes, hits, or uses too much force when playing with other children.

\_\_\_\_ 16. Avoids coloring or drawing.

\_\_\_\_ 17. Has difficulty following directions, especially if there are multiple steps.

\_\_\_\_ 18. Appears to have trouble walking up or down stairs.

\_\_\_\_ 19. Sits with legs in "W" shape, on bottom with knees bent and legs out to each side.

\_\_\_\_ 20. Struggles to catch a ball or throw at a target.

**SPEECH THERAPY**

**Expressing language**

**Pronouncing letter sounds**

**Understanding language**

**Interacting with peers**

**OCCUPATIONAL THERAPY**

**Drawing, writing, coloring**

**Dressing and self-care**

**Attending to task**

**Sensory processing difficulties**

**PHYSICAL THERAPY**

**Strength**

**Coordination**

**Endurance**

**Motor planning**

**Therapy Services for Preschoolers**