

PARENT NOTIFICATION OF OCCUPATIONAL THERAPY SCREEN OR EVALUATION

Date: ____/____/____

Dear Parent/Guardian of _____ :

The student services team at _____ requested an Occupational Therapy screening/evaluation of your child within the school setting. Depending on the concerns outlined by the educational team of which you are a part, one or more of the following areas will be assessed:

- Personal Care (feeding, toileting, dressing, hygiene, managing personal belongings, personal organization, task-related mobility)
- Student role/Interaction Skills (following routines of classroom/specials/school/bus/cafeteria, safety awareness, respecting the space/time/materials of others, staying seated, requesting help, making needs/wishes known, social awareness, building/maintaining relationships)
- Learning academics/Process skills (following demonstrations, copying models, carrying out verbal directions, attending to instruction, using classroom tools, managing materials, completing assignments)
- Play (turn-taking, imaginative play, sharing materials, exploring new play ideas/opportunities)
- Written/Graphic communication (handwriting, keyboarding, drawing, coloring, art)

Because you are a valuable member of your child's educational team, your input is important in the evaluation process.

The results of this screening/evaluation will be shared with you following completion. If you have further questions, please feel free to contact me at 336-751-2229 Ext. 4210.

Parent/Guardian determination for Occupational Therapist to Test:

- Yes, I would like my child tested/screened by Occupational Therapy for the above areas.
- No, I do not wish my child to be tested/screened by Occupational Therapy.

Parent/Guardian Signature: _____ ***Date:*** _____

Please return this form to your child's teacher who will give to the student services team. A copy will be sent to the occupational therapist to notify her of your permission to test or screen.

Thank you for your help.

Sincerely,

Angelia Wood, OTR/L and Susan Cujas, OT/L

Occupational Therapist
Davie County School System