



Parent Notification of Occupational Therapy Screening

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.

Parent/Caregiver Name

Date

Parent/Caregiver Signature

