



THERAPEUTIC
MOVEMENTS

Dear Parents,

The beginning of a new school year brings excitement and new growth. As an occupational therapist, I work with children needing additional support in their own skill development and within the school environment. I consider fine motor skills, gross motor skills, sensory processing needs, visual skills, anxiety and attentional needs, social skills, and behavioral management. In conjunction with classroom teachers and learning specialists, I am available to provide occupational therapy screenings to help identify children in need of assistance in developing foundational skills. Additional one on one support provided early on to children in need can help them successfully transition to more challenging or rigorous learning environments later on.

Therapeutic Movements will be offering Lower School screenings at your child's school to screen developmental areas including fine and gross motor skills, visual motor skills, writing and pre-writing skills, self-help skills, emotional regulation, sensory processing, and social skills. Each screening is offered to parents for a \$45 fee. If further evaluation is recommended, your screening fee will be applied toward future costs. A licensed occupational therapist will conduct the one-on-one screening session lasting approximately 15 minutes. You will receive a copy of the screening and written feedback by email regarding screening results and recommendations.

If you are interested in having your child participate in this screening, please complete the bottom section of this form and return to your classroom teacher. Therapeutic Movements will then coordinate a screening time with your child's teacher, and you will be informed of the screening prior. Please contact Dalton Pfiffner, MOT, OTL by email at dalton@therapeuticmovements.com or by phone or text at 214-212-3048 with any questions.

Sincerely,

Dalton Pfiffner, MOT, OTL

Therapeutic Movements

Occupational Therapy Screening Request Form

Child's Name: _____ DOB: _____ Gender: _____
School: _____ Grade: _____ Age: _____ Teacher: _____ Parent's
name: _____ Phone Number: _____ Email: _____

Please describe your concerns:

I give permission for my child to receive an occupational therapy screening with Therapeutic Movements. I give consent for Therapeutic Movements to communicate with my child's school regarding concerns and results. Information regarding my child and screening results will remain only with the school and Therapeutic Movements and will not be disclosed to anyone else.

Parent Signature and Date