



CONSENT FOR SCREENING OCCUPATIONAL THERAPY

Consent for Screening

Permission For Occupational Therapy Screening

I, _____, authorize Pam Niedzwiecki, MS, OTR/L to screen my child for age-appropriate Occupational Therapy development. Mrs. Niedzwiecki will provide results and may recommend formal evaluation. A separate consent will be requested if parent agrees to an Occupational Therapy Assessment. There is no charge for the initial screening.

Student Name: _____ Teacher/Grade: _____

Signature: _____ Date: _____

Parent/Caregiver Name: _____ Relationship: _____

Parent/CG Phone Number: _____

Parent/CG Email: _____

Preferred Method of Contact (please circle all that apply): _____ email _____ or _____ phone _____