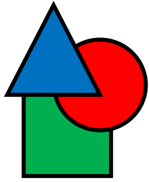

Pediatric Therapy Partners

PHYSICAL THERAPY • OCCUPATIONAL THERAPY • SPEECH-LANGUAGE THERAPY

3003 32nd Avenue South • Suite 9 • Fargo, ND 58103 • Phone 701.232.2340 • Fax 701.232.2330

www.PediatricTherapyPartners.com

Dear Parent(s) / Guardian(s),

Pediatric Therapy Partners is an outpatient clinic that provides pediatric Physical Therapy, Occupational Therapy and Speech-Language Therapy. We are offering your child a free developmental screening at the following location:

____.
Facility Name (Home, Daycare, etc) Contact Person Telephone number

____
Address City Zip code

A qualified, licensed therapist who has been trained to administer the screening tool will screen your child to measure their developmental skills in a variety of areas. Your child's results will be shared with you through written documentation and/or by telephone contact with a therapist.

If you are interested in a screening, please sign and return this form to:

☐ Your child's caregiver / teacher ☐ Pediatric Therapy Partners Office

Screenings will not be performed without your consent and your child is not required to participate.

Thank you,

Pediatric Therapy Partners

____ Yes, I would like ____ to participate in this screening.
(Child's Full Name)

Child's Date of Birth: ___________________________

Office Use: Child's Chronological Age: ____________

_____ Yes, screen results can be shared with daycare and support staff.

_____ No, this screen is confidential and should not shared with daycare and support staff.

____ ____
(Parent / Guardian Name – Please Print) (Telephone Number)

I am particularly concerned about my child's:

____	Balance	____	Grasping	____	Social Skills	____	Walking
____	Writing	____	Communication	____	Dressing	____	Feeding
____	Sitting	____	Stuttering	____	Coordination	____	Clarity of Speech
____	Attention Span	____	Number of Words	____	Other: _______________________________		

____ ________________________________
Parent / Guardian Signature Date