

**Midwestern Intermediate Unit IV
Physical and Occupational Therapy Department
Notice of Screening**

Date _____

To the Parents of _____,

Your child's educational team has some concerns about his/her functional school skills. They have requested that a screening be conducted by an

Occupational Therapist Physical Therapist

This screening will consist of an observation of your child by a therapist and a consultation with the classroom teacher.

At the conclusion of the screening, the therapist will recommend whether or not a more thorough evaluation needs to be conducted. If indicated, you will be asked to give written permission for this thorough evaluation.

Please indicate your agreement or disagreement with this proposed screening and return to me within ten days.

I agree to a screening I do not agree to a screening

Parent Signature

date

If you have any questions you may contact:

Sincerely,