



2200 South Waldron Rd
Fort Smith, AR 72903
Phone: 479.434.2371
Fax: 479.434.2009

FREE SCREENING AUTHORIZATION

Name of child: _____

Child's Date of birth: _____(required for testing)

I, _____(parent or guardian), give Thera-Play Pediatrics permission to screen, _____(child's name), in the areas of gross motor development, fine motor development, sensory integration, speech and language development (Physical, Occupational, and Speech Therapy).

By giving my permission, I understand that I will receive results of this screening and will have the opportunity to discuss these results with the examiner. I understand results from testing may indicate need for further evaluation to assess potential treatment intervention (PT, OT, ST). I understand all information gathered from the screening will remain confidential and shared with others only upon my authorization. Screening results are based on standardized developmental assessment tools and pediatric clinical knowledge. Parent or guardian communication will be initiated by the screening therapist when screen indicates possible further intervention.

I understand that the screening will be *free of charge*, and that I will be contacted with the results.

Signature _____

Date: _____

Phone Number: _____

(Required to communicate screener results)