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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