



Dear Parents:

We are pleased to share that Occupational Therapy (OT) screenings are provided at Charlotte Country Day School by Southern Piedmont Pediatric Therapy. Jeanmarie Tommasulo, a North Carolina Licensed Occupational Therapist, is the owner of this company and provides screenings and subsequent OT services, if needed. Her primary emphasis is helping children develop better fine motor skills and handwriting. Jeanmarie, and her assistants, operate independently of Charlotte Country Day School, and are not employees of the school.

There is no cost for this screening. If, however, you choose to schedule OT services for your child on our campus, all financial arrangements will be between you and Southern Piedmont Pediatric Therapy.

By signing this permission slip, you are permitting Country Day faculty and Jeanmarie to communicate about the educational needs of your child. Therapists from Southern Piedmont Pediatric Therapy frequently work with students on campus and serve as valuable resources to our faculty as we strive to support the needs of our students.

Again, please submit this form if you would like your child to participate in the screening, which will be provided at no cost.

Thank you,

Bill Mulcahy  
Head of Lower School

Pryor Rayburn  
Lower School Director of Educational Resource Program

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Name of student \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Referred \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

**Check area(s) of concern below:**

- |   |   |
|---|---|
| <input type="checkbox"/> Difficulty using scissors        | <input type="checkbox"/> Visual-perceptual difficulties                           |
| <input type="checkbox"/> Inappropriate pencil grip        | <input type="checkbox"/> Difficulty with manuscript writing                       |
| <input type="checkbox"/> Difficulty with cursive writing  | <input type="checkbox"/> Difficulty copying                                       |
| <input type="checkbox"/> Fine motor manipulation problems | <input type="checkbox"/> Lack of hand dominance                                   |
| <input type="checkbox"/> Postural problems                | <input type="checkbox"/> Difficulty dressing (tying shoes, fastening button, etc) |

YES, I give permission for my child to participate in the screening for fine motor and/or handwriting skills.

Parent Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO YOUR CHILD'S TEACHER TOMORROW**