



Dear Parents,

We are pleased to share that Occupational Therapy screenings are provided at Charlotte Country Day School by Southern Piedmont Pediatric Therapy. Jeanmarie Tommasulo and her associates provide the screenings and subsequent services if needed. The primary emphasis is helping children develop better fine motor, visual motor and sensory motor and handwriting skills. Jeanmarie and her associates operate independently of Charlotte Country Day and are not employees of the school.

**Screenings** are brief 15-20 minute clinical observations to determine if an OT **evaluation** is needed. There will be a fee of \$25 for each screening. After the screening, you will be provided a screening form, which will outline the screening results and any follow up recommendations. Parents will need to follow up with OT for scheduling and discussion of the screening results. If you choose to schedule OT services for your child on our campus, all financial arrangements will be between you and Southern Piedmont Pediatric Therapy. \*\*OT's are on campus 1-2 days per week. Please anticipate 2-3 weeks for completion of the screening.

Thank you,

Warren Sepkowitz  
Head of Lower School

Sherry Harris  
Lower School Director of Educational Resource Program

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Name of Student \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Today's Date \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

Check Area(s) of Concern Below:

- |                                                           |                                                         |
|-----------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Inappropriate Pencil Grasp       | <input type="checkbox"/> Visual Perceptual Difficulties |
| <input type="checkbox"/> Difficulty with Handwriting      | <input type="checkbox"/> Difficulty with copying        |
| <input type="checkbox"/> Lack of Hand Dominance           | <input type="checkbox"/> Postural Problems              |
| <input type="checkbox"/> Fine Motor Manipulation Problems | <input type="checkbox"/> Difficulty Dressing            |
| <input type="checkbox"/> Sensory Concerns                 | <input type="checkbox"/> Difficulty using scissors      |

☐ Yes, I give permission for my child to participate in the screening for the above skills.

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

Email Address: \_\_\_\_\_

*Please return this form to your child's teacher tomorrow along with a \$25 check made out to Southern Piedmont Pediatric Therapy.*