



IROQUOIS SPECIAL EDUCATION ASSOCIATION

106 EAST FRONT STREET • GILMAN • ILLINOIS • 60938
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PT Parent Consent for Screening

Your child, _____, has been referred for a Physical Therapy Screening by _____ (name and position) due to his/her/their concerns about motor coordination skills. Under the rules and regulations governing PT practice in public schools, we must obtain written consent to directly observe your child. Please be aware that these regulations also require that any PT services provided in the school must address concerns which interfere with your child's ability to benefit from his/her educational program.

Please sign and date below and return this form to school as soon as possible so the screening process can begin.

Signature of Parent/Guardian

Date

Please indicate below if you have any concerns about your child's motor skills, or any information you feel we need to be aware of before the screening is conducted (e.g. was your child late to reach milestones, such as learning to walk, speak, tie shoes, ride a bicycle?).

Does your child have any significant medical history we should be aware of, or any medical diagnosis?

If you have any questions about the PT Screening process, please call the ISEA office at 815-683-2662 or email the PT (Wendy Reils) at wreils@yahoo.com. Wendy's cell phone number is 815-931-8811.