



Play To Learn Therapy, Inc.

11921 S. Dixie HWY, STE 217/218 ● Pinecrest, FL 33156 ● T: (786) 791-0705
F: (786) 408-5774 ● info@ptlther.com

Screening Information/Registration

Occupational Therapy Screening:

An occupational therapy screening is a tool that can be used to assist with identifying children who would benefit from therapy services, such as a more comprehensive evaluation, possible continuation of care, and/or monitoring/consultation services. The screening is administered within the school setting and requires approximately 15 to 20 minutes to administer. The screening is open to all students with parental consent, and appointments will be confirmed when the registration form and payment have been received.

Reasons/Benefits of Screening:

- Early identification of developmental delay (fine motor, gross motor, sensory, graphomotor concerns)
- Preventative measure to ensure development is on track
- Quick assessment of foundational skills
- Opportunity to educate and collaborate with educators to provide suggestions

Play To Learn Therapy, Inc.:

Play To Learn Therapy is a private occupational therapy practice operating out of Miami-Dade, Florida. Their focus is on providing children of all ages with the tools needed to achieve success within their natural environments. It is owned and operated by Lorin Heagan MSOT,OTR/L, who has been a certified occupational therapist since 2012. Her practice offers: Preliminary screenings, detailed assessments/evaluations, one-on-one customized therapy sessions, direct observation in a natural setting, caregiver/teacher consultations and collaboration, assistance with program modification, and home exercise programs/sensory diets.

Registration and Payment:

Pre-registration is required for all screenings. Please complete the attached forms in their entirety and return them to the appropriate school administrator. The cost of the screening is **\$50.00** and must be paid in full via zelle (lorin@ptlther.com) before the screening is administered. Should a full evaluation be recommended, then this screening fee will be deducted from the total cost.



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Registration Form

Child's Name _____ D.O.B _____

Parent(s) _____

Address _____

Primary Phone _____ Primary Email _____

School _____ Grade/Teacher _____

Any concerns you would like to share with us regarding your child? *PLEASE COMPLETE ATTACHED SENSORY SCREENING*

Please list any current or past therapy services (OT, SPT, ABA) that your child is receiving or has received:

Is there anything else that you would like us to know about your child?

Consent & Release

I understand the nature of the occupational therapy screening program and give full permission for my child to participate in the occupational therapy screening provided by Play To Learn Therapy, Inc and to consult with school personnel, as needed. The screening will be administered at my child's school. I understand that all precautions will be taken to ensure the safety of my child during the screening process. I give permission for screening results to be communicated to me via email. I understand registration is complete when this consent form is signed/returned and payment is received by Play To Learn Therapy, Inc.

Parent/Guardian Signature

Date



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Release Of Screening Information

Child's Name _____ D.O.B. _____

I, _____, parent of _____, give permission to Play To
Learn Therapy, Inc. to release information, verbal and written, regarding the results of my child's occupational therapy
screening to all pertinent administration, faculty, and staff at _____
school.

Parent/Guardian Signature

Date