Screening Referral Request Form

Child's Name_____ DOB_____

Referring School_____ Teacher_____

Class:_____ Class Days/Times:_____

Teacher: Please Check Any/All Areas of Concern or Question Below

☐ Rushes through work
☐ Poor coordination
☐ Falls/trips frequently
☐ Difficulty with word finding
☐ Aggressive
☐ Poor separation from caregiver
☐ Picky Eater
☐ Distractible
☐ Off-topic comments/responses (decreased interaction)
☐ Quickly loses focus
☐ Difficulty following multistep directions
☐ Argues/Controlling
☐ Difficult to understand
☐ Watches peers before trying to participate
☐ Impulsive

☐ Unexpected emotional responses
☐ Additional response time required
☐ Difficulty with multistep directions
☐ Difficulty with story retell and organization of thoughts
☐ Difficulty organizing materials
☐ Difficulty with conversation exchanges
☐ Decreased balance
☐ Poor posture (slouches, w sits)
☐ Toe walking
☐ Poor grasp patterns (scissors, pencils)
☐ W sits
☐ Difficulty completing tasks
☐ Movement is not fluid or efficient (ascending/descending stairs, running, etc)

☐ Seeks or avoids Auditory sounds (covers ears, makes sounds)
☐ Seeks or avoids Movement (fidgety, always moving, hesitates with movement)
☐ Seeks or avoids Smell (seeks out smelling objects, sensitive to smells)
☐ Seeks or avoids Touch (bumps into others, dislikes touch, poor personal space)
☐ Seeks or avoids Sights (stares at objects, covers eyes, head down, rubs eyes)
☐ Decreased participation in movement tasks (hesitation to engage)
☐ Frequently bumps into others

Additional Teacher Comments:

Dear Parent/Caregiver,

Your child's teacher has identified some difficulties that your child is having in the classroom. A screening has been requested to support the teacher with suggestions for accommodations and strategies. The screening will also help determine whether your child could use assistance from a pediatric therapist or other professional that can provide resources to allow opportunity for optimal future development. The screening process may include developmentally appropriate and natural interactions with your child, observation, enjoyable game like activities, and/or consultation with your child's classroom teacher. Please take time to complete the questionnaire on the back of this page. Answering yes or no to the questions listed is not a true indicator of the need for intervention, but it can help the therapist measure the impact of any developmental differences that exist and allow the therapist to look more closely at those specific areas so that we can provide strategies to you and the classroom teacher if intervention is not needed at this time.

Please return this required permission form, completed and signed as soon as possible. If you would prefer that your child be screened when you can be present, you may call to request a free screening at our BDI Playhouse facility in Naperville/Aurora or Orland Park by calling (708) 478-1820. We look forward to working with you and your child!

☐ I give my permission for you to observe and screen my child at school and consult with the teacher.
☐ I would prefer to schedule a screening at BDI playhouse when I can be present.
☐ I would prefer to consider other outside resources and will be in contact with the teacher.

Child's Name_____ DOB_____

Consenting Adult (Please Print)_____ Consenting Adult signature_____

Email:_____ Phone:_____

Best time to reach me and preferred method of contact_____

PLEASE MARK YES OR NO TO THE QUESTIONS BELOW:

1. Does your child show signs of frustration when communicating with others? ☐ Yes ☐ No
2. Do you find that you have to "translate" frequently for others to understand your child? ☐ Yes ☐ No
3. Does your child have difficulty keeping up during physical activities with peers, seem uncoordinated, or fall often? ☐ Yes ☐ No
4. Does your child "W" sit, lean on tables, and/or prefer to sit rather than stand? ☐ Yes ☐ No
5. Does your child become easily frustrated when attempting to learn new tasks? ☐ Yes ☐ No
6. Does your child walk on his/her toes more than 50% of the time? ☐ Yes ☐ No
7. Does your child need to be warned of or prepared for changes in routines and/or transitions to new activities? ☐ Yes ☐ No
8. Does your child follow two step non-routine directions well? ☐ Yes ☐ No
9. Does your child enjoy the park and try new equipment independently? ☐ Yes ☐ No
10. Does your child interact with and enjoy other children? ☐ Yes ☐ No
11. Does your child enjoy, accept and successfully/safely eat a variety of food types/textures/temperatures without difficulty chewing and swallowing? ☐ Yes ☐ No
12. Does your child complete dressing related tasks with minimal assistance and without frustration? ☐ Yes ☐ No

The following is a summary of your child's performance during the developmental screening process from BDI Playhouse. Please review these findings, including areas of strength, areas of concern, and/or recommendations provided. Also, please contact BDI Playhouse directly for further discussion or clarification. It is our strongest desire to see your child succeed and we are happy to help in any way. After the screening, the bottom of this form will be completed and returned to you. If you have questions, therapists at our Naperville or Orland Park facility can be reached at (708) 478-1820.

Screening Date: _____ Therapist Name: _____

Therapist Observations/Suggestions:

☐ No follow-up is needed at this time. ☐ Please contact BDI Playhouse at 708-478-1820 to schedule a FREE follow-up screening and consultation at our facility, when you can provide additional information.