Dear CUMC Parent/Guardian,

We are offering Occupational Therapy services at Crestwood United Methodist Church Preschool.

My name is Carly Butler and I am a certified Occupational Therapist (OT). I am a licensed practitioner in the state of Kentucky and hold my national certification. I have been practicing OT for 9 years, and for the past four years I have been providing OT services through First Steps and the Kentucky Early Intervention Program. My passion is for all children to feel confident, capable and included allowing them to explore, learn and succeed. I have continued my education in neuroplasticity, oral motor stimulation and feeding strategies, as well as sensory processing. I am also a CUMC mom and have my youngest attending CUMC this year.

OT Services Provided:

1. Screening: $20

- Parents complete a Request for OT Screening Form found at the school office
- OT will observe Child in classroom setting to determine if further assessment is warranted
- OT will call Parent/Guardian with recommendations and will provide a short report if necessary

2. Evaluation: $90

- OT completes a comprehensive evaluation looking at development components including sensory processing, fine and gross motor coordination, social skills, self-help skills, cognition, core strength, balance, as well as posture/positioning
- A report is generated based on evaluation results with goals created

3. Therapy: $40

- At each session OT will see the child individually for 30 minutes
- A note and homework will be sent home after each session
- Annual re-evaluations will be conducted, updates will be reported to parents

I look forward to talking with you about your child. If you have any questions, please feel free to email or call me.

Thank you!

Carly Butler OTR/L
812-385-6086
carlybutlerotr@gmail.com

# Request for OT Screening Form

Child's Name: _____ Date: _____
Date of Birth: _____
Teacher: _____
Parent's Names: _____
Phone Number: _____
Address: _____
Email: _____

Has your Child previously received therapy? If yes, please list where.

_____

Please indicate any current concerns:

_____

_____

_____

Answer the following questions to help me better understand your Child's preferences and comfort levels. There is no need to over think on these questions. Please circle Y or N indicating how you feel your Child responds MOST of the time.

Does your Child:

- enjoy playing with other children? Y/N
- indicate hunger, thirst, and pain? Y/N
- sit and attend to an entire age appropriate book? Y/N
- seem fearful of feet leaving the ground? Y/N
- need to move frequently? Y/N
- play using too much force appearing to not know his/her strength? Y/N
- appear clumsy or lose balance frequently? Y/N
- bump into people or objects frequently? Y/N
- like deep pressure, tight hugs, and/or enjoy being "smashed" or "squeezed"? Y/N
- have difficulty settling after becoming upset? Y/N
- become upset with loud noises (vacuum, noisy room/setting, toilet flushing, hand dryer, etc)? Y/N
- appear to ignore you or not hear when you speak? Y/N
- become upset in busy or new environments? Y/N
- have a hard time with change, needing consistency? Y/N
- have difficulty transitioning between activities? Y/N
- have difficulty settling for sleep at bedtime? Y/N
- feel uncomfortable with things touching their skin (clothing/tags or washing at bath time)? Y/N
- feel uncomfortable getting hands messy (playing in dirt, paint, slime, sticky items, play doh)? Y/N
- seem to have an increased awareness or heightened sense of smell? Y/N

Does your Child enjoy:
- moving frequently? Y/N
- climbing on most playground equipment? Y/N
- crashing into things? Y/N
- swinging? Y/N
- going down the slide? Y/N

Does your Child enjoy:
- Coloring Y/N
- Gluing Y/N
- Cutting Y/N

How often does your Child participate in these activities? Please Circle (Daily, Weekly, Occasionally)

Does your Child have a preferred hand when eating? Y/N If so, please circle ( R/L )

After answering the Yes/No questions above are there any other preferences, habits, avoidances or behaviors that you feel would be beneficial to know?_____

_____

_____

Does your Child follow 2-3 step instructions (<1>please put on your coat and <2>stand by the door)? Y/N. How many steps does your Child consistently follow?_____

Are there any areas of your typical day and daily routines that feel challenging? If so, please explain:_____

_____

What are your Child's favorite activities? How long will your Child attend to these activities?

_____

_____

I give permission for Carly Butler to perform an Occupational Therapy screening and communicate the results to myself and the CUMC school staff.

_____ (Signature)

_____(Date)