**Occupational Therapy Consent Form**

Dear Parent / Guardian,

In order to offer your child the best possible support for their needs it may be necessary to refer them to our school Occupational Therapist for advice and guidance on needs relating to life skills, fine / gross motor skills and sensory processing.

Once a referral has been agreed the therapist will observe and assess your child within the school environment and may also request a parental consultation.

Following assessment, the therapist will provide a report with recommendations to meet the child’s needs.

If you wish for your child to have access to the occupational therapist, please fill in the reply slip below and return it to school, marked for the attention of the occupational therapist.

Kind Regards

Mr D Mullen Mrs J Cookson

**Assistant Head Teacher Independent Specialist Occupational Therapist**

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**Matrix Occupational Therapy Service**

**&**

**West Lancashire Community High School**

Please tick the appropriate box below

I give consent for my child to access the occupational therapist

I do not give consent for my child to access the occupational therapist

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print full name/s)