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## Occupational Therapy Screening/Evaluation Permission Form

Student's Name: \_\_\_\_\_

A. I hereby give permission for the Occupational Therapist to administer a General Occupational Therapy Screening to my son/daughter.

- Yes, PHILLIPS School~Fairfax **HAS** my permission to administer screening.  
 No, PHILLIPS School~Fairfax **DOES NOT HAVE** my permission to administer screening.

B. If this finding is significant, I hereby give permission for a full Occupational Therapy Evaluation.

- Yes, PHILLIPS School~Fairfax **HAS** my permission to administer evaluation.  
 No, PHILLIPS School~Fairfax **DOES NOT HAVE** my permission to administer evaluation.

I understand that I will be provided with the results of the screening.

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Parent/Guardian Signature

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Date