Skilled Kids Occupational Therapy

Occupational Therapy and Consulting for Children

Mahshid Hosseini, MScOT
Occupational Therapist

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CONSENT FORM

FIRST NAME OF CHLD:

LAST NAME OF CHILD:

DATE OF BIRTH:

I, the undersigned,

Name of Parent/Guardian

Address:

Relationship to child/student:

CONSENT FOR OCCUPATIONAL THERAPY ASSESSMENT AND INTERVENTION

Authorize Mahshid Hosseini, occupational therapist to:

- Assess, treat the child/student and make recommendations. This assessment may include observation of the child, formal and informal testing, follow up visits, and ongoing intervention.
- Interact with the child/student for the purpose of providing appropriate training for school or preschool personnel (optional).

I understand that the results of the assessment and the recommendations will be discussed with me.

Signature: Date:

WITNESS:
Signature: Date: