

Dear Temple Beth EL Early Learning Center Families,

We are pleased to be able to offer you Physical Therapy screenings right here at school.

Pediatric Physical Therapy aims to enhance a child's ability to participate in daily activities, play, and interact with their peers, promoting overall physical and developmental health. Pediatric Physical Therapy is designed to be engaging and fun, often incorporating play and age-appropriate activities to keep children motivated while working on their physical challenges.

A child might need Physical Therapy for a variety of reasons, each tailored to address specific physical, developmental, or medical challenges.

Here are some signs that your child may benefit from a Physical Therapy screening:

**Posture/Movement Patterns:**

- W-Sitting
- Toe-Walking
- Difficulty turning their head towards one side or favoring a side
- Changes in head shape to include flattening

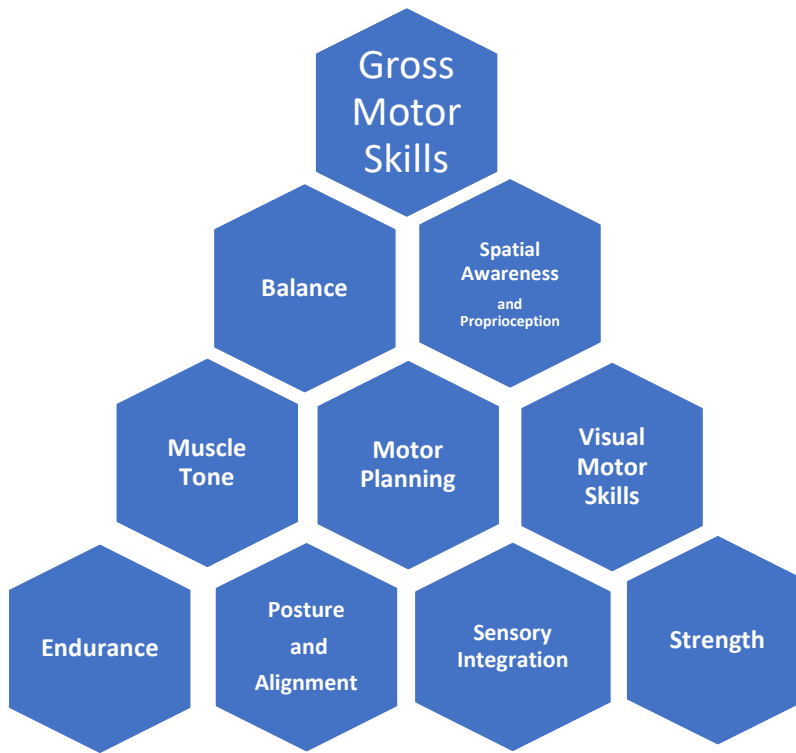
**Classroom Findings:**

- Difficulty sitting upright in a chair
- Difficulty sitting during circle time
- Frequent falls
- Demonstrates difficulty with reading or writing
- Demonstrates difficulty sequencing multi-step directions
- Difficulty with floor to stand transitions
- Difficulty picking up objects from the floor

**Unable to keep up with friends during gross motor activities**

- Difficulty navigating the playground equipment
- Difficulty climbing
- Difficulty throwing/catching/kicking/rolling a ball
- Unable to keep up with friends while navigating the school
- Late to crawl, stand, walk, or run

Physical Therapy can help work on:



If you would like your child to participate in a Physical Therapy screening, please fill out the attached form and email it directly to [Admin@fitpt.org](mailto:Admin@fitpt.org).

Please feel free to call us at 561-501-1983 with any questions.

**F.I.T. PT**  
**Florida In-Home Therapy**  
**P: (561) 501-1983**  
**F: (561) 270-6965**  
**Admin@fitpt.org**  
**www.fitpt.org**



### Consent for Physical Therapy Screening

Physical Therapy Screenings will take place at Temple Beth El while your child is in school. The Physical Therapy screening is \$20 payable via credit card to F.I.T. PT. The date and time of the screening will be coordinated with your child's teacher. Your presence is not required for your child to participate in the screening however, you are welcome to attend. The Physical Therapist will communicate their findings with you both verbally and in writing. If Physical Therapy is recommended after the screening, a formal Evaluation can be coordinated.

Please complete and email the following form to [Admin@fitpt.org](mailto:Admin@fitpt.org). Once received, we will contact you via phone.

I wish for my child to participate in a Physical Therapy screening.

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

Parent(s) or caregiver(s) name(s): \_\_\_\_\_

Parent(s)/caregiver(s) phone number: \_\_\_\_\_ Email: \_\_\_\_\_

My child attends school these days and hours: \_\_\_\_\_

Class Name: \_\_\_\_\_

I authorize the Physical Therapist to discuss their findings and collaborate with the classroom teachers/school staff when appropriate.

I have the following concerns about my child's development:

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My child has the following medical conditions:

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I agree to allow the Physical Therapist to photograph/videotape during my child's Physical Therapy screening for educational purposes to share their findings with myself and/or the authorized parties listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_