

 Date:

Dear Parents,

Welcome to a new school year! My name is Amanda Atkinson and I will be providing Occupational Therapy (OT) services at school #\_\_\_ during the 2014-2015 school year. I am scheduled to be at school #       on       from      .

If you have any questions or concerns regarding your child’s Occupational Therapy service provision, feel free to contact me at any time. I can be best reached via email at Amanda.Atkinson@RCSD12.org. I can also be reached via phone at      .

I have also enclosed the days/times that your child is scheduled to receive Occupational Therapy services. I have worked with your child’s classroom teachers to ensure that the schedule time is of minimal disruption to their educational program. Occupational Therapy services will begin on *.*

Please fill out and return the bottom portion of this form to ensure that I have the most up-to-date information in order to contact you when needed.

I am looking forward to working with your child. Have a wonderful year!

Sincerely,

 

**Amanda M. Atkinson MS; OTR/L**

|  |  |
| --- | --- |
| **Student Name** |  |
| **Frequency of Service** |  |
| **OT Schedule** | *DAY* | *TIME* |
|  |  |
|  |  |
|  |  |

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**Occupational Therapy Caregiver Information Sheet**

***(please return to school ASAP)***

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Parent Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Phone #: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Cell Phone #: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Preferred Contact Method | 🞎 Please reach me via home phone🞎 Please reach me via cell phone🞎 Please reach me via email |