



Wolf Pediatric Therapy Services

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Pediatric Screening Form

Please check the area(s) below that have concerns with and would like to be screened. A licensed and registered Speech-Language Pathologist, Occupational Therapist or Physical Therapist will screen your child.
Your child's results will be shared with you through a written screening summary.

Once screening form is completed please fax or email to:
fax:479-363-6763 wolftherapy4kids@gmail.com

Facility: _____ Facility Phone # _____ Current Date: _____

(Please Check All Areas of Concern)

FREE Developmental Screening

Infant

- Feeding and Eating Difficulties
- Sleep Difficulties
- Motor / Physical Development (head control, rolling, sitting, transfer objects)
- Difficulty with regulation / calming
- Language Development (cooing, babbling)

Speech/Language Therapy

- Articulation (makes incorrect sounds or has difficulty producing sounds in speech)
- Language (understanding or spoken –i.e. difficulty following directions, answering or asking questions and/or limited vocabulary)
- Voice/Fluency (unusual voice quality, volume, or style, including "stuttering" concerns)
- Dysphagia (trouble with chewing and swallowing food, chokes easily, pockets food in cheeks, sneezes/coughs/eyes water when eating)
- Hearing concerns

Occupational Therapy

- Fine Motor/Dexterity (use of hands and fingers), visual motor (use of eyes and hands together), and perceptual skills (accurately perceiving information, i.e. reversals)
- Self-Care/Daily Living Skills (dressing, eating, toileting, grooming, home routine, and transitions)
- Sensory Integration/processing/regulation
(over sensitive or under sensitive to environment –i.e. difficulty "calming down", oversensitive to lights/sounds/textures)
- Play and peer interactions

Physical Therapy

- Gross Motor (run, hop, walk, frequent falls or balance difficulties, unmotivated to play on playground equipment).
- Ambulation (walking): flat feet, toe walking, decreased endurance.
- Coordination: frequent falls, trouble with kicking, throwing, or jumping.

I give permission to screen/re-screen my child.

Child's Name: _____ Date of Birth: _____

- Yes, screening results can be shared with daycare/support staff
- No, this screen is confidential and should not be shared with daycare/support staff

Parent/Guardian Name: _____ Phone Number: _____
(please print)

Parent/Guardian Signature: _____