Aspire Therapies, LLC

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Form 3: Consent to Evaluate and Treat — Occupational Therapy

If your child receives both occupational therapy and speech therapy at Aspire, please complete and sign both Form 3 and Form 4.

Child's name _____ Date of birth _____

I give permission for Aspire Therapies, LLC's licensed occupational therapists (OTR/L) to evaluate my child, and for Aspire's occupational therapists and certified occupational therapy assistants (COTA), working under an occupational therapist's supervision, to treat my child.

I understand that:

1. **The evaluation** is completed by a licensed occupational therapist (OTR/L). It may include standardized testing, observation, play-based activities, and questions for me about my child's development and daily routines.
2. **Treatment** is based on a plan of care with goals my therapist and I set together. It may be provided by an occupational therapist or a COTA, and may include fine motor, handwriting, sensory processing and regulation, self-care, feeding, motor planning, and coordination activities.
3. **Therapy is hands-on.** It can involve physical contact (such as hand-over-hand guidance or movement on therapy equipment), swings, climbing, and other sensory gym equipment, always with appropriate supervision.
4. **Feeding therapy**, if recommended, may involve introducing new foods and textures. I may be asked to bring certain foods from home or from outside Aspire for my child's sessions. I will tell my therapist about all allergies and dietary restrictions.
5. **Services are provided** at Aspire's Bartlett clinic or at my child's daycare. Aspire does not provide home visits.
6. **Results are not guaranteed.** Progress depends on many factors, including attendance and practice at home. **PLAY WITH YOUR CHILD!**
7. **My child's plan of care** may be shared with my child's referring provider and insurance company as required for treatment and payment.
8. **I may ask questions,** refuse any activity, or withdraw this consent at any time by telling my therapist or Aspire in writing.

This consent stays in effect for the length of my child's care at Aspire unless I withdraw it in writing.

Parent/guardian signature _____

Printed name _____ **Relationship** _____

Date _____