

**DEER PARK INDEPENDENT SCHOOL DISTRICT
INFORMED CONSENT FOR PHYSICAL THERAPY SERVICES**

Student: _____ Campus: _____

Explanation of Services

In order to provide services to your child, informed parental consent is necessary. The information provided here describes the type of services being recommended for your child. If you understand and consent to these services, please sign this form indicating your permission.

Nature of Service(s) Proposed: Physical Therapy Consultation Assessment

Reason for Request of Services: To address campus concerns in the following areas:

- Gross Motor Skills Mobility Skills Frequent Falls with walking Difficulty getting on/off Bus
 Difficulty using steps/curbs/ramps Difficulty accessing playground equipment Difficulty moving self to/from seated positions
 Assistive Technology in the areas of mobility/positioning Other: _____

Purpose/Goals of Service: To determine if student requires intervention from the related service of Physical therapy to benefit from his/her educational program.

Parental Consent for Services

In order to proceed with the request for services described, we need your written consent. Please complete the following form to indicate your consent or non-consent to these services. If major changes in services are proposed, a new consent will be required.

- No Yes The services being offered to my child have been *fully explained* to me and I have had an opportunity to ask questions.
- No Yes I understand the *nature and purpose of services* being offered, the reason the services are being requested, and the *limits of confidentiality*.
- No Yes I *give my voluntary consent* for the services described and understand that I may withdraw my permission at any time.
If NO, please explain:

Parent/Guardian
Signature

Parent/Guardian
Printed Name

Date

Person explaining services
Signature

Person explaining services
Position

Date