



4833 Rugby Ave., Suite 500 | Bethesda, MD 20814

Phone: (301) 523-0902 | Fax (301) 913-9009 | contact@canyonkids.com

Spring 2026

Dear Parents:

Canyon Kids Occupational Therapy will be conducting a Developmental Screening Program on site at Bradley Hills Presbyterian Nursery School during the week of April 20th, 2026.

**What is a Developmental Screening?** A developmental screening is a short skills assessment where your child will participate in age-expected fine motor, gross motor and sensory motor skills. The screening is given by an Occupational Therapist (OT) who is trained in all areas of development.

**Why Screen?** Developmental research suggests that sensory motor development is most rapid at the infant, toddler and preschool stages and interventions are most effective during this time of rapid neuronal growth. A developmental screening is a good way to monitor whether your child is on target for their age or if they may need some extra support in one of these areas.

**How Can My Child Take Part in the Screening Program?** You and/or your child’s teacher may decide that a screening would be beneficial. The screenings will last about 20 minutes, and a short summary of the results and recommendations will be provided to you after the screening. Should you choose for your child to participate in the screening, **please fill out the forms on the next two pages and return them to the Bradley Hills Presbyterian Nursery School office.**

**Does your child have a few or more of these behaviors and could they be interfering with learning or daily life?**

- History of delayed motor milestones such as walking or talking
- Difficulty holding a crayon or marker, drawing, cutting with scissors, or writing name
- Keeping up with peers on the playground (i.e., climbing, skipping, running, jumping)
- Staying “overly” focused on an activity or idea
- Challenged by following a classroom or home routine or staying organized.
- Seeks out movement to the point where it interferes with daily routines or learning
- Avoids messy activities
- Feels anxious about loud noises, specific textures of clothing, or bright lights
- Fears movement experiences, preferring to stay on the ground
- Exhibits more than usual picky eating
- Has many meltdowns daily especially when routines are changed

Children will exhibit some of the behaviors listed above. A screening is helpful when you start to notice that more than a few of the behaviors are interfering with learning, social play and daily routines. If you have any questions whether your child should be screened, please contact your child’s teacher. A developmental screening is not considered a full evaluation of your child’s sensory and motor skills. **To sign up for a free Developmental Screening at BHPNS, please complete the following two pages and return them to Bradley Hills Presbyterian Nursery School.**

Thank You,

Christine Sproat, Director, MA, OTR/L

Alayna Uribe Harrison  
Canyon Kids Office Manager



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**PLEASE PRINT PAGE 2 AND 3 AND RETURN COMPLETED TO: Bradley Hills Presbyterian Nursery School**

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

Grade \_\_\_\_\_ Teachers: \_\_\_\_\_ Gender \_\_\_\_\_

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Note: Your family's health information will be kept confidential. Any information that we collect about you/your child on this form will be kept confidential.**

Name of Parent/Legal Guardian \_\_\_\_\_

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

**AGREEMENT AND WAIVER FOR PARTICIPATION IN THERAPY OR SCREENING**

I (print parent/guardian name) \_\_\_\_\_ the parent or guardian of (child's name) \_\_\_\_\_ (hereafter referred to as "my child") give permission for my child to participate in screening sessions or Occupational Therapy at Bradley Hills Presbyterian Nursery School by Canyon Kids Occupational Therapy. I hereby release Canyon Kids, its principal owners, therapists, employees and representatives and all other individuals or organizations acting on behalf of Canyon Kids in connection with this program from any and all claims which I or my child may have arising from, resulting from, or in connection with my child's participation therapy, including, but without limitation, any claim, demands or causes of action for injuries to my child, including but not limited to injuries resulting from the use of any play equipment during the program. This agreement is signed for the purpose of fully and completely releasing, discharging and indemnifying Canyon Kids, its principal owners, therapists, employees, representatives, and all other individuals or organizations acting on behalf of Canyon Kids, in connection with this program from all liability as herein described.

Name of Parent/Legal Guardian \_\_\_\_\_

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

**Please flip over and complete the other side!**



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**PLEASE RETURN TO Bradley Hills Presbyterian Nursery School**

**NOTICE OF PATIENT PRIVACY PRACTICES**

According to the Health Insurance Portability and Accountability Act, known as HIPAA, physical, occupational and speech therapists in private practices must incorporate the federal privacy standards to protect patients’ medical records and other health information provided to health plans, doctors, hospitals and other health care providers. Please note that your child’s personal health information may be used by Canyon Kids Occupational Therapy for treatment, obtaining payment, during an audit, in emergencies, or when required by law. The child’s parent/guardian will be asked for written authorization to use the child’s personal medical information for any other reason than those listed above. You have the right to review your child’s personal health information at any time, to request that inaccurate information be corrected, or to request a list of instances when the information has been disclosed for reasons other than treatment, payment, or other administrative purposes. You have the right to restrict how the information is used and disclosed for treatment, payment, and administrative operations. The requests for restrictions will be considered on a case-by-case basis. You have the right to address concerns and complaints about a potential violation of your child’s health privacy to the US Department of Health and Human Services.

For further questions, you may contact the Compliance Officer

Christine Sproat MA, OTR/L  
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**PATIENT INFORMATION CONSENT FORM**

I have read and understand this practice’s **Notice of Patient Privacy Practices**. I understand that Canyon Kids may use or disclose my child’s personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided, and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my child’s personal health information is used and disclosed for treatment, payment, and administrative operations if I notify Canyon Kids. I also understand that Canyon Kids will consider requests for restrictions on a case by case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my child’s personal health information for purposes as noted in the Canyon Kids’ **Notice of Patient Privacy Practices**. In doing so, I hereby release Canyon Kids from any and all legal liability that may arise from the release of such information. I agree that a copy of this authorization may be used in place of the original.

I understand that I retain the right to revoke this consent by notifying Canyon Kids in writing at any time except for that action which has already been taken. It shall be effective only long enough to answer the purpose of which it is given and no further confidential information will be released without the execution of an additional written authorization.

Child’s Name \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

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