



**BEYOND BOUNDARIES  
THERAPY SERVICES**  
3001 11<sup>th</sup> St. So. • Fargo, ND 58103  
Phone: 701-356-0062 Fax: 701-356-5412

# Screening Referral 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 Referral Form is completed

**Mail to:** 3001 11<sup>th</sup> St. So., Fargo, ND 58103    **or    Fax to:** 701-356-5412

**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 (cueing, 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: \_\_\_\_\_