Nolene Slabbert
Occupational Therapist
Arbeidsterapeut
B. Arb (Stell) PR. No. 0141 674

helping kids find their wings

Loreto Pre-Enrolment Shortened Assessment

Information & Consent Form

Dear Parent / Caregiver

Starting Primary school or a new school is an exciting and important milestone in a child's development. In order to support each child in reaching their full potential, an Occupational Therapy Enrolment Assessment is done.

This assessment helps to determine whether a child has developed the foundational skills needed for the classroom environment. These include fine motor skills required for writing, visual perceptual skills used for reading and copying from the board, as well as attention, posture, and general school-readiness abilities. Identifying strengths and any areas that may need support early on allows teachers and parents to work together to ensure a smooth and successful transition into formal learning.

The assessment is not a test that children can pass or fail, but rather a helpful screening tool that provides valuable insight into your child's development and readiness for the academic demands of primary school. This Shortened Assessment is NOT a FULL diagnostic assessment, but it aims to:

- Identify possible areas of difficulty
- Highlight strengths and areas that may benefit from support
- Guide whether a referral for further assessment or therapy is recommended

The cost of the shortened assessment at the school will be R500 per child. The test takes approximal 45 - 60 minutes and will be performed by an Occupational Therapist. After the assessment feedback will be given to the parents. A short-written summary of the assessment will be given to the Parents and staff at Loreto School.

Please complete the following forms **BEFORE** the Shortened Assessment:
(It can be handed in at Loreto office or brought with on the day. Please note that without proof of payment no assessment can be done):

- Consent form for the Shortened assessment
- Proof of Payment

Banking Details:
Bank: Discovery Bank
Name: NE Slabbert
Account Nr.: 14131649130
Branch Code: 679000
Reference: Your Child's Name & Surname
POP: Email to nolene.peads.ot@gmail.com

All information obtained during the screening and feedback process is treated as confidential and managed in accordance with HPCSA ethical and professional guidelines. Relevant information may only be shared with your child's teacher or school support team with your written consent.

Nolene Slabbert
Occupational Therapist
Arbeidsterapeut
B. Arb (Stell) PR. No. 0141 674

helping kids find their wings

Parent / Caregiver Consent

I, _____ (Parent/Caregiver), give permission for **Nolene Slabbert Occupational Therapist** to conduct a **Shortened Occupational Therapy Assessment** with my child:

Child's Full Name & Surname: _____
Current School attending: _____
Current Teacher: _____
Current Grade: _____
Applying for which Grade at Loreto School: _____
Date of Birth of child: ____ / ____ / _____

I understand that:

- This is a shortened assessment and not a full assessment.
- Further assessments may be recommended if concerns are identified.
- Recommendations and possible referrals will be discussed during feedback.
- Only a short summary of assessment findings will be given.

Please tick clearly with a X:

I give consent for the therapist to:

Item	Yes	No
Conduct the screening assessment	☐	☐
Discuss general recommendations with Loreto School to support classroom functioning	☐	☐
Contact me via **WhatsApp** for scheduling, feedback arrangements, reminders and relevant therapy-related communication	☐	☐

Signed by Parent: _____
Date of completing the Consent form: _____

Contact details of Parent:
Telephone number _____
Email address _____

Kind regards

.....
Nolene Slabbert
Occupational Therapist

072 348 9269 | nolene.peads.ot@gmail.com