

# LIGHT UP THEIR WORLD

## OCCUPATIONAL THERAPY

To Whom it May Concern,

This letter requests permission for my child \_\_\_\_\_ to receive in school occupational therapy support and services from Light Up Their World Occupational Therapy.

My therapist who will be attending school is

- Aley Light (Occupational Therapist)
- Libby Edwards (Educator/Occupational Therapy Assistant)

They will attend on a \_\_\_\_\_ basis and work with my child in the classroom on the following goals.

- Fine Motor Skills (Movement Skill and Performance)
- Social and Emotional Skills (Health, Wellbeing and Relationships)
- Gross Motor Skills (Movement Skill and Performance)
- Sensory Regulation (Health, Wellbeing and Relationships)

Thank you for your consideration.

Parent Name [Printed] \_\_\_\_\_

Parent Signature \_\_\_\_\_

Employee Name [Printed] \_\_\_\_\_

Employee Signature \_\_\_\_\_

Manager Name [Printed]: Aley Light

Manager Signature \_\_\_\_\_

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Aley Light  
Occupational Therapist  
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