

FOR THE MONTHS BETWEEN CONCERN AND CARE

Waiting shouldn't mean doing nothing.

Between the first worry and the first therapy session there's a road — referral, evaluation, diagnosis, insurance, assessment — and nobody hands you a map of it. This is the map. **None of it requires being our client.** Use it anywhere.

THE ROAD, PLAINLY

- 1 Concern**
You've noticed something — speech, play, eye contact, routines. Trust it enough to ask. Asking costs nothing and closes no doors.
- 2 The pediatrician conversation**
Bring specifics, not summaries: what you've seen, how often, since when. Ask directly for a developmental screening and, if concerns persist, a referral for a full evaluation.
- 3 Evaluation**
A structured look at how your child communicates, plays, and relates — usually with a psychologist or developmental specialist, usually part observation and part parent interview. You are a source of expertise here, not a bystander.
- 4 Diagnosis & report**
A written report follows — ask when to expect it and to have it explained in plain language. This document drives everything after it. Keep copies.
- 5 Insurance**
Coverage is confirmed and services authorized. Ask your plan what's covered, what needs pre-authorization, and what your share will be. Write down names and dates from every call.
- 6 Provider assessment**
The therapy provider does its own assessment to build your child's individual plan — goals, approach, and recommended hours. This is where the Field Guide's ten questions earn their keep.
- 7 Therapy begins**
The road ends at a starting line. What good therapy should look like from here is its own guide — coming in this series.

FOUR MOVES THAT GENUINELY HELP

1 Get on more than one list.

It's allowed, it's normal, and no one is offended. Take the first good opening; graciously exit the others.

2 Ask about speech and OT referrals now.

Those waitlists move separately from ABA — your child may be able to start one kind of help while waiting for another. In Wisconsin, families with a child under three can also contact the Birth to 3 Program directly; from age three, your school district must consider an evaluation when a parent requests one in writing.

3 Ask any clinic about parent-training-only starts.

Some providers can begin coaching parents before a full therapy schedule opens. You learn tools now; your child starts stronger later.

4 Become the documentarian.

What you record at home makes every later step faster and more accurate — and no one is better positioned to do it than you.

WHAT TO COLLECT WHILE YOU WAIT

- ✦ **Short videos** of ordinary play, and of the moments that worry you
- ✦ **A running word list** — words, sounds, and signs, with rough dates
- ✦ **What soothes and what overwhelms** — places, sounds, textures, routines
- ✦ **Sleep and eating patterns**, in a notes app, roughly weekly
- ✦ **Questions as they occur to you** — they evaporate otherwise
- ✦ **Every report and letter** in one folder: referrals, evaluations, insurance

WHAT TO BRING TO AN EVALUATION

- ✦ Insurance card and the referral paperwork
- ✦ Your concern list, with concrete examples
- ✦ The videos and notes above
- ✦ Any earlier evaluations — daycare, Birth to 3, school
- ✦ Your questions, written down
- ✦ A snack and a comfort item — it's a long appointment for a small person

Why we made this

Fathom North is a pediatric therapy clinic being built in Oak Creek. We'd rather be useful to your family months before we can treat anyone. **If this guide helps and you never walk through our doors — it still did its job.** More guides in this series at fathomnorth.com.

This guide is general educational information for families. It is not medical or clinical advice, does not create a clinical relationship, and is not a substitute for evaluation and guidance from qualified professionals who know your child.