



Ridge Meadows Child Development Centre

A Guide to Early Intervention Group Therapy

Preface

We have developed this guide to help other early intervention therapists working with children to provide therapy groups. It is intended to be a source of ideas and suggestions based on our experience working with children and providing small group intervention in a community setting. Leading a group involves organizing, planning, facilitating, evaluating and documenting the group sessions. This guide is not intended to describe a *right* or *wrong* way to implement group intervention but rather to provide a basis for your journey in learning a dynamic process.

In our work environment, leading groups is a regular part of weekly schedules for all therapists. Over the past several years, we offered small groups because we saw participating in a group a natural developmental progression for children. It was only through this project that we were able to take a closer look at small groups and see how effective and efficient they are. It is not only the progress observed in children and the positive responses from parents, but also the sheer pleasure that therapists and children experienced in groups that has encouraged us to share our ideas with others.

We have provided a brief summary of the evidence for this approach to practice, recognizing that more research is needed, particularly as the demand for early intervention services is only likely to increase. Included in the guide are the outcomes of this project that indicate small group intervention is effective and efficient. We hope that this guide will encourage more therapists to provide therapy groups and will stimulate discussion that may lead to further research.

The term *intervention* is used to describe the work of the Ridge Meadows Child Development Centre occupational therapists, physiotherapists, speech/language pathologists and rehabilitation assistants who provide paediatric rehabilitation services. Other terms such as therapy, group, treatment and facilitation are also used throughout the text of this guide to refer to the same work. Throughout this guide the term *parents* is used to refer to all caregivers of children who are involved in early intervention services, including parents, foster parents, grandparents and nannies. Other terms used in the guide are defined in the glossary.

This guide is designed to be printed double sided and in colour, but please consider the environment first. If you are viewing the document in PDF, the Table of Contents headings are hyperlinked to the appropriate sections. Please feel free to use the templates as a guide to create your own forms for your groups.

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This guide could not have been created without the contributions of many dedicated people.

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We are grateful to our community partners; the Pitt Meadows Recreation Centre and Maple Ridge Parks and Leisure Services, who have generously shared their facilities and resources with us.

Thank you to all the local daycares and preschools that have provided the physical space for our groups and allowed us to collaborate with their staff.

Thank you to the Ridge Meadows Association for Community Living Supported Child Development Program (SCDP) and Infant Development Program (IDP) consultants for their contributions of time and support.

This guide could not have been created without the expertise of the current and previous staff at the Ridge Meadows Child Development Centre (RMCDC). This guide is a result of your vision, creativity and commitment to small group therapy.

Thank you to the parents of the children of RMCDC. Your belief in the value of group experience and trust in the therapists to have your child's best interest foremost in mind continues to motivate us to do our best. It is through your daily commitment to your child that his/her potential is fully realized.

Most importantly, thank you to the children who are the source of our inspiration. These amazing children, who bring smiles to our faces every day, are the reason we love our work. Being part of their community and sharing in their achievements fill every day with laughter, surprise, and meaning.

Finally, we thank you for choosing to read this guide and embracing the idea of group intervention.

"I was very pleased with all the help and support from the RMCDC. It made a huge difference in my child's growth and development." Parent comment from Group Feedback form.

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This guide has been designed as a tool to assist early intervention paediatric therapists (occupational therapists (OT), physiotherapists (PT) and speech/language pathologists (SLP)) in the planning and implementation of small groups to facilitate developmental skills for young children (birth to school entry) and to enable parents and caregivers to become active participants in the process. Small group intervention has been an integral component of the service delivery model at Ridge Meadows Child Development Centre Society (RMCDC) for many years. As such, this guide is a product of refining the group process and aims to support the implementation of small groups in a variety of settings. The guide also provides client-related information on program outcomes gathered during the recent series of groups and suggestions based on experience. While it is not exhaustive, it is meant to inspire therapists to facilitate small groups and experience how beneficial they can be for therapists, children, and families. This is a guide for planning, implementing and evaluating groups as a means of delivering early intervention services.

Who should use this guide?

This guide is intended for use by paediatric therapists (OT, PT, SLP and rehabilitation assistants (RA)) who plan to facilitate early intervention therapy groups.

Background

It can be difficult to accurately identify disabilities in young children, however, a 2006 Statistics Canada report estimates that in Canada, between two and five percent of children under 14 years old have a disability (Statistics Canada, 2006). This means over 200,000 children across the country and nearly 27,000 children in British Columbia, including four thousand children under four years old, have some type of disability (Statistics Canada, 2006). Of these children, 68% have a developmental delay, 43% have speech or language disabilities, 13% have difficulties with mobility, 20% have difficulties with dexterity and 29% have a developmental disability (Statistics Canada, 2006).

Research clearly shows that the earlier a child with a developmental delay receives support, the better his or her outcomes will be. Evidence indicates that there is significant socio-economic benefit to society for each child who gets the support they need in their early years (Rosetti, 2001). It has also been shown that money invested in early intervention services benefits children, families and communities in the long term. A recent study commissioned by the Royal College of Speech and Language Therapists (RCSLT) in the UK found that every £1 invested in enhanced early intervention therapy for a child with autism spectrum disorder (ASD) generates £1.46 through lifetime cost savings and productivity gains (Marsh, Bertranou, Suominen & Venkatachalam, 2010). The same study found that every £1 invested in enhanced speech and language therapy for a child with Speech and Language Impairment generates £6.43 through increased lifetime earnings (Marsh, et al., 2010). “We know that the window of opportunity is greatest when a child is very young”, writes Elaine Weitzman, Executive Director of The Hanen Centre. “If a toddler is late in his or her language development, parents will never regret acting early. They might, however, regret acting too late.” (The Hanen Centre, 2011, page 8).

In British Columbia, the Human Early Learning Project (HELP) has measured early child development across the province and mapped these results by neighbourhood to identify strengths and needs within communities (<http://earlylearning.ubc.ca/edi/>). More than 25% of Kindergarten children in the community of Maple Ridge-Pitt Meadows were found to be vulnerable on the Early Development Instrument (EDI) (HELP, 2010). A child who is rated as *vulnerable* is likely to be limited or delayed in his or her development in one or more of the five areas measured by the EDI: physical health and well-being, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge. Furthermore, there was significant disparity between neighbourhoods in our community, indicating some areas have more vulnerable children and likely greater need for early intervention services. There were two specific neighbourhoods that had a high percentage of vulnerable children (30% and 32.5% respectively) (HELP, 2010).

There are a number of reasons why these neighbourhoods have more children who lack the necessary readiness skills for Kindergarten. Research suggests that social determinants, such as

poverty, inadequate diet and housing, and overcrowding increase the risk of health and developmental difficulties (CASLPA, 2010). Additionally, in Canada, First Nations families and children are reported to be especially under-served by early intervention services and the results of this are seen in increased school drop-out rates, less academic success for those remaining in school, and higher rates of drug and alcohol addiction (Statistics Canada, 2006).

Anecdotal reports from parents receiving services at RMCDC indicate that lack of transportation and availability of services outside of typical working hours – when many parents are themselves at work – are factors in accessing services. For parents without additional support (e.g., grandparents or babysitters), it is often not possible to bring children to appointments during times when early intervention therapists typically work.

There are several emerging models of practice that help address the barriers to accessing services. A recent report from the Canadian Association of Speech-Language Pathologists and Audiologists (CASPLA) described five current practices that address barriers to access: workforce development, service delivery, screening and assessment, universal strengths-based programs, and community capacity development (CASLPA, 2010). The RMCDC sought to improve the current service delivery model of early intervention services and enhance community capacity by expanding group intervention services to better serve the Maple Ridge-Pitt Meadows community.

There is limited evidence to support group intervention as a best practice model, however, specific group intervention programs are supported by research, such as Sequential Oral-Motor Sensory approach to feeding (SOS) and the Hanen Program® It Takes Two To Talk (ITTT). There is a growing body of evidence to support group intervention as a way to improve social skills in children with ASD (Cotugno, 2009; Krasny, William, Provencal and Ozonoff, 2003). One study has also shown that group intervention can be as effective as individual intervention to improve the motor skills of children with cerebral palsy (Blundell, Shepherd, Dean, Adams and Cahill, 2003). Extensive evidence is also found for using groups in mental health intervention (McArdle, et al., 2011; Mcloughlin et al., 2009; Vessy and O’Neill, 2011; Salloum and Overstreet, 2008). However, at this time, more research is still needed to demonstrate that group intervention is an effective service delivery model.

The Maximizing Access Project

There is an understanding internationally of both the importance of the early years (birth to six years of age), and the central role that family and communities of support play in the optimum development of young children (Kershaw, et al., 2009).

Parents are encouraged to refer their children to early intervention (EI) services as soon as they become concerned about an aspect of their child's development. However, due to limited resources, waitlists of six months to two years for individual service are not uncommon in early intervention. Young children are waiting for services during a crucial learning period in their lives. Consequently, there are many children with developmental delays who enter the school system without having their needs addressed through early intervention services. Every year there are children referred to the RMCDC who do not receive individual intervention before they enter school because of the waitlist. One of the ways RMCDC sought to reduce the number of children and families who do not receive support is to offer group intervention to children on the waitlist.

While the RMCDC receives an increasing number of new referrals for early intervention services each year, it is likely that many more families do not access services. Evidence suggests that there are particular social, economic and geographic determinants that make some families less likely to seek out services and less able to access services that are available. At RMCDC, hard to reach families are defined as: children who attend full-time daycare, parents who work full-time, families without adequate transportation, families living in neighbourhoods identified as having a high population of vulnerable children by the HELP EDI, families living on First Nations reserves, and families who do not have access to adequate child-minding. In order to provide services to these families, RMCDC needed to address these barriers. Offering group intervention outside of RMCDC was deemed one way to improve access.

Group intervention is emerging as a model of providing the services required by children, their families, and their broader communities of support. Evidence has shown that the family is the most important factor in determining the lifelong outcomes for children (Guralnick, 2005). Parent feedback indicates that participating in groups offered by RMCDC provides opportunities to understand their child's needs and learn strategies and skills to help their children. With consistent positive feedback about group programs and a lengthy waitlist, there was a need to expand available groups.

“My daughter and I really enjoyed attending this weekly class. It was an opportunity for my daughter to practice fine and gross motor skills, and I was able to connect with parents. We both enjoyed the social aspect of this class. I feel very fortunate that this was offered to our family. Thank you.” Parent comment from Group Feedback form.

We believed that group intervention as a model would maximize the use of limited resources (e.g., therapist time and expertise, available space), improve outcomes for children with developmental needs and be accessible to families and communities. However, in our experience, therapists have been reluctant to lead groups due to challenges including organization of materials, preparation time and lack of experience facilitating groups. In order to expand and extend group intervention into the broader community without compromising existing services additional funding was required.

RMCDC applied for and received a federal grant from the Human Resources and Skills Development Canada's Social Development Partnerships Program. The purpose of the grant was to further develop small group therapy programs and maximize access to these programs by providing them in community settings. We called this project Maximizing Access to Programs (MAP).

Our objectives were:

1. To integrate the concept of group intervention into the community and provide improved access to early intervention therapy services for hard to reach families, increasing the number of children accessing services prior to entering school.
2. To increase the knowledge and skill of parents/caregivers to address the needs of their young children with special needs.
3. To motivate and equip therapists nation-wide to implement group intervention in their communities.

This grant enabled RMCDC to employ additional 1.6 full time equivalent (FTE) paediatric therapists (OT, SLP) and 0.8 FTE rehabilitation assistant (RA) for a two-year period in order to meet these objectives. During this time, six group sets were facilitated in a variety of community settings.

Who We Are

The Ridge Meadows Child Development Centre Society was founded in 1989 as a non-profit charitable organization by a group of parents and professionals concerned about the lack of pediatric rehabilitation and behavior support services in the Maple Ridge/Pitt Meadows area in British Columbia (BC). The mission is to support and foster the achievement of the full potential in children, families, and communities.

The RMCDC provides early intervention (EI) services for children with developmental disabilities in the Maple Ridge, Pitt Meadows, and Katzie First Nations area. Services are provided to families of children with a wide range of disabilities, individually or in small groups. The programs are largely funded by the BC government. A family centered, community based approach is utilized. Services are provided in homes, daycares and preschools, at RMCDC and other community settings. Education is provided to families, other agencies and community groups.

EI services provided include: family support, occupational therapy, physiotherapy, speech/language therapy, and family connections.

Family Support

The family support department provides information, practical and emotional support, parenting, advocacy for families and funding assistance. The family support department also organizes and facilitates support groups and programs for parents and siblings.

Occupational Therapy

Occupational therapists help children with self-care skills (such as dressing, toileting, feeding, grooming); perceptual and sensory development; fine motor development; and play skills. They also help with the provision of adaptive equipment such as splints and specialized seating.

Physiotherapy

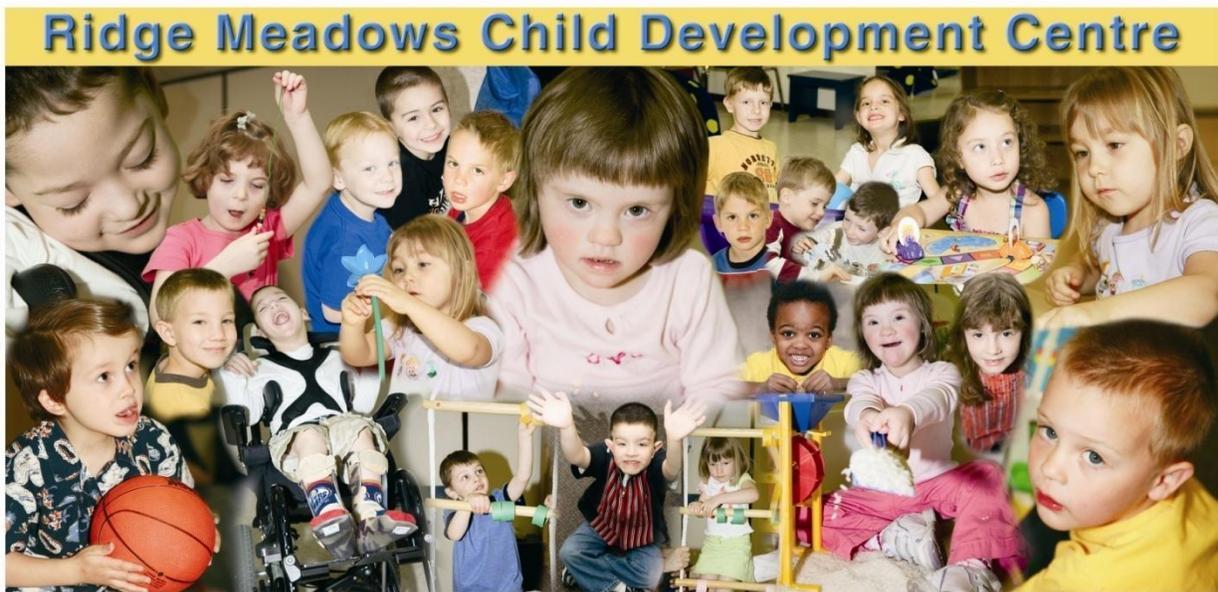
Physiotherapists help children with their mobility and gross motor skills. They work with children to assess and improve their strength, balance, and coordination when impacted by orthopedic and/or neurological conditions. Their goal is to enable a child to participate maximally in everyday activities and in recreation. Physiotherapists also obtain appropriate mobility equipment such as walkers, wheelchairs and adapted bicycles for children who need them.

Speech/Language Therapy

Speech/language pathologists assess the communication abilities of infants and young children including receptive and expressive language, vocabulary, voice, articulation, phonology, resonance, and fluency. Intervention is then provided individually or in a group setting to help each child communicate and interact to the best of his or her ability.

Family Connections

Key workers provide support services to parents/caregivers of children birth to 19 years of age who are suspected of having or diagnosed with Fetal Alcohol Spectrum Disorder (FASD) or similar neuro-developmental conditions. Additionally, key workers offer a parenting training program to parents/caregivers of children aged five to twelve who are diagnosed with Attention Deficit Hyperactivity Disorder (ADHD).



Group Planning

At RMCDC, several different types of groups are offered throughout the year. The number and types of groups that are provided at three different times of the year (Winter, Spring and Fall) are dependent on the needs and goals/objectives of the children who are currently receiving services as well as children who are waiting for services. In addition, provision of group intervention is based on therapist's availability, balancing existing commitments and scheduling constraints.

Group Sets

Three sets of groups are organized each calendar year to coincide with the school terms. For example, the first group set takes place September – November (Fall), the second set January – March (Winter) and the last set April – June (Spring). It is challenging to have summer groups as families often take vacation or choose to take a break from therapy over the summer months.

Group Duration and Length

Groups generally are six to eight weeks in length, with the majority of the groups lasting for eight weeks, and the Hanen Parent Programs® are 13 weeks. For many of the groups, eight is an ideal number of sessions in order for the children to learn the routine, recognize their peers and to make progress towards their goals.

Groups range in length from 45 – 90 minutes, with the majority of the groups lasting 60 minutes. There are many factors that help to determine the length of time for the group, such as the developmental level and attention span of the children, the child and therapist availability and if there is a separate parent education component. For groups that have a separate parent component, the groups generally are longer in duration in order to allow information to be disseminated to the families and time for parents to share. When a parent education component is included, depending upon the number of children, these groups utilize between two to three therapists. One therapist is assigned to the parent education component and the other one or two therapists facilitate the group with the children. For other groups, such as the Hanen Early Language Programs®, it is a combination of parent only sessions and individual sessions with each child and parents (see Table 2).

Recommending Children for Groups

Typically, therapists first consider the needs of the children who are on their active caseloads. If it is determined that any particular child would benefit from group intervention, a recommendation for a group is made. That child will continue to receive their existing services until such time that the group is offered. Therapists discuss group recommendations with the child's family and indicate the reasons for recommending a group. Only if the family is in agreement will the recommendation be confirmed.

In addition to children who are on therapists' active caseloads, newly referred children are continuously being seen for initial consultations. During the initial consultation, children's presenting strengths and needs/concerns are identified. Service recommendations are made and shared with the family and the range of services offered include assessment, monitoring, group intervention, home programs, parent group/education, individual services, or community programs. All of these recommendations include a waiting period. If a group is recommended at the initial consultation, families are given information about the particular group as well as when the next group may be offered. A group recommendation form is completed for each child for whom a group is suggested (see Appendix A). Typically, the waiting time for group intervention is much less than the waiting time for individual services (see Figure 2 and Figure 3).

Selecting Children for Groups

A database is used to track all of the potential groups that have been recommended for each client at any given time. This is a dynamic system that is constantly updated as new recommendations are made and previous recommendations are deemed no longer appropriate. Continuous monitoring of the group recommendations in the database is essential and allows for efficient group planning.

Approximately one month prior to the groups commencing therapists meet as a group within their specific disciplines (OT, PT, SLP) to begin the group planning. Prior to this meeting, therapists have reviewed their existing caseloads and made recommendations to specific groups for the clients on their caseload. In these meetings, group planning forms (see Appendix B) are used to coordinate children on the waitlist for groups with children on therapists' caseloads. The child's birth date and family availability are also noted on the form to plan according to age and availability.

When there are a sufficient number of children on the list for any specific group, an attempt is made to offer that group. If one or more children recommended for a group are on a therapist's caseload, that therapist will likely facilitate the group. If any therapists have additional time available, consideration is then given to organize groups that will only include children who are waiting for services.

Organizing Group Schedules

Therapists use the group planning form to organize the group they are planning to facilitate. Planning includes contacting all of the potential children's families on the list to confirm the group is appropriate and to determine the times they are available to attend. Once everyone has been contacted, the therapist decides the time that best suits the majority of the children's schedules as well as the therapist's schedule and confirms the time with the families. The location of the group is established based on the availability of rooms at the centre or in the

community and the families' locations and needs. The room is booked for the time and duration of the group.

A group letter (see Appendix C, D and E) is either mailed or emailed to families with the expectation that the families confirm they will attend the group. The group letter indicates the time, length, duration, location and cost of the group. In addition, the goal(s) of each group are clearly outlined in the letter.

A parent orientation session prior to the first group session can be beneficial in order to meet the parents of the children who will be attending, review the goals, discuss the roles/responsibilities of both the parents and therapists, and share any other pertinent information. A parent orientation session is most helpful for groups that have a parent education component but is also useful for all other types of groups.

Cost of Groups

Fees for groups were implemented to offset the costs of the materials. Often groups include crafts, snack items, handouts and activities to do at home. For most groups, \$2.50/session covers the cost of the materials. A group consisting of 8 sessions costs \$20.00 for each child and a group of 6 sessions costs \$15.00. The exceptions to these fees are the feeding groups (\$45.00/8 sessions), the parent training programs (\$95.00/8 sessions) and the aquatic groups (\$20.00/6 sessions) as these groups include additional materials and resources. Families are never excluded from groups due to financial constraints as RMCDC will help families find funding.

Selecting Relevant Goals

Therapists begin planning the sessions, focusing on the specific needs of the children in the group. Children who are in a group together will be working towards similar goals and objectives. While objectives (short term goals) for each child are established individually in consultation with the family, group intervention can be the service that is provided in order to support them in meeting these objectives. If any one group is cohesive and working well together, with all participants making progress, those children may be kept together for additional group sets.

While the children in each group are different, therapists often use existing group session plans (see Appendix F) to adapt the materials and activities to meet the needs of all the children. Therapists build on the resources that have been developed over time and add new groups and session plans as the need arises. It is common that a new group is developed in each group set and new session plans are created.

Group Checklists

After the first session of each group, the facilitating therapist completes a pre-checklist relevant to that group. If there is more than one therapist facilitating a group, each therapist completes the checklist independently. Checklist data are entered in a database in order to measure outcomes. Therapists complete a post-checklist at the conclusion of each group, without referencing the pre-checklists. (See Appendices G, H, I for examples of skills checklists.)

The following table summarizes the steps to planning a group.

Table 1. Steps of Group Planning.

	Activity	Individual Responsible	Timing	Appendix
1	Review caseload for potential group participants	All early intervention therapists	Six weeks prior to group commencement	
2	Enter child's group recommendation(s) in data base	Therapy aide	Six weeks prior to group commencement	Group recommendation form
3	Review waitlist for potential group participants	Department director	Six weeks prior to group commencement	
4	Determine the number and types of groups to be offered	All therapy departments	One month prior to group commencement	Group participant planning form #
5	Designate therapist to facilitate each group	All early intervention therapists	One month prior to group commencement	Group participant planning form #
6	Therapist contacts potential families for availability	Designated therapist	One month prior to group commencement	Group participant planning form #
7	Therapist determines location/time for group (books room)	Designated therapist	One month prior to group commencement	Group participant planning form #
8	Mail or email group invitation letter	Therapy aide	Two weeks prior to group commencement	Sample group invitation letter
9	Therapist plans group sessions	Designated therapist	Two weeks prior to group commencement	Sample group planning form
10	Therapist completes group skills pre-checklist	Designated therapist	First group session	Sample skills pre-checklist

11	Therapist completes group pre-checklist and distributes group feedback survey to parents/caregivers	Designated therapist	Last group session	Sample skill post-checklist and group feedback survey
12	Therapist completes group summary report	Designated therapist	Within one week of last session	Sample group summary report
13	Collate pre-checklists, post-checklist and group feedback survey, entering results in outcomes and data base	Therapy aide	Upon completion	

*Therapists document all contacts (pre-group phone calls and confirmations) and each group session.

Planning Interdisciplinary Groups

Several interdisciplinary groups are provided during each group set. Planning these groups follows the same procedures described above, except that the therapists who plan to be involved in any interdisciplinary groups first meet together. They review the children who have been recommended for groups and determine who will be best suited to form a group. In many situations, the therapists who facilitate the groups may not have met the children. Taking the time to discuss the strengths and needs of the different children as part of the planning process has been found to be helpful in forming groups of children whose skills and abilities are complimentary to each other.

Planning interdisciplinary groups requires consideration of each individual to maximize the opportunities for all of the children. Activity and arousal level, sensory preferences, attention, communication styles and previous experiences in small groups are important factors to consider. For example, when introducing a child who has not previously participated in a group, it can be helpful to include the child with two or three others who have already been in a group. The child who is new to a group can learn from the children who are able to follow the routine easily. Including a child who is reluctant to initiate in a group with children who are good at waiting encourages the reluctant child to initiate and take turns. Similarly, when planning feeding groups, including at least one child who can model and interact with the different foods is beneficial. Balancing the needs of children and families in order to achieve the overall goals and objectives of the group requires time and coordination among the therapists. The planning process is, therefore, essential in creating optimal group dynamics.

Including Siblings in Groups

Many children who attend small groups have siblings who accompany them to group and may join the group if it is appropriate. Whenever possible the children's siblings are included in the group activities. If it is an older sibling joining in the activity, they can be a role model for the other children, demonstrating how to do an activity. Including siblings in the group can make groups more accessible for families as they do not need to find childcare.

Groups Outside of RMCDC

When possible, RMCDC has provided groups in other community settings in order to include children who would not otherwise be able to access group intervention, e.g., children who attend daycare programs on a fulltime basis or families who do not have access to transportation can attend. Groups have been provided at community recreation centres, and daycare programs as well as integrated within existing community group programs. Facilitating groups within the community increases awareness of early intervention services provided by RMCDC, reduces barriers that may prevent families from accessing specialized services and helps to develop collaborative and positive partnerships within the community.

- **Daycare Groups**

Providing a group at a daycare centre allowed a member of the daycare staff to be involved and learn strategies and skills that could then be used on a daily basis with the children. Including different daycare staff members in the sessions gave all staff opportunities to learn and be involved. Integrating the group in the daycare setting allowed the use of peer models and the inclusion of the daycare staff eased the transition of the peers into the group sessions. This allowed therapy services to be integrated into the learning environment of the daycare and be viewed positively by peers.

- **Recreation Facility Groups**

Offering groups in a community recreation facility had several benefits. The recreation centre in the community houses a preschool and daycare program. Children who attended the daycare program on a fulltime basis were then able to attend a RMCDC group program offered in the same building. Groups often took place one hour before children would be picked up from daycare in order for parents to more easily attend the sessions and communicate with the therapists. Other children, not in daycare, who participated in the group, came to the recreation centre with their parent(s). Travel time was reduced as children invited to groups in this location lived much closer to the recreation centre than to RMCDC. This was a familiar setting for many of the children and families as they have attended other programs at the recreation centre (e.g., gym, leisure programs). Participating in a group at the recreation centre introduced some families to other community programs and helped with a transition into a preschool or daycare. Attending a group at the recreation centre encouraged some families to extend services from their home to other settings, and prepared children for the transition to preschool or school.

Groups facilitated at the swimming pool also allowed parents and children to integrate early intervention services in a typical leisure setting. The pool group has been found to be helpful to transition children into community swimming lessons and help parents feel more comfortable taking their children to other community leisure activities.

- **Integrating into Existing Community Groups**

In order to extend the early intervention services to families who have not frequently accessed therapy services in the past, RMCDC therapists participated in a weekly parent child drop-in play group located at the First Nations community health centre. Through regular participation in the group, families became familiar with the therapists, resulting in several referrals for early intervention services.

Types of Groups Offered

Interdisciplinary Groups

- **Kindergarten Readiness (OT/ PT or OT /SLP)**

This group provides opportunities to refine gross and fine motor skills, and social skills necessary for children to participate successfully in Kindergarten. The group focuses on pre-printing skills, pre-scissor and scissor skills, shoulder and trunk stability, awareness of basic concepts and attending skills and general gross and fine motor skills. In addition, turn taking, listening and interacting are also targeted in this group when the group is facilitated by an occupational therapist and a speech/language pathologist.

This group is one hour in length and is six to eight sessions. It is designed for four to six children who are at least four years of age and who present with mild to moderate delays in all areas of their development.

- **Social Play, Sensory and Communication (OT/ PT/ SLP in any combination)**

This group incorporates sensory and play based activities that center on a specific theme. The group typically is comprised of a hello circle and is followed by a sensory activity such as a song with actions. A story that includes movement and turn taking is followed by an obstacle course that is based on the theme of the story. Typically either a craft or a snack activity follows in which children are actively involved in making the snack items as a group. If a craft activity is planned, each child is given materials and they are required to interact with each other in order to complete a craft project. For example one child is in charge of the glue sticks, another has the cotton balls, and another has the paper. Group games such as *Go, Go, Stop, Duck, Duck, Goose* and *Simon Says* are played before concluding with a goodbye circle.

This group is typically one hour in length and includes eight sessions. It is designed for four children three to four years of age who present with sensory processing difficulties and communication disorders.

- **Fun With Food (usually OT/SLP)**

This group integrates sensory/oral sequencing experiences, decreases sensitivities associated with food (textures, tastes, and smells), and allows positive experiences with food. It follows the *SOS (Sequential – Oral– Sensory) Approach to Feeding Program* based on the work of Dr. Toomey and Associates (with permission after therapists attended the SOS Feeding training workshop). The children participate in a sensory activity before transitioning to a quiet room for the feeding component. A routine follows in which the children prepare for feeding, and then each food is presented one at a time while the therapist models sequential steps to accepting the foods. The children are encouraged to interact with the foods and participate in the clean up routine, concluding with a goodbye song. There is also a parent education component of this

group. Parents learn strategies to support their child to have positive experiences with food and to develop an understanding of the steps to eating. Parents implement the strategies and information into their daily routines.

This group typically is 90 minutes in length and is suited for three to five children who are two to five years of age. Participants typically have a limited variety of tastes and textures in their diet, and have difficulty transitioning to advanced textures and food types.

- **Sensory Motor (OT/PT)**

This group introduces many of the concepts that are worked on in the OT/PT Kindergarten Readiness group. The activities are similar but are simplified for the younger participants. Many sensory-rich activities are included. The content includes action songs, parachute games, ball pool, climbing wall, obstacle courses, and table activities. The table activity may be a simple craft or a sensory game such as play dough, shaving cream, bean bin, etc.

This group was developed for three to four children between the ages of two and four years of age who present with gross motor and sensory processing challenges. It typically is six to eight 45 minute sessions.

- **Dance (OT/PT)**

This group focuses on the development of balance, coordination, and strength as well as social skills through dance activities. The group incorporates a table top component to develop each child's fine motor skills. Each session follows a similar format and will include: circle time, gross motor activities/games with a focus on foundational dance skills, table top fine motor activities, action songs and a good-bye circle.

This group is typically one hour in length and includes six to eight sessions. The group was developed for four to eight children who are two and a half to four years of age and who present with gross and fine motor challenges.

Speech/Language Groups

- **Phonology (Sound Specific or Sound Classes)**

These groups increase children's awareness of specific sounds, how to make those sounds, and how to use the sounds in words, phrases and daily conversations. The phonology group focuses on either a specific sound (phoneme) or a cluster of sounds based on the manner and place of articulation. For example one phonology group focuses on the /L/ sound and another group may focus on the velar sounds of /G/, /K/ and /NG/. Within each phonology group, therapists gauge the progression of the sessions based on the progress of the children who are attending the group.

Phonology groups are typically six to eight one hour sessions. They may include three to five children who are three to five years of age.

- **Language**

There are several types of language groups offered and which groups are provided at any given time depends on the needs of the children that are recommended. The most frequently facilitated groups are the Expressive Language Group and the Early Language Group.

- **Expressive Language/Grammatical Forms and Sentence Structure**

This group focuses on helping children to use specific grammatical structures when expressing themselves. The group targets the grammatical forms that the children in the group are not using in their daily conversations. Typically, these groups focus on helping children use personal pronouns (he and she), verb endings, question forms and negation (don't, can't, isn't). This group focuses on a theme each week and is developed around a story. For example, the book *Dogs Don't Wear Sneakers* (Numeroff, 1995) is used to elicit the form "don't" and the activities in the group relate to the content of this book giving the children many opportunities to practice using the targeted grammatical structures.

This group is designed for three to five children who are three and a half to five years of age who have typical or mild receptive language delays. The group is one hour in length and is six to eight sessions.

- **Early Language and Concepts**

This group is designed to help parents and caregivers learn specific strategies to facilitate their child's expressive language skills within a small group setting. Each session is developed around a theme that would be relevant to young children. For example, groups focus on vehicles (cars and trucks), farm animals, body parts, balls, etc. The session follows a consistent format each week, beginning with an opening circle followed by a turn taking activity or a short interactive book. The majority of the session (about 20 minutes) is allotted to different play-based stations/activities related to the theme. The stations may include a painting easel, table activities (puzzles, gluing and stamping), movement or sensory activity (slide, sensory table) and floor toys related to the theme. Parents are encouraged to follow their child to the activities the child chooses and through play, facilitate his/her language. The therapist circulates between the children and coaches the parents on strategies that may be helpful in eliciting language. The children and parents are involved in the clean up and then transition to washing their hands for a snack. After snack, the children return to the circle for songs, including a goodbye song. Parents are given specific suggestions on the vocabulary used in the group and are asked to determine which situations or activities they might use the vocabulary and strategies in at home each week.

This group is helpful for two or three children aged 20 months to three years of age who present with expressive and receptive language delays. The group is one hour in length and includes eight sessions.

- **Expressive Vocabulary and Play**

This group assists children in developing their expressive vocabularies through play using themes and theme based activities. Each session targets specific vocabulary that is embedded within a variety of group activities, such as a reading a book together, a hiding game, a movement game, a craft or snack and a simple turn taking game such as “Go, Go, Stop” or Duck, Duck, Goose”. An opening and closing circle focus on greetings, and incorporate a song based on the theme.

This group is designed for four children who are three to four years of age who present with no or mild delays in their understanding of language and a limited spoken vocabulary. The group is one hour in length and consists of eight sessions.

- **Listening and Attention**

This group is designed for children who present with moderate to severe language comprehension difficulties and may have expressive language delays as well. However the primary purpose of this group is to help the children learn to listen and to listen to learn. This group focuses on developing children’s ability to discriminate between specific words and sounds when listening and following directions. For example, the children take turns choosing objects from an assortment of objects that differ in colour, size or shape. These listening activities are embedded in all aspects of the group e.g., while reading a book together, hiding and finding objects/ pictures, creating crafts and snacks and playing group games.

This group is for three to five children aged three to five years. The group is one hour in length and consists of six to eight sessions.

- **Hanen Early Language Programs®**

- **It Takes Two To Talk the Hanen Early Language Program® for Parents**

This program is designed for parents of children with language delays. It helps parents gain a better understanding of how children develop language and the strategies that they can use to promote their child’s language development in natural, everyday situations. Parents learn how and why their child is communicating and to set specific goals for their child to facilitate their language development. This program is a combination of group learning, and individual sessions with each participant. In the individual sessions, parents use the strategies they have learned while interacting with their child. Parents are videotaped while interacting with their child and the video is immediately reviewed with the parent to help them recognize and understand which strategies are most helpful for their child and how to apply these strategies in everyday interactions with their child. This program consists of an orientation session, an individual pre-program consultation, eight group sessions and three individual visits interspersed throughout the group sessions.

The group sessions are provided in the evening and are two and a half hours in length. This group is offered twice a year in the fall and winter and is facilitated by a Hanen certified SLP.

- **More Than Words the Hanen Program® for Parents of Children with Autism Spectrum Disorder**

This program is offered to families of children who have a diagnosis or are suspected of having a diagnosis of Autism Spectrum Disorder and related social communication difficulties. It empowers parents by giving them the tools to facilitate their children’s interaction and communication skills. It focuses on everyday activities as the context for learning and having a reason to communicate.

Each More Than Words program can accommodate up to eight families and takes place over 13 weeks. It includes an orientation session, a pre-program consultation, eight group sessions for parents (two and one half hours in length), and three individual visits with the parent, child and SLP. During the individual visit, the parents use the strategies that they have learned in the group sessions while interacting with their child. The individual visits include a short videotape of the parent and their child. The video tape is immediately reviewed by the parent and the Hanen certified SLP to help the parent identify which strategies are most helpful in facilitating the interaction and the child’s language and discuss ways to build on those interactions. This program is facilitated by a Hanen certified SLP.

Occupational Therapy Groups

- **Fun With Fine Motor**

This group helps children develop the fine motor skills needed for Kindergarten. The group includes fine motor games, fine motor manipulation activities (beading and lacing), pre-writing and scissor skills, body awareness and hand-eye coordination activities such as ball play. The format consists of a circle time, some large motor activity followed by fine motor table top activities and ends with a good-bye circle.

This group is for three to five children who are four years of age. It is typically six sessions in length and sessions are one hour.

- **How Does Your Engine Run – Sensory Regulation**

This group was designed for children with sensory regulation challenges. It is based on *The Alert Program™ for Self Regulation* by Mary Sue Williams and Sherry Shellenberger. This group aims to help children raise awareness about their levels of arousal and teaches self-regulation strategies for children to reach their “just right” arousal level for optimal performance. The program organizes states of arousal into three categories: the Red Zone, Green Zone and Blue Zone, comparing the inside of a human body to a car engine. The group includes sensory based activities. The format consists of a circle time, a sensory based activity and a fine motor table top activity.

This group is typically one hour in length and includes eight sessions. The group was developed for four children who are four and five years of age who present with sensory processing difficulties.

Physiotherapy Groups

- **Get Up and Go**

This group provides children opportunities to practice their pre-walking and walking skills in a group setting. The group setting alternates between sessions at RMCDC and sessions at the swimming pool. Weight bearing through the lower extremities, standing balance, walking with support, general strengthening of the trunk and lower extremities, and independent walking are targeted in this group.

The group is typically six to eight 45 minute sessions. It was developed for children of all ages who are not yet walking.

- **Aquatic**

This is a physiotherapy program using water as a medium to promote the development of motor skills. Activities in water are beneficial to the development of strength, body awareness, and coordination. Parents must participate in the pool with their child in this group. We require this for safety reasons, but this also gives parents more opportunities to learn how to support their child's gross motor development.

This group is typically offered to children six months to four years of age. Children are grouped based on their level of ability. It is typically 30 to 60 minutes for eight weeks.

Table 2. Groups Offered at RMCDC.

Group Name	Developmental Level	# of Sessions	Duration	Maximum # of participants	# of Facilitators
Kindergarten Readiness (OT/PT or OT/SLP)	4 years of age with mild to moderate delays in all areas of development	6-8	1 hour	6	2
Social Play, Sensory and Communication (OT/ PT/ SLP in any combination)	3-4 years of age with sensory processing difficulties and communication disorders	8	1 hour	4	2
Fun With Food (OT/SLP)	2-5 years of age with limited variety of tastes and textures in diet and difficulty transitioning to advanced textures and food types; parent education component usually included	8-10	90 minutes	3-5	2-3
Phonology (SLP)	3-5 years of age	6-8	1 hour	3-5	1
Expressive Language, Grammatical Forms, and Sentence Structure (SLP)	3 ½ - 5 years of age with typical or mild receptive language delay	6-8	1 hour	3-5	1
Early Language and Concepts (SLP)	20 months to 3 years of age with expressive and receptive language delays	8	1 hour	3	1
Expressive Vocabulary and Play (SLP)	3-4 years of age with no or mild delays in understanding of language, delayed expressive language, & limited spoken vocabulary	8	1 hour	4	1
Listening and Attention (SLP)	3-5 years of age	6-8	1 hour	3-5	1-2
It Takes Two To Talk Hanen Program® (SLP)	Parents of children with language delays	13	2 ½ hour group sessions; 1 hour individual visits	6-8 families	1

More Than Words Hanen Program® (SLP)	Parents of children diagnosed with or suspected of having Autism Spectrum Disorder and related communication disorders	8	2 ½ hour group sessions; 1 hour individual visits	6 – 8 families	1
Fun With Fine Motor (OT)	4 years of age and in need of developing fine motor skills in preparation for Kindergarten; parent component included	6	1 hour	3-5	1
How Does Your Engine Run? (OT)	4 -5 years of age with sensory processing challenges; parent education component can be included; parent component included	8	1 hour	4	2
Sensory Motor (OT/PT)	2-4 years of age with gross motor delays and sensory processing challenges	6-8	45-60 minutes	3-4	2
Get Up and Go (PT)	pre-walking and walking skill development; all ages	6-8	45 minutes	3-4	2
Dance (OT/PT)	2.5-4 years of age who have gross motor challenges	6-8	1 hour	4-8	1-2
Aquatic	6 months to 4 years	8	30-60 minutes	2-4	2



Group Activities and Materials

Format of Groups

The format, or routine, of the groups is generally consistent and stays the same from week to week. Providing a consistent routine is important for the children regardless of the group theme (Krasny, et al., 2002). The sample session plans contained in the Case Studies (p.41) provide examples of the formats of three different groups.

A typical group routine includes a circle time, songs, a book, movement and a seated table activity. The first activity is usually a greeting at circle time. Each child has a spot at the mat that is identified by either a name card or shape. Once the children find their spot at the circle they are shown a visual schedule of the activities for the session. This is followed by a greeting song selected according to the verbal and motor ability of the children. The circle time activities vary depending on the group composition and goals.

The activities that follow circle are determined by the goals of each group and are a mix of seated and active. Group games are used to meet a specific goal while encouraging peer interaction and learning a functional play skill (e.g., play Hide and Seek to facilitate turn taking). Most groups will include a craft or snack as a seated table activity. The group ends with a goodbye circle and distribution of the activities/suggestions for the families to practice at home.

Home Activities

One of the main goals of groups is to teach parents skills to support their child's development at home. In order to support parents to implement the strategies they have learned, therapists provide suggestions at the end of each session. In most of the groups children are given a home activity book. The child and parent take the book home each week to complete the activities and bring it back the following week to review with the group. The home activities include worksheets for the child and parent to complete together, games to play, parent education handouts with suggestions/ideas, or individualized home plans according to each family's needs.

Home activities are usually coordinated with the theme of the group. For example, if the theme was *'Goldilocks and the Three Bears'* and the goals were sequencing, size concepts (small, medium and large), visual scanning and colouring, the sheets would include activities to reinforce these goals.



Materials

The materials and equipment needed to facilitate a small group vary depending upon the focus (gross motor, communication, fine motor, feeding).

Many of the group sessions focus around a theme that is integrated into the activities. The themes change from session to session. For ease of organization and efficiency, it is convenient to arrange supplies in kits according to different themes. When preparing for the group the therapist can go straight to the specific kit to find the supplies needed. While the materials are used for other sessions as well as groups, keeping the materials for each theme together has reduced the amount of time spent in preparing for a group. A full list of theme kits that are used can be found in Appendix N.

Table 3 describes the contents of a kit that focuses on a 'clothing' theme.

Table 3. Contents of 'Clothing' Theme Kit.

Kit Title	Contents
<p><i>Mary Wore Her Red Dress</i> (Peek, 1998)</p>	<ul style="list-style-type: none"> - the book 'Mary Wore Her Red Dress' - dress up clothes to match the clothes used in the book - a binder with homework sheets to go with this theme - a dressing sequencing puzzle - felt clothes and people to dress up - visual picture symbols to match the clothes used in the book - a copy of a dressing craft - lacing dress up game - other dressing up books

Group Space

It is important to consider the environment and space where the group will take place. Effort should be made to choose a room that is most conducive to achieving the goals and objectives of the group. If possible, it is recommended to set up the room to minimize distractions. For example, in the feeding groups, it is helpful to use a room that has minimal furniture, carpet to reduce noise levels, neutral coloured walls, and sound proofing to allow children to focus on the food. It is a good idea to have circle activities take place in one corner of the room with children seated, facing the facilitator and the corner of the room. In this way, their visual attention is on the facilitator or their peers, rather than on a window or a room full of interesting toys.

Groups that occur outside of RMCDC do not allow as much control of the environment; however, attempts are always made to minimize the environmental distractions by rearranging the furniture and adjusting the lighting.

Equipment

Many groups utilize specific equipment. Planning ahead of time to ensure that the room and the equipment are available for the group is essential. Note that it is often necessary to set up the room so that any equipment not being used is out of the children's view.

Included is a list of some of the most commonly used items for the groups. In a setting with limited resources and equipment, it is possible to use everyday items such as toilet paper rolls, cardboard boxes and pasta. It just takes some extra creativity.

Table 4. Materials and Equipment Used in Groups.

Gross Motor Materials	<ul style="list-style-type: none">- mats- balance beam- tactile beam- balls (variety to throw, catch and kick)- scooter boards- agility ladder- cones- exercise balls, peanut ball- climbing wall- slide, stairs- rebounder trampoline- bean bags- run bike- hanging ladder- scarves- balloons- Body Poetry: Animal Action Cards
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Communication materials	<ul style="list-style-type: none"> - interactive & predictable (repetitive) books - puzzles - board games - matching games - basic concept activities - barrier games - pretend play sets - sequencing cards - craft activities - visual supports
Fine motor materials	<ul style="list-style-type: none"> - beads, blocks - puzzles - lacing activities - craft materials: feathers, straws, crayons, markers, pencil/paper, glue, scissors (both spring loaded and looped), paint, paint dabbers - stacking toys - Handwriting Without Tears™ materials
Sensory materials	<ul style="list-style-type: none"> - fidget toys - air filled cushion - vibrating cushion/toys - Lycra™ tunnel - water table - rice table - bean bin - ball pit - swings - trapeze - crash mat - play dough - CD player with a variety of music - timers

Grading Activities for Participants

Grading activities to match the developmental level (motor, communication, cognition) of each child is imperative. If there is a mismatch and the activity is above the ability level of the child this can result in frustrated, disruptive and unhappy children. If the activity is not challenging enough, then the children may be bored or lose interest and attention. It is also important to consider the duration of each activity. Start at a level of attention that will allow the children to be successful. If the children are able to sit still for five minutes, start with seated activities that are a maximum of five minutes and gradually increase the length of time.

Table 5. Grading Skills Within Groups.

Domain	Skill	Grading The Skill
Gross Motor	Ball skills (Throwing)	<ul style="list-style-type: none"> - bigger & softer balls are easier - throwing is easier than catching - overhand throwing tends to be easier (gives a stronger throw) - aiming at a target is easier with underhand throwing
	Ball skills (Catching)	<ul style="list-style-type: none"> - start with the child sitting - use a large ball - roll the ball across a table - roll the ball off the table (child stands back a step from the table)
Fine Motor	Cutting	<ul style="list-style-type: none"> - use stiff paper - start with snipping - have the children cut along wide lines - have the children cut along short lines - use verbal cues such as “snip, snip, snip” to encourage a steady pace - use coloured stickers to indicate “cut and stop” - increase tactile cues, for example snipping straws, cutting bubble wrap
	Drawing	<ul style="list-style-type: none"> - use larger and shorter writing tools - have a larger surface to draw on - use writing tools appropriate for developmental ability of child
Communication	Listening and following directions	<ul style="list-style-type: none"> - use visual supports for multistep directions and transitions - provide extra time for children to respond, solve problems and complete activities at their own pace
	Language use	<ul style="list-style-type: none"> - adjust the expected response to each child’s ability: pointing, gesturing, signing, picture exchange, using words and phrases - provide a balance of opportunities for initiating and responding - adjust the complexity of language used according to each child’s developmental stage - adjust the quality of language (volume, intonation, tone) relative to each child’s level of arousal
	Songs	<ul style="list-style-type: none"> - modify the pacing of songs – slow down to give children time to respond verbally or with actions

How Much Time Is Required?

The following tables are estimates of the time involved in the planning, implementing and follow up for a small group. Therapists with more experience facilitating groups will likely require less time to plan than therapists who are less experienced with the process. The time required also depends on the type of group offered and the number of children in the group.

Table 6. Time Required To Plan a Group.

Note: Based on a group of four children for eight sessions.

Task	Time Required (Low End)	Time Required (High End)
Contact families, write and distribute invitation letter, book room	1.5 hours	3 hours
Plan group sessions (15 - 30 minutes/session x 8 sessions)	2 hours	4 hours
Shop for supplies	30 minutes	2 hours

Table 7. Time Required To Implement a Group.

Note: Based on a group of four children for eight sessions.

Task	Time Required (Low End)	Time Required (High End)
Orientation session (includes preparation, set up and clean up)	2 hours	3 hours
Set up and clean up time (30-75 minutes/session x 8 sessions)	4 hours	10 hours
Facilitate group sessions (45-90 minutes/session x 8 sessions)	6 hours	12 hours
Documentation and pre/post checklists (15-30 minutes/session x 8 sessions)	2 hours	4 hours
Follow up with families after each session (5-15 minutes/session x 8 sessions)	40 minutes	2 hours

Table 8. Time Required To Write Group Reports.

Note: Based on a group of four children for eight sessions

Task	Time Required (Low End)	Time Required (High End)
Complete post-checklist and review group feedback forms	1 hours	2 hours
Write group summary report (30-60 minutes per child)	2 hours	4 hours

Different groups require more time in planning and implementation than others. We have listed the groups according to the amount of time required from least to most.

Groups that require less time to plan:

- Dance (OT/PT)
- Sensory Motor (OT/PT)
- Get Up and Go (PT)
- Aquatic (PT)
- Phonology Group (SLP)

Groups that require a moderate length of time to plan:

- Kindergarten Readiness (OT/ PT or OT /SLP)
- Expressive Language/Grammatical Forms and Sentence Structure Group (SLP)
- Early Language and Concepts Group (SLP)
- Expressive Vocabulary and Play Group (SLP)
- Fun With Fine Motor (OT/SLP)
- How Does Your Engine Run (OT)
- Social Play, Sensory & Communication (OT/ PT/ SLP in any combination)

Groups that require more time to plan:

- Fun With Food Group (usually OT/SLP)
- Hanen Programs® (SLP)

Group intervention takes time; however, time spent planning and implementing a group for four children is less than the time required to plan and implement four individual therapy sessions. A child on an active caseload will not receive individual service while participating in a group. For example, a child in an early language group does not receive individual speech and language therapy at the same time. While group planning and implementation requires a significant amount of time, small group intervention has been found to be an efficient use of resources and an effective service delivery model for children.

Key Components for Facilitating Successful Groups

Some components are essential when implementing group intervention. The following components are by no means an exhaustive list but are important to consider when designing groups.

Table 9. Key Components of Successful Groups.

Component	Examples
Visual supports	<ul style="list-style-type: none"> - visual schedule; for example, photographs or picture communication symbols (PCS) of the activities - breakdown steps in an activity; for example, the steps to making pudding - choice board for songs, play activities, snack - expressing emotions and greetings - photograph and/or print for name cards - countdown strips for transitions - first and next boards - aided language stimulation (Goosens et al., 1992) - encourage attention and maintain interest during activities; for example, PCSs to redirect a child to an activity, or objects/props related to the story during circle time
Assist with transitions	<ul style="list-style-type: none"> - use first and next language - give verbal warning prior to transitions - use visual cue of how many turns left before transition - visual or auditory timers and countdown strips - transition songs; for example, the clean-up song
Select appropriate group size	<ul style="list-style-type: none"> - limit the group size, smaller for chronologically or developmentally younger children with less experience in a group setting - group size depends on the number of therapists facilitating the group - the space will also determine the appropriate size
Encourage parent involvement	<ul style="list-style-type: none"> - parents provide necessary and appropriate support for their child - coach parents to allow children time to respond and complete activities independently - help parents interpret child's cues and follow the child's attention and interest - model and coach parents and provide specific feedback - provide home activities to practice skills between group sessions
Facilitate peer interaction	<ul style="list-style-type: none"> - encourage and facilitate children to interact with each other (greetings, review home activities, hand out materials) - allow the children time and space to communicate/play in a less structured way when opportunities arise

Select relevant activities/themes	<ul style="list-style-type: none"> - incorporate 'real life' activities that are functional and carry over into the child's life (going shopping, camping, family meals) - choose activities that elicit the targeted skills as defined by the goals of the children - select themes and activities that match children's interests
Stimulate the senses	<ul style="list-style-type: none"> - incorporate a variety of multisensory activities (water play, play dough, crawling through a tunnel, swing) - sequence activities and materials within sessions to maintain optimal arousal levels (movement follows seated tasks)
Use a consistent routine	<ul style="list-style-type: none"> - follow a consistent group routine each week, allowing children to learn what will happen next and to anticipate activities - start and end the group in the same way (e.g., circle time) - start and end each activity in the same way (e.g., start snack by washing hands) - repeat activities to give children multiple, predictable opportunities to learn skills, both within individual sessions and from week to week
Group composition	<p>Consider children's:</p> <ul style="list-style-type: none"> - activity and arousal level - sensory preferences - attention - communication styles (reluctant, social, own agenda) - previous group experiences - developmental levels - parents



Outcomes and Results

The purpose of this project was to collaborate with community partners to offer more small groups outside of RMCDC, and to provide improved access to early intervention therapy services. Through small group intervention, we hoped to increase the knowledge and skills of parents and community partners to be able to address the needs of the children who had not typically accessed therapy intervention services. By providing small group intervention in the community, we also expected to reduce the amount of time children who were referred to RMCDC waited for therapy services.

Kindergarten teachers in the Pitt Meadows/Maple Ridge school district have reported that many young children entering Kindergarten lack the necessary developmental skills and have not accessed early intervention services. The project aimed to increase children's readiness skills in preparation for Kindergarten.

Additionally, by documenting the process and procedures for implementing small group therapy services, paediatric therapists nationwide can utilize this guide to augment group programs in their respective communities.

In order to meet the intended objectives (see page 5), we measured the effectiveness, efficiency, satisfaction and accessibility of the small groups. The results are based on 69 small groups which took place from Spring 2010 to Spring 2011.

Effectiveness

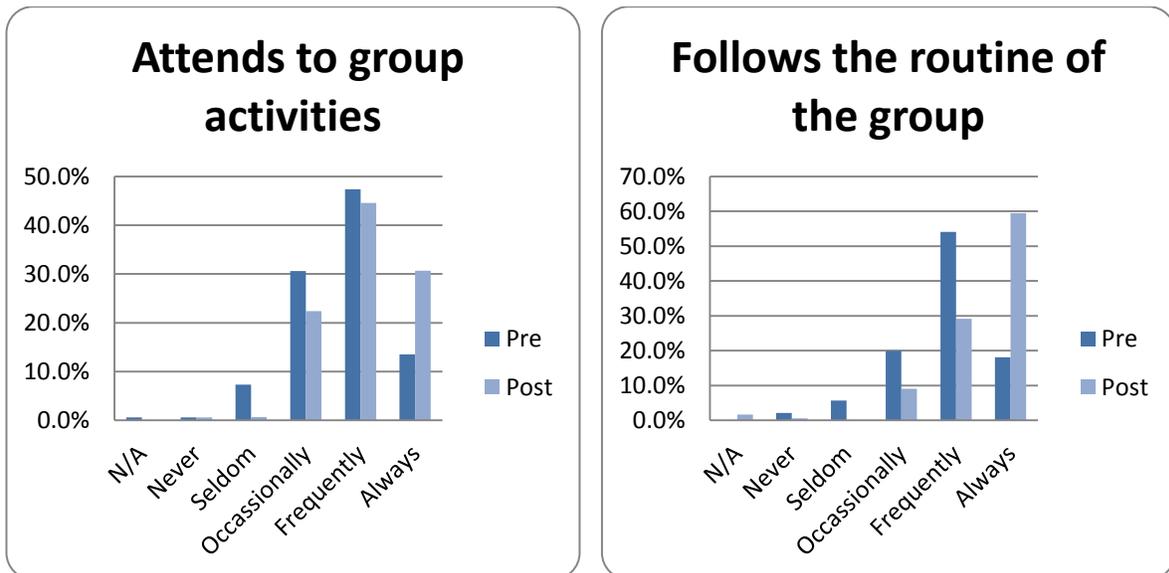
For those children who participated in a Spring group and who were entering Kindergarten the following September, the pre and post checklists (see Appendix G, H, and I) were compared. The Spring group intervention was the only form of intervention these children received through RMCDC in the five months prior to Kindergarten. 79% of the children who were about to enter Kindergarten demonstrated at least five percent improvement in the skills that were measured on the checklist. These results indicate that small group intervention is an effective approach to facilitating Kindergarten readiness skills.

95% of parents who participated in the Spring group sessions reported that groups were effective in increasing their knowledge of their child's developmental skills and provided them with specific strategies to help address their child's needs throughout their daily routines at home. The feedback received from parents shows that small group intervention is effective in teaching parents skills to support their child's development at home.

Table 10. Effectiveness of groups in spring 2010 and spring 2011 for children entering Kindergarten.

Outcome	Indicator	Data Gathering Methods	Result
The number of children entering Kindergarten with the necessary readiness skills will be increased	50% of the children, who attend a small group in the spring group set prior to entering Kindergarten in September of the same year, will show an improvement of at least 5% in their functional skills/readiness	Pre and Post checklists for participating Kindergarten-entry children	79% showed an improvement of at least 5% in functional skill/readiness
Parents /caregivers have increased understanding, knowledge, and skills enabling them to implement strategies/activities at home	100% of families/caregivers who complete a group program report an increase in their knowledge and skills to address their child’s needs	Group feedback survey	95% of caregivers reported an increase in knowledge and skills

Figure 1. The average percentages of the children’s abilities to attend to the group activities, follow the routine of the group, have success in taking turns/sharing and follow through when given directions before and after four group sets (Spring 2010; Fall 2010; Winter 2011; Spring 2011). Pre = Pre group checklist (after the first session) and Post = Post group checklist (after the last session) in each group set.



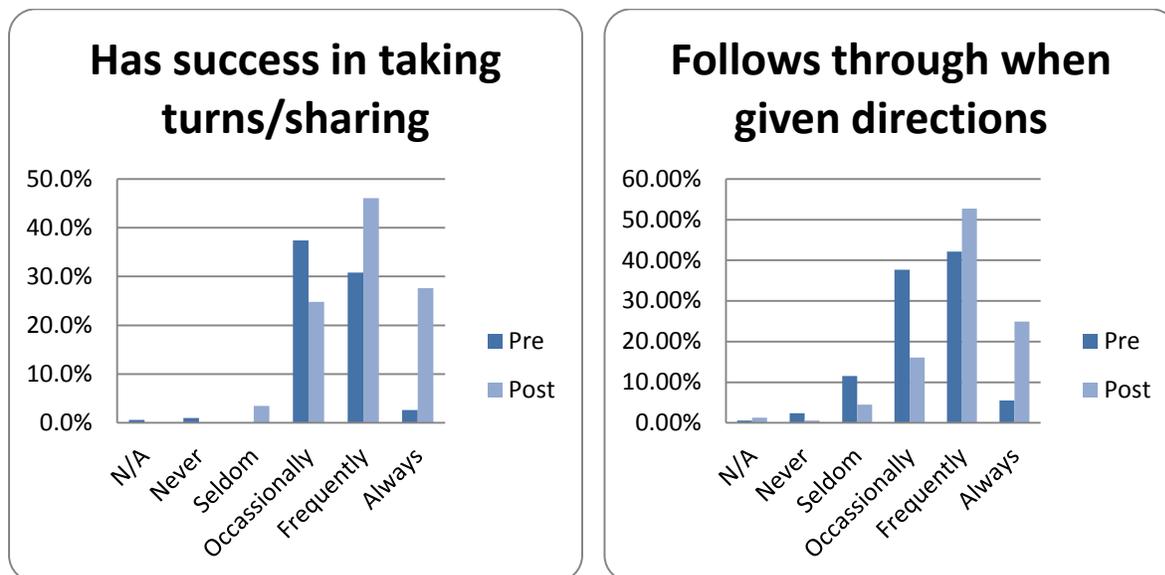


Figure 1 illustrates four of the items from the pre and post checklists that measure changes in the children’s performance after participating in a group. The charts represent average percentages of how frequently 125 different children who participated in different groups over four group sets attended to group activities, followed the routine of the group, had success in taking turns and followed through when given directions. Frequency was measured by therapists’ observations of how often the child performed when they were presented with the opportunity (see Appendix G) for the criteria used.

Table 11 indicates there was a notable difference in how frequently the children performed at the beginning of the group compared to at the end of group. In all four of the items, there was an increase in the frequency in which the children performed a behavior *always*. Based on the changes observed from the pre to post checklists, there were positive changes in the children’s skills in at least four areas after participating in a small group.

Table 11. The Average Percentages of the Children’s Abilities to *Always* Attend to the Group Activities, Follow the Routine of the Group, Have Success in Taking Turns/Sharing and Follow Through When Given Directions Before and After Four Group Sets (Spring 2010, Fall 2010, Winter 2011, Spring 2011). Pre = Pre Group Checklist (after the first session) and Post = Post Group Checklist (after the last session).

Skills Checklist-Long Items	Pre	Post
<i>always</i> attended to group activities	15%	34%
<i>always</i> followed the routine of the group	31%	60%
<i>always</i> had success in taking turns	3%	29%



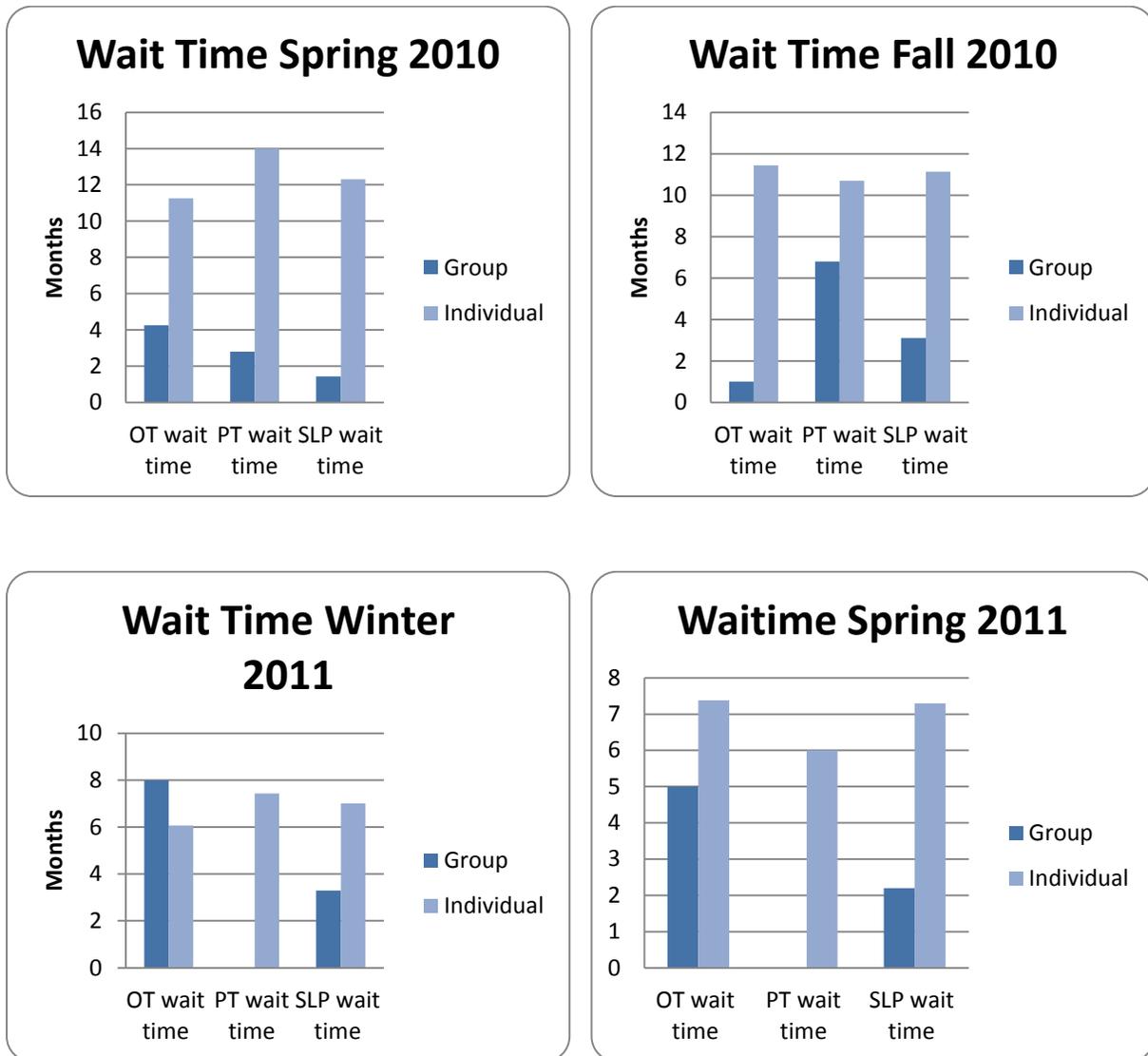
Efficiency

As indicated in Table 12 three groups were provided outside of RMCDC with an average of six children per group each group set. Providing groups outside RMCDC allowed families to access groups in a more efficient manner as the groups were closer to their home or in the child's daycare setting.

Table 12. Efficiency of Four Group Sets (Spring 2010, Fall 2010, Winter 2011 and Spring 2011).

Outcome	Indicator	Data Gathering Methods	Result
Wait time for children to receive early intervention therapy services will be reduced	Wait time for children to receive group early intervention services are 50% shorter than the wait time for children to receive individual early intervention services	Electronic data system waitlists	The wait time for group was 62.5% shorter than the wait time for individual intervention
The number of groups provided outside of RMCDC will be increased	3 groups take place outside RMCDC each group set	Group tracking list	3 groups took place outside RMCDC in each group set
The number of children participating in groups outside of RMCDC will be increased	An average of 4 children will participate in each group outside RMCDC	Electronic data system and group tracking list	An average of 6 children participated in each group outside of RMCDC

Figure 2. The average wait time for group and individual intervention for occupational, physiotherapy and speech/language therapy in four group sets. OT = Occupational Therapy, PT = Physiotherapy, SLP = Speech/Language Therapy.



The graphs in Figure 2 show that the wait time for group therapy was considerably less than the wait time for individual therapy for all three therapies. The exception is the OT department in the Winter 2011 session. The OT department responds to the initial referrals for children who present with significant feeding difficulties based on a priority rating system. Those children who are referred for feeding are considered to be high priority and do not wait for individual therapy if it is required. In the Winter 2011 time period, there were several children who were seen for individual occupational therapy based on their feeding needs. This is why the wait time for groups for occupational therapy was greater than for individual occupational therapy in that time period.

As indicated in Figure 3, when the wait time for individual and group intervention for the four group sets were combined, the wait time for group therapy was notably less than the wait time for individual therapy in all three therapies.

Figure 3. The average wait time for group and individual intervention for occupational, physiotherapy and speech/language therapy over four group sets. OT = occupational therapy, PT = physiotherapy, SLP = speech/language therapy.

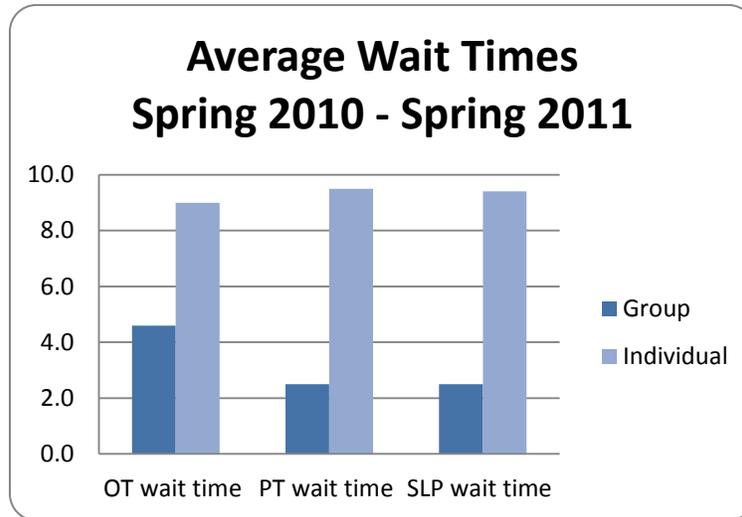
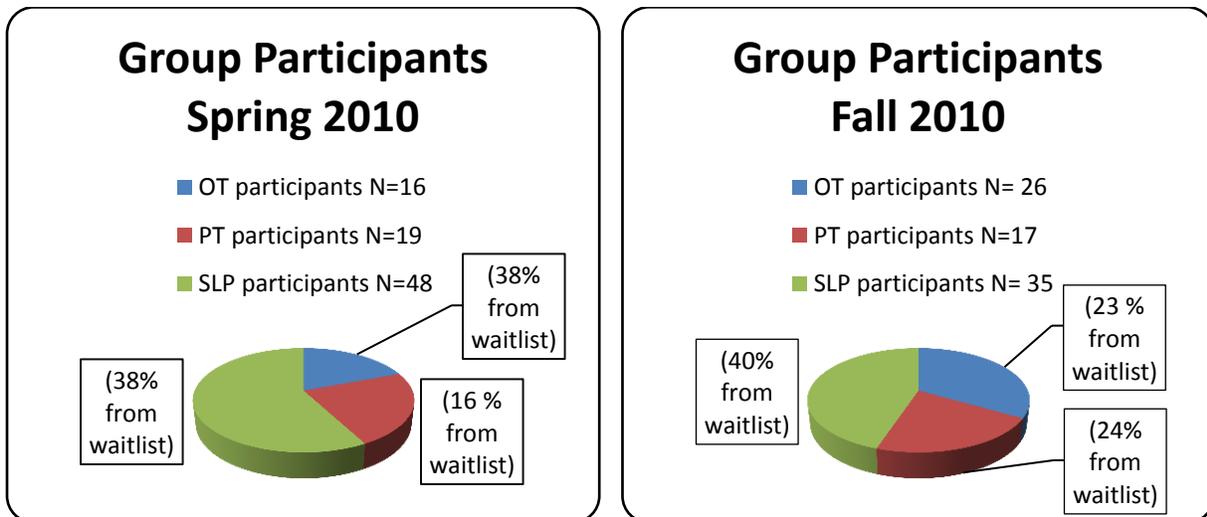


Figure 4. The number of participants in four group sets including the percentage of participants from the wait list for the specific therapies. OT = occupational therapy, PT = physiotherapy, SLP = speech/language therapy.



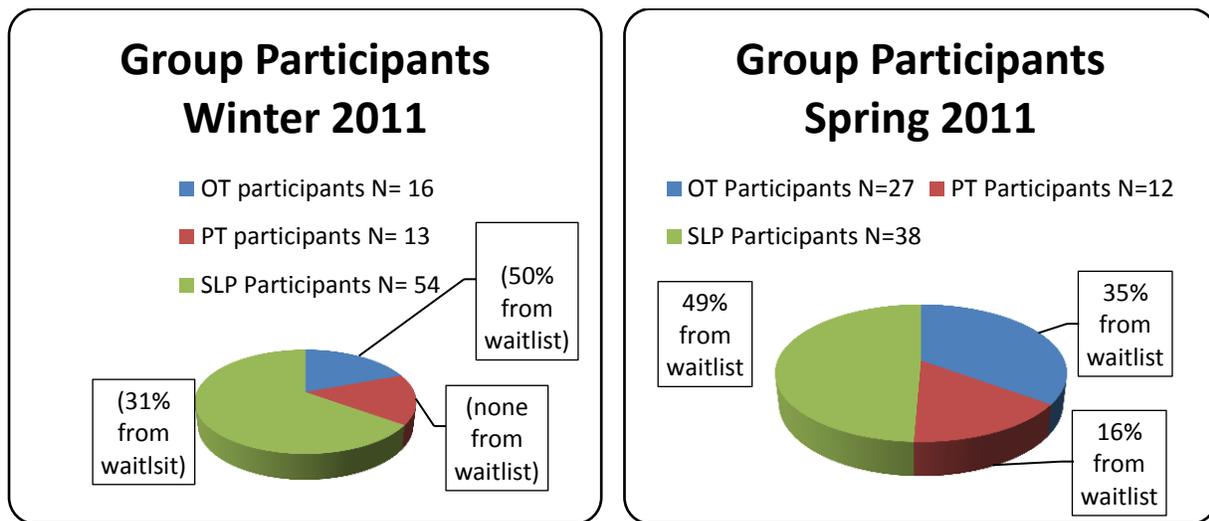


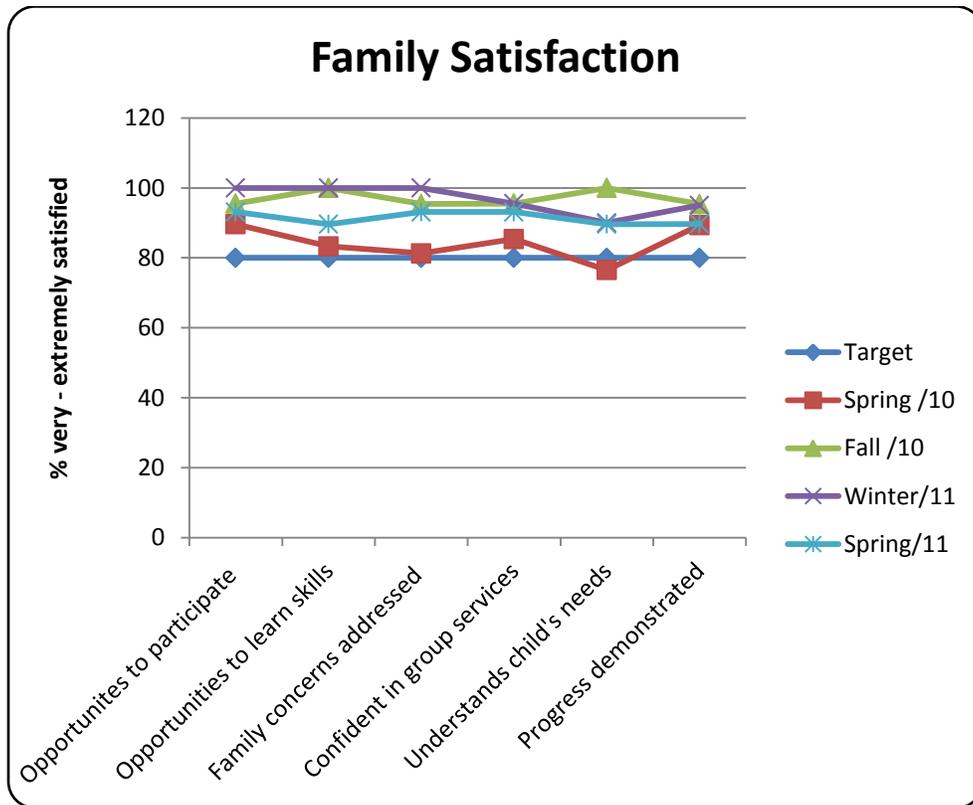
Figure 4 illustrates that all three therapy services provided groups for children from the waitlists in all four sets of groups, with the exception of PT in Winter 2011. The PT department continues to have the shortest waitlist for therapy services. Providing group intervention for children who are on the waitlist has been found to be an efficient and timely way to access therapy services.

Satisfaction

Table 13. The Average Percentage of Families Expressing Satisfaction with Group Intervention Over Four Group Sets (Spring 2010, Fall 2010, Winter 2011 and Spring 2011).

Outcome	Indicator	Data Gathering Methods	Result
Clients and families will be satisfied with the quality of group early intervention services.	80% of families express satisfaction with:	Group Feedback Survey	
	- Opportunities to participate		- 95%
	- Opportunities to learn skills		- 96%
	- Family concerns addressed		- 92%
	- Confidence in group services		- 92%
	- Understanding their child's needs and capabilities		- 89%
	- Child's progress		- 92%

Figure 5. The average percentage of families expressing satisfaction with group intervention over four group sets (Spring 2010, Fall 2010, Winter 2011 and Spring 2011).



As can be seen in Table 13 and Figure 5, families expressed high levels of satisfaction with all aspects of the group intervention. Although the charts do not specify between families, those families who were waiting for services indicated that they were very pleased to have their children participate in the groups and receive services in a timely manner.

“A big thank you so very much. You have helped more than we expected. Keep up the good work and I will pass on to all the families I know about you and your services and your staff’s help.” Parent comment from Group Feedback Survey.

Accessibility

Table 14. Reducing Barriers to Early Intervention Services.

Outcome	Indicator	Data Gathering Methods	Result
Barriers to implementing group programs for early intervention services will be reduced.	5 presentations will be made to paediatric service providers provincially and locally throughout the duration of the project.	RMCDC Outreach event binder	5 (+ 1 abstract submitted for 2012)
	Group program guide will be available to paediatric early intervention therapists via RMCDC website by March 2012	RMCDC website	Available online (www.rmcdc.com)
The number of families from rural areas who access early intervention services will be increased.	Increase the number of referrals from rural areas each year by 5%.	Electronic data system	9% increase from rural areas in 2010 8% increase from rural areas in 2011

To date, there have been five poster presentations made: two at provincial conferences, one at a national conference, one at a local planning committee and one at a regional conference.

The implementation of small groups outside of RMCDC was an attempt to provide services to those families who would not otherwise be able to access group intervention. It was expected that bringing small group therapy services to more outlying and rural areas would result in an increase in the number of referrals from those rural areas. After the first year of providing the small groups outside of RMCDC, the number of referrals received from the rural areas increased by 9% and 8% after the second year.

Case Studies

Three case studies have been included to give real examples of three different types of groups that are offered regularly: Kindergarten Readiness Group (OT & SLP), Phonology Group (s-blends) and the Dance Group (OT & PT). The case studies are based on real children; however, their names have been changed for privacy reasons. Each case study describes the child's involvement and progression with the Early Intervention Program at RMCDC. The case studies include a sample invitation letter to the group, the eight session plans for the group they attended and the group summary report that was completed at the end of the group.





Case Study 1

Matthew

Kindergarten Readiness Group

Background Information

Matthew, a four and a half year old boy with suspected ASD, has been followed for early intervention services through RMCDC for one year. At three and a half years of age, he was referred to speech and language therapy services by his family doctor because of delays in his expressive language. He was later referred for occupational therapy by his speech/language pathologist due to challenges transitioning between activities, delays in his play skills and limited food repertoire.

He had been seen for individual speech and language therapy sessions and was making gains in his expressive language but based on reports from his preschool, he was having difficulties initiating and responding to his peers, moving between activities, waiting for his turn and following verbal directions. He continued to be very selective in the foods and liquids that he would eat and drink.

A family service planning meeting was arranged to discuss the progress that Matthew had made in the previous year and to formalize goals to focus on prior to Kindergarten entry. At this meeting, Matthew's parents and therapists set the following goals:

- Matthew will verbally initiate or respond during play with a peer at least once per day that he is at preschool for three consecutive weeks by a specified date.
- Matthew will participate in circle time at his preschool and/or in a small group with his peers as demonstrated by commenting or answering two questions on topic at each circle by a specified date.
- Matthew will participate in snack time at preschool and/or in a small group by touching, smelling or tasting three new foods by a specified date.

Based on these goals and the concerns expressed by his family and therapists, a Kindergarten Readiness group targeting social interaction and play skills was recommended for Matthew. This group, facilitated by a speech/language pathologist and an occupational therapist, focused on skills important for Kindergarten entry. The purpose of the group was to provide opportunities for the children to learn to follow the group routine, take turns with peers, initiate and respond to interactions with peers, follow directions and make comments and answer questions on topic. The group included a snack in order to introduce the children to new foods and encourage them to help prepare a snack and to have positive experiences with these foods.

After participating in the eight week group, Matthew was able to recognize his peers, follow the routine of the group using a visual schedule, take turns with his peers, and wait for his turn. He started to call his peers by name, initiate play, and respond to them with support from adults. The therapists facilitating the group learned that Matthew had more difficulty understanding

longer or more complex verbal directions and so he benefited from visual support for directions, steps in a sequence, and routines. He continued to be selective in the foods that he would eat but he did fully participate in snack time, distributed materials to peers, requested materials to make a snack, and followed the sequence to prepare the snacks. He also gained experience in leading some group activities by directing his peers in simple games such as Simon Says and Go-Go-Stop.

The small group was an ideal way to meet the goals identified by Matthew's family. This group took place in a local community centre which allowed for Matthew's older sibling to go to the library in the same building while Matthew and his parents attended the group. Parent feedback indicated that the family was pleased that the small group addressed the goals that were set for Matthew and requested that he participate in a subsequent group.

Matthew's participation in a small group allowed the therapists to gain valuable information and to identify the strategies and the types of support that he would need to be successful in a Kindergarten classroom. This information was shared during the Kindergarten transition meeting with his school based team to facilitate Matthew's transition to Kindergarten.

Kindergarten Readiness Group

We would like to invite you and your child to attend the **Kindergarten Readiness Group** at the Pitt Meadows Family Recreation Centre (12027 Harris Road) in the Art room. This is a group facilitated by a speech and language and occupational therapist, focusing on skills important for Kindergarten entry.

The following will be targeted during the sessions:

- Social interaction and language development (taking turns with peers, responding to questions, making comments, initiating with adults and peers, learning names of peers)
- Group skills (attending, following routine, waiting)
- Learning to have positive experiences with food through touching, playing and tasting

The group will be held at the Pitt Meadows Community Centre on:

Monday afternoons from 3:00 to 4:00 pm
Starting January 24 – ending March 14, 2011

A parent/caregiver is required to attend each group and parents are required to facilitate their child's skills with our assistance. A \$20.00 group fee is necessary to cover the costs of general materials and supplies; please pay (cash or cheque only) on the day of the first group.

Please confirm that you will be able to attend this group by confirming with XXX at 604-123-4567. We look forward to our time together.

name

Registered Speech/Language Pathologist

name

Occupational Therapist

Kindergarten Readiness Group Planning Form

Session 1

Date: _____

Topic/Theme: **Jump Frog Jump**

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- Feeding: To have positive experience with playing, touching and tasting new foods
- Social/Play: To take turns with peers with or without prompts at the level that each child is successful
- To participate in group activities (circle time, snack time), learn the group routine and the members of the group and successfully transition from one activity to the next

Materials:

- Visual picture schedule to show the children the activities planned, emotion pictures to help the children share with the group how they are feeling
- CD player and The Alert Program™ CD ("Flea Market" song)
- Snack: Children take turns handing out mats, plates and snack supplies to peers. Children spread peanut butter on to a piece of celery and then place raisins on top pretending that they are the frogs sitting on a log. Children clean up after snack. (celery, peanut butter, raisins, knives, plates, cup, water, placemats)
- Movement Activity: Circles for jumping on, balance beam over blue mat (pretend it's a bridge over water), bean bag frogs to throw into a large basket.
- Name markers for children to indicate where they sit for circle time
- Home activity book for each child, home activity sheets
- Book: *Jump Frog Jump* by Robert Kalan (1998)

Environment:

Group room with mat on the floor for circle, open area for group games and table and chairs for snack time

Take Home Activities:

- Frogs and Pads, Easy Does It For Apraxia pp. 32-33
- Jump Frog Jump, Hands On Reading pp. 13-14

Activity 1: Circle

Hello song,
Flea song (Alert Program™) -Ask children how they are feeling

Book *Jump Frog Jump*

Activity 2: Game

Go Go
Stop!

Activity 3: Movement Activity

Obstacle course

Activity 4: Snack time

Wash hands
Frogs on a log

Activity 5: Goodbye circle

Hand out
homework

Song
Goodbye
song

Show & Tell:

Bring a pizza topping for the next session

Kindergarten Readiness Group Planning Form

Topic/Theme: **Pizza Man**

Session **2**

Date: _____

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- Feeding: To have positive experience with playing, touching and tasting new foods
- Social/Play: To take turns with peers with or without prompts at the level that each child is successful
- To participate in group activities (circle time, snack time), learn the group routine and the members of the group and successfully transition from one activity to the next

Materials:

- Visual picture schedule to show the children the activities, visual pictures for the steps of the craft and emotion pictures.
- CD player and The Alert Program™ CD ("Flea Market" song)
- Snack: Children take turns handing out mats, plates, pizza crust and pizza toppings. Children put the toppings on their pizza and then put them into the toaster oven to bake.
- Movement Activity: Children take turns crawling through tunnel and going on the scooter board to retrieve pretend food pizza toppings to give to their peers for their pizzas
- Name markers for children to indicate where they sit for circle time
- Home activity sheets
- Book: *Hi, Pizza Man* by Virginia Walter (1995)

Environment:

Group room with mat on the floor for circle, open area for group games and table and chairs for snack time

Take Home Activities:

Shadow match handout- Say & Do 'P' worksheets p. 62

Pete Makes Pizza – 2, 3, 4
Sequences Galore p. 90

Show & Tell:

Bring a favourite animal toy for next session.

Activity 1:

Circle Hello song, Flea Song (Alert Program™) - Ask children how they are feeling.

Show and Tell Children share their show and tell item. Peers are encouraged to make a comment or ask the child a question about show and tell.

Book *Hi, Pizza Man*

Activity 2:

Game
Go Go Stop!

Activity 3:

Movement activity
Tunnel and scooter board

Activity 4:

Snack
Wash hands
Make pizza

Activity 5:

Goodbye circle
Hand out homework

Song
Goodbye song

Kindergarten Readiness Group Planning Form

Topic/Theme: **Three Little Kittens**

Session **3**

Date: _____

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- Feeding: To have positive experience with playing, touching and tasting new foods
- Social/Play: To take turns with peers with or without prompts at the level that each child is successful
- To participate in group activities (circle time, snack time), learn the group routine and the members of the group and successfully transition from one activity to the next

Materials:

- Visual picture schedule to show the children the activities, visual pictures for the steps of the craft and emotion pictures.
- CD player and The Alert Program™ CD ("Flea Market" song)
- Snack: Place mats, plates, pie, juice/water, cups. Children take turns handing out mats, plates and snack to peers. Children cut and eat a piece of pie and pour their drinks.
- Movement Activity: Half of the group starts at a water table and washes mittens with soap. The other half hang clothes pins on a clothes line. Once the mittens are washed, the children washing the mittens ride on a scooter board to the clothes line and give the wet mittens to their peers to hang up. They then switch roles.
- Name markers for children to indicate where they sit for circle time
- Home activity book for each child, home activity sheets
- Book: *Three Little Kittens* by Paul Galdone (1986)

Environment:

Group room with mat on the floor for circle, open area for group games and table and chairs for snack time

Take Home Activities:

- Three Little Kittens, Take Home Development pp. 178-179
- Mittens memory game (12 mittens) –parents & children colour 2 mittens the same colour and cut out to make a memory game

Activity 1:

Circle Hello song, Flea song (Alert Program™) - Ask children how they are feeling.

Show and Tell Children share their show and tell item. Peers are encouraged to make a comment or ask the child a question about show and tell.

Book *Three Little Kittens*

Activity 2:

Game
Musical hoops – Play music and when it stops children find a hoop to stand in.

Activity 3: Movement activity

Wash mittens and scooter board activity

Activity 4:

Snack
Wash hands
Pie and juice

**Activity 5:
Goodbye circle**
Hand out homework

Song
Goodbye song

Show & Tell:

Bring a favourite fruit for next session.

Kindergarten Readiness Group Planning Form

Topic/Theme: **Hungry Caterpillar** Session 4 Date: _____
Clients' Names: _____
Therapist(s): _____

Goals/Objectives:

- Feeding: To have positive experience with playing, touching and tasting new foods
- Social/Play: To take turns with peers showing their show and tell item and telling peers one thing about it with or without prompts at the level that each child is successful.
- To participate in group activities (circle time, snack time), successfully transition from one activity to the next

Materials:

- Visual picture schedule to show the children the activities, visual pictures for the steps of the craft and emotion pictures.
- CD player and The Alert Program™ CD ("Flea Market" song)
- Snack: Children take turns handing out snack materials and fruit to peers. Children cut up the fruit to make a fruit salad. (mats, plates, cutting boards, plastic knives, cups, juice/water, bananas, strawberries and apples)
- Movement Activity: Ball Play – Children stand in a circle and play pass (first throwing ball, then kicking)
- Name markers for children to indicate where they sit for circle time
- Home activity book for each child, home activity sheets
- Book: *The Hungry Caterpillar* by Eric Carle (1969)

Environment:

Group room with mat on the floor for circle, open area for group games and table and chairs for snack time

Take Home Activities:

- caterpillar life cycle
- match the numbers and fruits
- comprehension worksheet 2, Hands On Reading pp. 18-21

Activity 1:

Circle

Hello song, Flea song (Alert Program™) -Ask children how they are feeling

Show and Tell Children share their show and tell item. Peers are encouraged to make a comment or ask the child a question about show and tell.

Book *The Hungry Caterpillar*

Activity 2:

Game

Musical hoops
Play music and when it stops they find a hoop to stand in.

Activity 3:

Movement activity

Ball play

Activity 4:

Snack

Wash hands

Fruit salad

Activity 5:

Goodbye circle

Hand out homework

Song

Goodbye song

Show & Tell:

Draw a picture of a bear or bring a toy bear for next session

Kindergarten Readiness Group Planning Form

Topic/Theme: **Going on a Bear Hunt**

Session 5

Date: _____

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- Feeding: To have positive experience with playing, touching and tasting new foods
- Social/Play: To take turns with peers showing their show and tell item and telling peers one thing about it with or without prompts at the level that each child is successful.
- To participate in group activities (circle time, snack time), successfully transition from one activity to the next

Materials:

- Visual picture schedule to show the children the activities planned for the class, visual pictures for the steps of the craft and also emotion pictures.
- CD player and The Alert Program™ CD ("Flea Market" song)
- Snack: Pretend the bear cookies are stomping in mud (Nutella). Peel the cheese to pretend to make the trees. (mats, plates, cups, teddy grahams, Nutella, string cheese)
- Movement Activity: Balance beam, tunnel, coloured circle lily pads for jumping on. Pretend to go on a bear hunt – children balance on beam, stomp in the mud (coloured circles) and crawl through the tunnel (bear's cave).
- Name markers for children to indicate where they sit for circle time
- Home activity book for each child, home activity sheets
- Book – *Going on a Bear Hunt* by Michael Rosen & Helen Oxenbury (1989)

Environment:

Group room with mat on the floor for circle, open area for group games and table and chairs for snack time

Take Home Activities:

- Bear Hunt – Make and Take book
- B is for Bear
- Where are the Bears? worksheet
- How Many Bears?- Tell Me About It, Hands On Reading Classroom Classics, pp. 10-19

Activity 1:

Circle

Hello song, Flea song (Alert Program™) - Ask children how they are feeling.

Show and Tell Children share their show and tell item. Peers are encouraged to make a comment or ask the child a question about show and tell.

Book *Going on Bear Hunt*

Activity 2:

Game

What time is it Mr. Bear?

Activity 3:

Movement activity

Obstacle course

Activity 4:

Snack

Wash hands

Make Teddy Bear snack

Activity 5:

Goodbye circle

Hand out homework

Song

Goodbye song

Show & Tell:

Bring something little and something big for next week.

Kindergarten Readiness Group Planning Form

Topic/Theme: **Goldilocks and the Three Bears** Session 6 Date: _____

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- Feeding: To have positive experience with playing, touching and tasting new foods
- Social/Play: To take turns with peers asking his peer a question or commenting on their show and tell item with or without prompts at the level that each child is successful.
- To participate in group activities (circle time, snack time), successfully transition from one activity to the next

Materials:

- Visual picture schedule to show the children the activities planned for the class, visual pictures for the steps of the craft and also emotion pictures.
- CD player and The Alert Program™ CD ("Flea Market" song)
- Snack : Go through the steps of making hot oatmeal with the children using a kettle and oatmeal. (mats, bowls, cups, instant oatmeal packages, milk and brown sugar)
- Movement Activity: obstacle course -balance beam, jump on small rebounder trampoline (10 times),
- Name markers for children to indicate where they sit for circle time
- Home activity book for each child, home activity sheets
- Felt Story – *Goldilocks and the Three Bears* by The Story Teller (1993)

Environment:

Group room with mat on the floor for circle, open area for group games and table and chairs for snack time

Take Home Activities:

- Goldilocks and the Three Bears – sequencing pictures
- Goldilocks & the Three Bears colouring sheet, the Story Teller (1993)

Show & Tell:

Bring something to show about someone in their family (i.e.: photo) for next week.

Activity 1:

Circle

Hello song
Flea song (Alert Program™) -Ask children how they are feeling.

Show and Tell Children share their show and tell item. Peers are encouraged to make a comment or ask the child a question about show and tell.

Felt Story *Goldilocks*

Activity 2:

Game

What Time is it Mr. Bear?

Activity 3:

Movement activity

Obstacle course

Activity 4:

Snack

Wash hands

Make oatmeal

Activity 5:

Goodbye circle

Hand out homework

Song
Goodbye song

Kindergarten Readiness Group Planning Form

Topic/Theme: **Three Billy Goats Gruff** Session 7 Date: _____
Clients' Names: _____
Therapist(s): _____

Goals/Objectives:

- Feeding: To have positive experience with playing, touching and tasting new foods
- Social/Play: To take turns with peers asking a peer a question or commenting on each other's show and tell item with or without prompts at the level that each child is successful.
- To participate in group activities (circle time, snack time), successfully transition from one activity to the next

Materials:

- Visual picture schedule to show the children the activities planned, visual pictures for the steps of the craft and emotion pictures.
- CD player and The Alert Program™ CD ("Flea Market" song)
- Snack: Children get a long piece of celery to cut into 'short grass' and 'long grass' to fit with the theme of the story. Children spread peanut butter onto the celery sticks. (mats, plates, cups, small cutting boards, plastic knives, celery, peanut butter or nut free spread)
- Movement Activity: obstacle course - Children pretend to be the goats walking over the 'bridge (balance beam)', jump on small rebounder trampoline (10 times) and then walk through the long and short grass (garbage bags cut into strips). Parents/therapists can pretend to be the troll and role play this with the children.
- Name markers for children to indicate where they sit for circle time
- Home activity book for each child, home activity sheets
- Felt Story – *Three Billy Goats Gruff* by The Story Teller (1993)

Environment:

Group room

Take Home Activities:

- Three Billy Goats Gruff story sequence, The Story Teller (1993)
- Three Billy goats Gruff, Take Home Preschool Language Development pp. 155-158

Activity 1: Circle

Hello song, Flea song (Alert Program™)
-Ask children how they are feeling.

Show and Tell Children share their show and tell item. Peers are encouraged to make a comment or ask the child a question about show and tell.

Felt Story *Three Billy Goats Gruff*

Activity 2: Game

Simon Says

Activity 3: Movement activity

Three Billy Goats obstacle course

Activity 4: Snack

Wash hands

Celery, peanut butter

Activity 5: Goodbye circle

Hand out homework

Song
Goodbye Song

Show & Tell:

Bring some building blocks for next week.

Kindergarten Readiness Group Planning Form

Topic/Theme: **Three Little Pigs**

Session **8**

Date: _____

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- Feeding: To have positive experience with playing, touching and tasting new foods
- Social/Play: To take turns with peers asking peer a question or commenting on each other's show and tell item with or without prompts at the level that each child is successful.
- To participate in group activities (circle time, snack time), successfully transition from one activity to the next

Materials:

- Visual picture schedule to show the children the activities planned for the class, visual pictures for the steps of the craft and also emotion pictures.
- CD player and The Alert Program™ CD ("Flea Market" song)
- Snack: Children 'build' houses with their hickory sticks and pretzels. (mats, plates, cups, juice/water, hickory sticks, and pretzel sticks)
- Movement Activity: Build a house with cardboard boxes and bricks. Role play the story using pig face masks.
- Name markers for children to indicate where they sit for circle time
- Home activity book for each child, home activity sheets
- Felt Story – *Three Little Pigs* by StoryTeller (1993)
- group completion certificates

Environment:

Group room with mat on the floor for circle, open area for group games and table and chairs for snack time

Activity 1:

Circle

Hello song
Flea song Alert Program™)-Ask children how they are feeling.

Show and Tell Children share their show and tell item. Peers are encouraged to ask the child a question about show and tell

Felt Story *Three Little Pigs*

Activity 2:

Game

Simon Says

Activity 3:

Movement activity

Build a house with cardboard bricks and then role play the story

Activity 4:

Snack

Hickory sticks and pretzel sticks

Activity 5:

Goodbye circle

Hand out homework

Song

Goodbye song

Take Home Activities:

- Three Little Pigs – colouring sheet and tell the story. Storytelling, p.127
- connect the dots to draw a pig
- distribute certificates

CONFIDENTIAL

OCCUPATIONAL and SPEECH/LANGUAGE GROUP SUMMARY REPORT

Kindergarten Readiness Group

Group Participant Information			
Name:	Matthew	Reporting Date:	March 15, 2011
Date of Birth:		Group Sessions:	8
File #:		Number of Sessions Attended:	7

Matthew attended a Kindergarten Readiness (OT & SLP) group at the Pitt Meadows Community Centre from January 24 to March 14, 2011. This group focused on skills important for Kindergarten entry. The following areas were targeted during the sessions:

- Social interaction and language development (taking turns with peers, responding to questions, making comments, initiating with adults and peers, learning names of peers)
- Group skills (attending, following routine, waiting)
- Learning to have positive experiences with food through touching, playing and tasting

OBSERVATIONS

Matthew was ALWAYS or FREQUENTLY able to:

- Follow the routine of the group with visual support
- Follow a simple sequence in a story or activity
- Follow simple steps to prepare a snack
- Ask for help or assistance, make requests
- Follow familiar 1-2 step instructions
- Recognize own name in print at the circle
- Recognize members of the group
- Attend to group activities
- Read along in parts of stories
- Stay with an activity to completion
- Willingly try new tasks or activities
- Play appropriately with toys and materials
- Have success in taking turns by waiting for his turn and initiating his turn

Matthew

D.O.B.:

Matthew was OCCASIONALLY able to:

- Participate independently in group activities (Go Go Stop, Simon Says, musical hoops, What Time is it Mr. Bear?)
- Respond to simple questions and greetings from adults
- Initiate communication and interaction with peers and respond to peers

Matthew was SELDOM or NEVER able to

- Maintain play with his peers without adult support
- Taste new foods during snack time
- Follow novel 2-3 step instructions without visual prompts

Always = When presented with the opportunity, the child always responds in this manner, **100%** of the time.

Frequently = When presented with the opportunity, the child frequently responds in this manner, about **75%** of the time.

Occasionally = When presented with the opportunity, the child occasionally responds in this manner, about **50%** of the time.

Seldom = When presented with the opportunity, the child seldom responds in this manner, about **25%** of the time.

Never = When presented with the opportunity, the child never responds in this manner, **0%** of the time.

ADDITIONAL OBSERVATIONS

Matthew made good progress in his ability to follow the routines of the group, transition from one activity to the next, initiate and wait for his turn and help prepare the snack for the group, which included touching new food items. By the end of the group sessions, Matthew was starting to spontaneously initiate communication with his peers during play and circle time. Matthew also gained experience in leading the small group by directing his peers in simple games such as Go-Go-Stop and Simon Says.

RECOMMENDATIONS

- Facilitate interaction with peers by directing his attention to peers and what they are doing. Encourage Matthew to play and communicate with his peers by prompting him to respond and modeling the language he needs to ask questions or respond.
- Continue to use visuals to support his understanding of routines, steps for activities and his ability to anticipate what is coming next.
- Matthew quickly learns new skills by imitating and memorizing what he sees and hears. He is not always aware of what is appropriate. Reinforce appropriate interactions.
- Introduce Matthew to new snacks and encourage him to touch and taste foods through play.

Matthew

D.O.B.:

- Practice skills learned in group in new environments, such as preschool, play dates with his brother, etc.

SERVICES PLANNED

It is recommended that Matthew be invited to another Kindergarten Readiness group to further develop his social/play skills with his peers and to build upon his experience with touching and interacting with new foods.

Please feel free to contact us with any additional questions or concerns regarding this report. It was a pleasure working with Matthew and his family.

name

Registered Speech/Language Pathologist

name

Occupational Therapist

cc:



Case Study 2

Gregory

Speech Sounds Group

Background Information

Gregory is a four year old boy who has been receiving early intervention services through Ridge Meadows Child Development Centre (RMCDC) for two and half years. He was first referred for speech and language services because his parents were concerned that he was only using a few words at almost two years of age although his understanding of language seemed age appropriate. He was also not interacting appropriately with other children and had been exhibiting some frustration and aggressive behaviour.

It was recommended that Gregory's parents participate in a parent education group while he was on the waitlist for services. Four months after the initial referral, his mother participated in the It Takes Two to Talk Hanen Program® for Parents and learned strategies to support his interaction, communication and language development. Gregory's mother reported that she made significant changes in the way she interacted with him. Specifically, she began allowing him to lead interactions and use shorter sentences to comment on activities. Gregory made good progress during this program and by the end was using more words and combining words into sentences. He was also more interested in interacting and communicating with others.

Gregory remained on the waitlist for individual intervention for another four months, a total of eleven months from the date of the initial referral. When he came off the waitlist, Gregory was using long, well constructed sentences and his parents were no longer concerned about his language development or interaction skills. His speech sound development was still an area of concern as he had a limited repertoire of speech sounds and was very difficult to understand in conversation. A speech sound group was recommended and he participated in an eight week group targeting the /k/ and /g/ sounds. Gregory's mother works full time, so groups were scheduled later in the afternoon and she was able to leave work early one day a week for the duration of the group program.

This group was facilitated by a SLP and the goals of the group were to produce the /k/ and /g/ sounds at the beginning, middle and ends of words in sentences as well as to participate appropriately in group: turn-taking, following directions, asking and answering questions. After the eight weeks, Gregory's group participation skills showed significant improvement and he was able to consistently take turns with peers, follow one and two step directions and ask and answer simple wh- questions. He was also able to produce both of the targeted sounds, 80% of the time, in the structured activities of the group. He was not yet using these sounds in spontaneous conversation and his mother was provided some strategies to continue working on them at home. It was also recommended that he participate in another group to target additional speech sounds.

Gregory and his mother participated in another eight week group targeting the /s/ sound in consonant blends, facilitated by an SLP. Again, he showed good improvement in his ability to

maintain focus and attention during a group and also learned to use /s/-blend sounds in words during structured activities. His mother was confident that she knew how to help Gregory use this sound in conversation using the strategies she learned in the previous two groups.

Gregory was then seen individually for assessment and consultation. His mother reported feeling confident that she understood how her son's speech sound acquisition would and should develop and that she knew how to help him if he needed extra support to reach age appropriate milestones. She felt that occasional consultation with an SLP was enough support to meet Gregory's speech and language goals.

Gregory is about to enter Kindergarten and has a few remaining speech sound difficulties (sh, st-blends) but is understood by his friends at preschool and looking forward to starting 'real school with the big kids'.

Dear Parents,

We have planned a small group at the Pitt Meadows Recreational Centre that focuses on:

**using the 's' sound in consonant blends
(sp, sn, sm, st, sl, sk)
at the beginning of words**

Parents and caregivers are required to facilitate their child's skills with my assistance during the sessions as well as complete the home carry-over activities.

The group will be held at the Pitt Meadows Recreational Centre, 12027 Harris Road, Pitt Meadows

**Monday mornings from 11:00 -12:00
from January 10th to February 28th , 2011**

There will be a non-refundable fee of **\$20.00 per child**, to cover the cost of supplies, which is to be paid in cash or by cheque on the first day of the group.

Please contact me at 604-123- 4567, extension 123 if you have any questions and to leave a message to confirm your child's participation in the group. If you are unable to attend one of the group sessions, please call as early as possible on that day to cancel your attendance. I look forward to seeing you and your child at the group.

name

Registered Speech/Language Pathologist

Speech Sound Group Planning Form

Session 1

Date: _____

Topic/Theme: Snakes

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- To increase the children's awareness of the /s/ sounds in a consonant blend at the beginning of words
- To practice making the /sn/ consonant blend with or without prompts at the level that each child is successful
- To participate in group activities and learn the group routine and the members of the group

Materials:

- visual picture schedule for activities planned
- Book: *The Little Snake in Noisy Stories* by Joan Rivard & Jessica Rivard: Mayer Johnson 2000
- Minimal pairs pictures for listening activity and bowls for sorting
- Assorted sized plastic snakes, bowling pins and balls, practice picture cards of s blend words, game-Snakes & Ladders, glue & markers, and cut out snake pieces to glue together for each child
- Name markers for children to indicate where they sit for circle time
- Home activity book for each child, home activity sheet

Environment:

Group room with mat on the floor for circle, open area for bowling, space for hiding objects around the room, and table and chairs for craft and games

Activity 1: Circle

Hello Song

Listening for minimal pairs /sn/ and /n/

Activity 2: Book

The Little Snake

Key Words:
Snake

Activity 3: Hide & Find

Children take turns finding snakes

Activity 4: Game

Bowling - child names a picture for parent before bowling

Activity 5: Craft

Glue together snakes with parent help

Activity 6: Game

Snakes & Ladders board game - child names picture for each turn

Song
Goodbye song

Take Home Activities:

- Snake Board game
- Find the Snakes sheet
- *Snuffy the Snake* Story
- Listening and practice pictures (s blend target words)

Speech Sound Group Planning Form

Topic/Theme: **Snails and Snack**

Session 2

Date: _____

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- To increase the children's awareness of the /s/ sounds in a consonant blend at the beginning of words
- To practice making the /sn/ consonant blend with or without prompts at the level that each child is successful
- To participate in group activities and learn the group routine and members of the group

Materials:

- visual picture schedule for activities planned
- Book: *Follow the Silver Trail* by Leith Faulkner (2000)
- Minimal pairs pictures for listening activity and bowls for sorting
- Games: Snails Pace , Basketball hoop and ball and s blend practice cards
- Craft: Snail Shell www.daniellesplace.com, glue, cut out snail and shell for each child
- Home Activity Sheets

Environment:

Group room with a mat on the floor for circle, open area for basketball, space for hiding objects around the room, and table and chairs for craft and games

Activity 1: Circle

Hello Song

Listening for minimal pairs /sn/ and /n/

Activity 2: Book

Follow the Silver Trail

Key words:
Snail & snack

Activity 3: Hide & Find

Take turns finding snails from Snail's Pace game

Activity 4: Game

Basketball - child names a picture for parent before shooting

Activity 5: Game

Snail's Pace – child names a picture before a turn

Activity 6: Craft

Snail shell with sparkle trail

Song
Goodbye song

Take Home Activities:

- Snails SPARC R and S p.221
- Find the Snails sheet
- sn words SPARC R and S p.187
- Listening and practice pictures

Speech Sound Group Planning Form

Session 3

Date: _____

Topic/Theme: **Snow and Snowmen**

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- To increase the children's awareness of the /s/ sounds in a consonant blend at the beginning of words
- To practice making the /sn/, /sm/, /st/ and /sk/ consonant blends with or without prompts at the level that each child is successful
- To participate in group activities

Materials:

- visual picture schedule for activities planned
- Book: *One Snowy Day* by Jeffrey Scherer (1997)
- Minimal pairs pictures for listening activity and bowls for sorting
- Assorted sized laminated snowmen
- Game-Marbleworks and s blend practice cards
- Snack items: Make snowman with 2 large marshmallow on a pretzel stick. Stick pretzel sticks for arms, red string licorice for scarf and cake decorations for eyes, nose, and mouth. (marshmallows, pretzel sticks, red string licorice)
- Home activity sheets to take home
- Name markers for children to indicate where they sit for circle time

Environment:

Group room with mat on the floor for circle, open area for Marbleworks, space for hiding objects around the room, and table and chairs for craft and games

Take Home Activities:

- Snowman dot to dot sheet
- Snowman Sequence Pictures
- *Snow Scene Once Upon a Sound p. 180*
- *Snow SPARC R and S p. 220*

Activity 1:

Circle

Hello Song

Listening for minimal pairs /sn/ and /n/

Activity 2:

Book

One Snowy Day

Key words:

Snow, scarf snowman, sticks

Activity 3:

Hide & Find

Children take turns finding big & small laminated snowmen

Activity 4:

Game

Marbleworks - child names a picture for parent before taking a turn

Activity 5:

Snack

Make snowmen with marshmallows, pretzel sticks, red string licorice

Activity 6:

Game

Go Go Stop

Song
Goodbye
song

Speech Sound Group Planning Form

Session 4

Topic/Theme: **Spiders**

Date: _____

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- To increase the children's awareness of the /s/ sounds in a consonant blend at the beginning of words
- To practice making the /sp/ consonant blend with or without prompts at the level that each child is successful
- To participate in group activities

Materials:

- visual picture schedule for activities planned
- Book: *The Very Busy Spider* by Eric Carle (1984)
- Minimal pairs pictures for listening activity and bowls for sorting
- Assorted sized plastic spiders, Itsy Bitsy Spider game, practice picture cards of s blend words
- Craft: glue, paper plates, black construction paper legs (8 strips of paper folded up like an accordion/child)
- Snack: circle shaped crackers, spread cheese whiz on and 8 pretzel sticks for legs
- Name markers for children to indicate where they sit for circle time
- Home activity sheets to take home

Environment:

Group room with mat on floor for circle, space for hiding objects around the room, and table and chairs for craft and games

Activity 1:

Circle

Hello Song

Listening for minimal pairs /sp/ and /p/

Activity 2:

Book

The Very Busy Spider

Key

words:

Spider, spinning

Activity 3:

Hide & Find

Children take turns finding spiders

Activity 4:

Game

Itsy Bitsy Spider Game- child names a picture before taking a turn

Activity 5:

Craft

Make spider with paper plate & legs, and eyes

Activity 6:

Snack

Spider cracker

Song

Itsy Bitsy Spider

Take Home Activities:

- Spiders & web to glue
- Find the Spiders sheet
- *Spiders SPARC R and S p 213*
- Listening and practice pictures

Speech Sound Group Planning Form

Topic/Theme: **It Looked Like Spilt Milk**

Session 5

Date: _____

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- To increase the children's awareness of the /s/ sounds in a consonant blend at the beginning of words
- To practice making the /sp/, /st/ and /sk/ consonant blends with or without prompts at the level that each child is successful
- To participate in group activities

Materials:

- visual picture schedule for activities planned
- Book: *It Looked Like Spilt Milk* by Charles G. Shaw (1998)
- Minimal pairs pictures for listening, activity bowls for sorting
- Assorted coloured plastic stars for hide and find, Fishing game (fishing poles and fish to catch), practice picture cards of s blend words
- Craft: sponge and straws for painting (white paint on blue construction paper)
- Name markers for children to indicate where they sit for circle time
- Home activity sheets to take home

Environment:

Group room with mat on the floor for circle, open area for fishing game, space for hiding objects around the room, and table and chairs for craft and games

Activity 1: Circle

Hello Song

Listening for minimal pairs /sp/ and /p/

Activity 2: Book

It Looked Like Spilt Milk

Key words:
Spilt, sky

Activity 3: Hide & Find

Children take turns finding coloured stars

Activity 4: Game

Fishing (child names a picture for parent before fishing)

Activity 5: Craft

Sponge and straw painting

Activity 6: Song

Twinkle
Twinkle
Star

Song
Goodbye song

Take Home Activities:

- Hands on Reading Classroom Classics pp 157 & 160
- Star dot to dot
- S blend memory game

Speech Sound Group Planning Form

Topic/Theme: **Why Is Stella Standing Still?**

Session 6

Date: _____

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- To increase the children's awareness of the /s/ sounds in a consonant blend at the beginning of words
- To practice making the /st/ consonant blend with or without prompts at the level that each child is successful
- To participate in group activities

Materials:

- visual picture schedule for activities planned
- Book: *Why Is Stella Standing Still?* by Janet G. Bassemir (1998)
- Minimal pairs pictures for listening activity and bowls for sorting
- Practice picture cards of s blends for the Kerplunk game
- Music and CD player for stopping and starting the music in Statues game,
- Craft: coloured popsicle sticks, glue and Stella pictures to make a picture frame & picture
- Name markers for children to indicate where they sit for circle time
- Home activity book for each child, home activity sheets

Environment:

Group room with mat on the floor for circle, open area for playing Statues, space for hiding objects around the room, and table and chairs for craft and games

Activity 1:

Circle

Hello Song

Listening for minimal pairs /st/ and /t/

Activity 2:

Book

Why Is Stella Standing Still?

Key words:
Stand, still

Activity 3:

Hide & Find

Take turns finding coloured Popsicle sticks

Activity 4:

Game

Kerplunk - child names a picture for parent before taking a turn

Activity 5:

Craft

Make picture frame with Popsicle sticks & Stella as the picture (photocopy Stella from the story)

Activity 6:

Statues

Stand still when music stops

Song

Goodbye song

Take Home Activities:

- SPARC R and S pages 208 209, 210, and 183

Speech Sound Group Planning Form

Topic/Theme: **The Napping House (Sleeping)** Session 7 Date: _____

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- To increase the children's awareness of the /s/ sounds in a consonant blend at the beginning of words
- To practice making the /s/ consonant blend with or without prompts at the level that each child is successful
- To participate in group activities

Materials:

- visual picture schedule for activities planned
- Book: *The Napping House* by Audrey Wood (1984)
- Minimal pairs pictures for listening activity bowls for sorting
- Game-Don't Spill The Beans practice picture cards of /s/ blend sounds
- Craft- glue sticks, blue construction paper, cut out figures from the story/child
- Name markers for children to indicate where they sit for circle time
- Home activity sheets to take home

Environment:

Group room with mat on the floor for circle, space for hiding objects around the room, and table and chairs for craft and games

Activity 1:

Circle

Hello Song

Listening for minimal pairs /s/ and /l/

Activity 2:

Book

The Napping House

Key

words:

Sleeping, snoring

Activity 3:

Hide & Find

Children take turns finding snoring fleas

Activity 4:

Game

Don't Spill The Beans - children name a picture with parent before taking a turn

Activity 5:

Craft

Glue pictures of napping house characters on the bed

Activity 6:

Song

Sleeping Bunnies

Song

Goodbye song

Take Home Activities:

- SPARC R and S pp 189, 223, 224

Speech Sound Group Planning Form

Topic/Theme: **Six Sleepy Sheep**

Session **8**

Date: _____

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- To increase the children's awareness of the /s/ sounds in a consonant blend at the beginning of words
- To practice making the /s/ consonant blend with or without prompts at the level that each child is successful
- To participate in group activities

Materials:

- visual picture schedule for activities planned
- Book: *Six Sleepy Sheep* by Jeffie Ross Gordon (1991)
- Minimal pairs pictures for listening activity, bowls for sorting
- Obstacle course equipment/furniture: tunnel, balance beam, hopscotch, slide
- Craft: glue sticks, cotton balls, sheep picture for each child
- Name markers for children to indicate where they sit for circle time
- Home activity sheets to take home

Environment:

Group room with mat on the floor for circle, space for hiding objects around the room, open area to set up obstacle course equipment and table and chairs for craft and games

Activity 1:

Circle

Hello Song

Listening for minimal pairs /s/ and /l/

Activity 2:

Book

Six Sleepy Sheep

Key word:
Sleepy

Activity 3:

Hide & Find

Children take turns finding sheep with /s/ blend picture on back

Activity 4:

Craft

Glue cotton ball on sheep after child names picture with parent

Activity 5:

Obstacle course

One parent at each station and children name a picture before taking a turn

Activity 6:

Song

Goodbye song

Parent Feedback form

Take Home Activities:

- Sheep dot to dot
- Certificate of completion of speech sound group

CONFIDENTIAL

SPEECH/LANGUAGE PATHOLOGY GROUP SUMMARY REPORT

S Blend Speech Sound Group

Group Participant Information			
Name:	Gregory	Reporting Date:	January – February 2011
Date of Birth:		Group Sessions:	8
File #:		Number of Sessions Attended:	6
Report Date:	March 5, 2011		

Gregory, who is four years of age, has been followed for speech and language services at the Ridge Meadows Child Development Centre (RMCDC) since May 2009 because of concerns with his expressive language development. To date, Gregory and his family have received the following speech and language therapy services at RMCDC: Initial Speech and Language Consultation (May 2009), It Takes Two To Talk Hanen Program® for Parents (September to December 2009), Initial Speech and Language Assessment (May 2010), Individual Speech and Language therapy (June to September 2010), and Speech Sound (k and g) Group (September to November 2010). It was recommended that Gregory participate in the S blend group in January 2011.

The group focused on the following goals: to be aware of the /s/ sound in a consonant blend at the beginning of words and to be able to produce the s blend sounds in the beginning of words.

Specific Group Skills	
Skill	Child performs this task...
Shows awareness of target sound when heard	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Shows awareness of sounds at the beginning of words during listening exercises	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Recognizes words that rhyme	<input type="checkbox"/> Always <input checked="" type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never

Gregory:

D.O.B.:

Discriminates between the targeted sound and error sound	<input checked="" type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never
Shows awareness of when to use the targeted sound	<input type="checkbox"/> Always	<input checked="" type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never
Recognizes the cues used to facilitate the targeted sound	<input checked="" type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never
Uses the targeted sound in words	<input type="checkbox"/> Always	<input checked="" type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never

General Group Skills					
Skill	Child performs this task...				
Follows the routine of the group.	<input checked="" type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never
Recognizes own name in print and/or places it at circle time.	<input checked="" type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never
Attends to group activities/topic.	<input type="checkbox"/> Always	<input checked="" type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never
Enjoys listening to stories/books.	<input checked="" type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never
Has success in taking turns and sharing.	<input checked="" type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never
Initiates interactions with and responds to adults.	<input checked="" type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never
Initiates interactions with and responds to peers.	<input checked="" type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never
Follows through when given directions.	<input type="checkbox"/> Always	<input checked="" type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never
Plays appropriately with toys/materials.	<input checked="" type="checkbox"/> Always	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never

Always = When presented with the opportunity, the child always responds in this manner, 100% of the time.

Frequently = When presented with the opportunity, the child frequently responds in this manner, about 75% of the time.

Occasionally = When presented with the opportunity, the child occasionally responds in this manner, about 50% of the time.

Seldom = When presented with the opportunity, the child seldom responds in this manner, about 25% of the time.

Never = When presented with the opportunity, the child never responds in this manner, 0% of the time.

ADDITIONAL OBSERVATIONS

Gregory made good progress in the group, as he is able to use the /s/ sound in consonant blends in single words that included sn, sp, sl, sk, sw and sm sounds. Gregory continued to need prompting to produce the /s/ sound in words that contained /st/ consonant blends. Gregory's mother demonstrated good use of the strategies (modeling, prompting, giving feedback and praising attempts) learned in the groups to support Gregory at home and to encourage him to begin to use the /s/ sound in consonant blends in short phrases.

RECOMMENDATIONS

- Gregory would benefit from additional speech/language services and will be followed by _____, Speech/Language Pathologist at RMCDC.
- Gregory would benefit from additional group intervention and will be placed on the waitlist for the /sh/ group if it is available.
- Continue to strengthen Gregory's awareness of speech sounds through home activities such as reading books or singing songs involving rhymes.
- Encourage Gregory to identify letters and the sounds they make in familiar books or on signs.

Please feel free to contact me with any additional questions or concerns regarding this report. It was a pleasure working with Gregory and his family.

name

Registered Speech/Language Pathologist

cc:



Case Study 3

Alicia

Dance Group

Background Information

Alicia is a three and a half year old girl with cerebral palsy who has been receiving early intervention services through RMCDC for one year. She was first referred for therapy services because her parents were concerned about her balance while walking and difficulty picking up small objects. She is now receiving physiotherapy services and is on the waitlist for individual occupational therapy. Alicia previously participated in both the Aquatic Therapy Program and the Get Up and Go group. After attending the Aquatic Therapy group, her mother felt comfortable taking her to the public swimming pool for lessons and for family swim times.

Through her participation in the Aquatic Therapy Program, the Get Up and Go group and swimming lessons, Alicia became more confident to attempt new gross motor activities. However, she continued to have difficulties with her balance while walking and jumping related to high muscle tone and poor awareness of where her body is in space. She uses compensatory movements of her trunk and arms to maintain her balance but they are usually not enough to prevent a fall. Alicia has challenges with her fine motor development, in particular using dominant and assistor hands for activities such as cutting. Alicia has hypermobile finger joints and poor finger strength, making it challenging for her to maintain an age-appropriate grasp on a marker.

To target these skills, a Dance group was recommended. This group, facilitated by a PT and an OT, focused on development of balance, coordination, strength and social skills through dance activities. The group also incorporated crafts to develop fine motor skills. The therapists also recommended this group to develop Alicia's preschool readiness skills, including turn taking and following routines, as she was not attending a preschool or daycare program.

After participating in the eight week group, Alicia showed improvement in her balance as was evident during the marching activity. Alicia's confidence increased throughout the group sessions. By the last session she had learned all the dance routines and could complete them independently. She always joined in singing songs and following along with the actions. She continued to have some difficulty with the coordination and balance needed during the 'knee bends' activity and used the wall for support. She was able to consistently follow the routine of the group using a visual schedule, take turns with her peers and wait for her turn. Alicia participated in the fine motor component of the group and gained experience with gluing, colouring, cutting and molding play dough. She developed bi-lateral skills and learned how to use scissors to snip paper. Alicia had difficulty maintaining a grasp when holding a crayon so it was recommended that she use writing tools that are larger in diameter. Alicia's mom provided feedback to the therapists that the group gave her ideas of activities that she could do at home to help Alicia with her gross and fine motor skill development.

After seeing Alicia's progress in this group, the therapists recommended that Alicia attend a community program such as a dance or gymnastics class. A recommendation was made for Alicia to attend a Kindergarten readiness group the following fall to help further prepare her for school entry.

Dance and Fine Motor Group

Dear Parents,

We have planned a small therapy group at the Ridge Meadows Child Development Centre that focuses on the development of **balance, coordination, and strength as well as social skills** through dance activities. The group will also incorporate a craft to further develop your child's **fine motor skills**.

Each session will follow a similar format and will include: circle time greeting, action songs, gross motor activities/games with a focus on foundational dance skills, a craft time and a good-bye circle. Parents are required to facilitate their child's skills with our assistance during the sessions.

This group will take place for **8 weeks** on

Monday mornings 11:00-12:00

from January – March .

Please note that there will not be a session on Monday, March 10th.

Children are encouraged to wear comfortable loose clothing that they can move in. Dance shoes and a leotard are not required, however if a child wishes to wear these, they are more than welcome to.

A \$20.00 group fee is necessary to cover the cost of materials. Please pay at the front office on or before the first day of the group.

We look forward to our time together. Please contact us at (604) 123-4567 should you have any questions about this group.

name

Physiotherapist

name

Occupational Therapist

Dance Group Planning Form

Topic/Theme: **Rolling Monkeys**

Session: **1**

Date: _____

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- Gross motor: To improve balance and coordination by participating in dance activities in the group and at home.
- Fine Motor: To learn how to use scissors for snipping paper.
- To participate in group activities, learn the group routine and the members of the group

Materials/Activities:

- Visual picture schedule to show the children the activities planned for the class
- CD player and CD with music for dance activities
- Craft: Children snip yellow paper and pretend that they are bananas. Glue the 'bananas' onto a picture of a monkey, pretending to feed the monkey. Colour the monkey. (scissors, glue, yellow 1" strips of paper, picture of a monkey)
- Name markers for children to indicate where they sit for circle time
- Home activity book for each child, home activity sheets

Environment:

Group room with mat on the floor for circle, open area for dancing and table and chairs for craft and games

Activity 1:

Circle

Hello song

Song

Five Little Monkeys Jumping On the Bed

Activity 2:

*Dance Activities –

- 1) Butterfly
- 2) Hello Toes
- 3) Knee Bends
- 4) Clapping
- 5) Scarves
- 6) Marching
- 7) Animal Walks
- 8) Rolling Monkeys

Activity 3:

Craft

Monkey craft

Activity 4:

Song

Head and Shoulders
Knees and Toes, Ring Around The Rosie

Activity 5:

Goodbye

Circle

Song

Goodbye Song

Children put on their shoes and jackets.

Take Home Activities:

A CD of the music from the dance group for each parent with a description of the dance activities so that the children can practice them at home.

***Dance Activities -**

- 1) **Butterfly** – Children pick the colour of the butterfly that they would like to be and pretend to paint their ‘wings’ that colour. The music starts and the children stand up and move their arms up and down to fly around the room.
- 2) **Hello Toes** – Children sit in a circle on their bottoms with their legs facing towards the middle of the circle. Children point their toes up (Hello Toes) and then point their toes down (Goodbye Toes). Other body parts can be incorporated, including fingers, ears, nose or eyes.
- 3) **Knee Bends** – Children stand with their heels touching and their toes facing outwards. The children ‘open the window’ by squatting down while bending their knees outwards. They stand back up to ‘close the window’ and repeat.
- 4) **Clapping** – Children follow the music to clap fast, slow, soft, loud.
- 5) **Scarves** – Each child selects a coloured scarf. Therapist leads while the children imitate moving the scarf in different directions (up, down, circles, in front, behind, to the side, on your head).
- 6) **Marching** – First the children pretend to put their boots on. Pick a leader and then encourage the children to follow the leader while marching around the room to music. Focus on encouraging the children to lift their knees up when marching. Incorporate the concepts of slow and fast and loud and soft marching.
- 7) **Animal Walks** – Each child selects the animal that they would like to be. Have pictures of different animals available to prompt each child, if needed. The children move around the room walking like that animal.
- 8) **Rolling Monkeys** –
Children line up at one end of a mat and take turns log rolling to the other end.

Dance Group Planning Form

Session 2

Date: _____

Topic/Theme: Bears

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- Gross motor: To improve balance, coordination and strength by participating in dance activities at the group and at home
- Fine Motor: To continue to learn how to use scissors for snipping paper.
- To participate in group activities, learn the group routine and the members of the group

Materials/Activities:

- Visual picture schedule to show the children the activities planned for the class
- CD player and CD with music for dance activities and Tap, Tap, Tap song
- Wooden sticks for Tap, Tap, Tap song
- Craft: Green 2 inch thick strips of paper for snipping. Children snip the green paper and glue it under the bear to pretend that it is grass for the bear to stand on. Colour the bear. (paper, glue, scissors, picture of a bear)
- Name markers for children to indicate where they sit for circle time
- Home activity book for each child, home activity sheets
- Dance props: scarves, large mat, animal pictures

Environment:

Group room with mat on the floor for circle, open area for dancing and table and chairs for craft and games

Activity 1:

Circle

Hello song

Song

Tap, Tap, Tap
(Handwriting
Without
Tears™)

Activity 2:

*Dance Activities

1. Butterfly
2. Hello Toes
3. Knee Bends
4. Clapping
5. Scarves
6. Marching
7. Animal Walks
8. Rolling Monkeys

Activity 3:

Craft

Bear

Activity 4:

Song

Head and
Shoulders
Knees and
Toes, Ring
Around the
Rosie

Activity 5:

Goodbye

Circle

Song

Goodbye Song

Children put on
their shoes and
jackets.

Take Home Activities:

Pre-scissor skills handout
(developed by RMCDC)

Dance Group Planning Form

Session 3

Date: _____

Topic/Theme: **Butterfly Wings**

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- Gross motor: To improve balance, coordination and strength by participating in dance activities at the group and at home
- Fine Motor: To improve gluing skills by learning the steps to gluing (take the lid off the glue stick, rub glue onto the paper, stick the feather and pipe cleaners on the glue).
- To participate in group activities, learn the group routine and the members of the group

Materials/Activities:

- Visual picture schedule to show the children the activities planned for the class
- CD player and CD with music for dance activities and Tap, Tap, Tap song
- Wooden sticks for Tap, Tap, Tap song
- Craft: Children glue feathers and pipe cleaners onto a picture of a butterfly. (paper, picture of a butterfly, feathers, pipe cleaners and glue)
- Name markers for children to indicate where they sit for circle time
- Home activity book for each child, home activity sheets

Environment:

Group room with mat on the floor for circle, open area for dancing and table and chairs for craft and games

Activity 1:

Circle

Hello song

Song

Tap, Tap,
Tap
(Handwriting Without Tears™)

Activity 2:

*Dance Activities

1. Butterfly
2. Hello Toes
3. Knee Bends
4. Clapping
5. Scarves
6. Marching
7. Animal Walks
8. Rolling Monkeys

Activity 3:

Craft

Butterfly

Activity 4:

Song

Head and
Shoulders
Knees and
Toes, Ring
Around the
Rosie

Activity 5:

Goodbye

Circle

Song

Goodbye Song

Children put
on their shoes
and jackets.

Take Home Activities:

Body awareness handout
(developed by RMCDC)

Dance Group Planning Form

Session 4

Date: _____

Topic/Theme: Little Frogs

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- Gross motor: To improve balance, coordination and strength through participating in dance activities at the group and at home
- Fine Motor: To improve scissor skills by cutting along a thick black line. To participate in completing a craft to further develop colouring and grasping skills.
- To participate in group activities

Materials/Activities:

- Visual picture schedule to show the children the activities planned for the CD with music for dance activities
- Craft: Paper bag frog. The folded bottom of the bag is the frogs head. Children draw eyes and nose on this part of the bag and cut along short, thick black lines to make a tongue for the frog. They roll the tongue around a pencil to make it curly and glue it under the fold. Colour the bag. (scissors, glue, paper lunch bags, markers)
- Name markers for children to indicate where they sit for circle time
- Home activity book for each child, home activity sheets
- Dance props: scarves, large mat, animal pictures

Environment:

Group room with mat on the floor for circle, open area for dancing, table and chairs for craft and games

Activity 1:

Circle

Hello song

Song

Tap, Tap, Tap
(Handwriting
Without
Tears™)

Activity 2:

*Dance Activities

1. Butterfly
2. Hello Toes
3. Knee Bends
4. Clapping
5. Scarves
6. Marching
7. Animal Walks
8. Rolling Monkeys

Activity 3:

Craft

Frog

Activity 4:

Song

Hokey
Pokey,
Head,
Shoulders
Knees and
Toes

Activity 5:

Goodbye

Circle

Song

Goodbye
Song

Children put
on their
shoes and
jackets.

Take Home Activities:

Scissor skills handout
(developed by RMCDC)

Dance Group Planning Form

Session 5

Date: _____

Topic/Theme: **Spring Time Flowers**

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- Gross motor: To improve balance, coordination and strength by participating in dance activities at the group and at home
- Fine Motor: To improve pre-printing skills by practicing/imitating drawing circles.
- Sensory: To expose children to touching different textures using finger paints. If the child is sensitive to touching the paint with fingers have a wash cloth available to clean hands or a paintbrush to use.
- To participate in group activities

Materials/Activities:

- Visual picture schedule to show the children the activities planned for the class
- CD player and CD with music for dance activities and Tap, Tap, Tap song
- Wooden sticks for Tap, Tap, Tap song
- Craft: Children first imitate drawing circles for the inside of their flowers. Then imitate drawing a line down for the stem of the flower and then paint the petals. (paper and finger paint)
- Name markers for children to indicate where they sit for circle time
- Home activity book for each child, home activity sheets
- Dance props: scarves, large mat, animal pictures

Environment:

Group room with mat on the floor for circle, open area for dancing and table and chairs for craft and games

Activity 1: Circle

Hello Song

Song

Tap, Tap, Tap
(Handwriting
Without
Tears™)

Activity 2:

*Dance Activities

1. Butterfly
2. Hello Toes
3. Knee Bends
4. Clapping
5. Scarves
6. Marching
7. Animal Walks
8. Rolling Monkeys

Activity 3: Craft

Spring time
flowers

Activity 4: Song

Hokey Pokey,
Head,
Shoulders
Knees and
Toes

Activity 5:

Goodbye Circle

Song
Goodbye Song

Children put on
their shoes and
jackets.

Take Home Activities:

Pre-printing handout for
parents
(developed by RMCDC)

Dance Group Planning Form

Session 6

Date: _____

Topic/Theme: Snails

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- Gross motor: To improve balance, coordination and strength by participating in dance activities at the group and at home
- Fine Motor: To participate in finger strengthening activity.
- Sensory: To expose children to touching different textures using play dough. If the child is sensitive to touching the play dough, have rolling pins available.
- To participate in group activities

Materials/Activities:

- Visual picture schedule to show the children the activities planned for the class
- CD player and CD with music for dance activities and Tap, Tap, Tap song
- Wooden sticks for Tap, Tap, Tap song
- Craft: Children each get a small piece of play dough and imitate rolling out a log. They then roll the log the opposite direction to form a snail. Free play with play dough afterwards. (play dough)
- Name markers for children to indicate where they sit for circle time
- Home activity book for each child, home activity sheets
- Dance props: scarves, large mat, animal pictures

Environment:

Group room with mat on the floor for circle, open area for dancing and table and chairs for craft and games

Activity 1: Circle

Hello song

Song

Tap, Tap,
Tap
(Handwriting
Without
Tears™)

Activity 2:

*Dance Activities

1. Butterfly
2. Hello Toes
3. Knee Bends
4. Clapping
5. Scarves
6. Marching
7. Animal Walks
8. Rolling Monkeys

Activity 3: Craft

Play dough
activity

Activity 4: Song

Open and
Shut Them,
Hokey
Pokey

Activity 5: Goodbye Circle Song

Goodbye Song

Children put on
their shoes and
jackets.

Take Home Activities:

Hand and wrist
strengthening activities
handout
(developed by RMCDC)

Dance Group Planning Form

Session 7

Date: _____

Topic/Theme: Farm Animals

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- Gross motor: To improve balance, coordination and strength by participating in dance activities at the group and at home
- Fine Motor: To improve scissor skills by cutting along a thick black line. To improve gluing skills.
- Basic concepts: To gain a better understanding of the concept of big and little.
- To participate in group activities

Materials/Activities:

- Visual picture schedule to show the children the activities planned for the class
- CD player and CD with music for dance activities and Tap, Tap, Tap song
- Wooden sticks for Tap, Tap, Tap song
- Craft: To cut out different farm animals (big and little) by cutting along a thick, short black line. Glue the big animals on the big barn and the little animals on the little barn. (scissors, glue, big and little barn and animal pictures)
- Name markers for children to indicate where they sit for circle time
- Home activity book for each child, home activity sheets
- Dance props: scarves, large mat, animal pictures

Environment:

Group room with mat on the floor for circle, open area for dancing and table and chairs for craft and games

Activity 1:

Circle

Hello song

Song

Tap, Tap, Tap
(Handwriting
Without
Tears™)

Activity 2:

*Dance Activities

1. Butterfly
2. Hello Toes
3. Knee Bends
4. Clapping
5. Scarves
6. Marching
7. Animal Walks
8. Rolling Monkeys

Activity 3:

Craft

Farm
animals

Activity 4:

Song

Open and
Shut Them,
Hokey Pokey

Activity 5:

Goodbye Circle Song

Goodbye Song

Children put on
their shoes and
jackets.

Take Home Activities:

Size concept handout
(developed by RMCDC)

Dance Group Planning Form

Session 8

Date: _____

Topic/Theme: **Sea Creatures**

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

- Gross motor: To improve balance, coordination and strength by participating in dance activities at the group and at home
- Fine Motor: To improve bi-lateral coordination by completing a craft using children's chopsticks.
- To continue improving gluing skills
- To participate in group activities

Materials/Activities:

- Visual picture schedule to show the children the activities planned for the class. Choice board with pictures for the children to select the songs that they would like to sing.
- CD player and CD with music for dance activities and Tap, Tap, Tap song
- Wooden sticks for Tap, Tap, Tap song
- Craft: Children make an aquarium using a circular piece of paper and gluing on various foam piece aquatic animals. Children will be given kids chopsticks to pick up pom poms that they will glue onto the aquarium, pretending they are air bubbles. (chopsticks, pom poms, glue, paper circles, foam animals)
- Name markers for children to indicate where they sit for circle time
- Home activity book for each child, home activity sheets
- Dance props: scarves, large mat, animal pictures

Environment:

Group room with mat on the floor for circle, open area for dancing and table and chairs for craft and games

Activity 1:

Circle

Hello song

Song

Tap, Tap, Tap
(Handwriting
Without
Tears™)

Activity 2:

*Dance Activities

1. Butterfly
2. Hello Toes
3. Knee Bends
4. Clapping
5. Scarves
6. Marching
7. Animal Walks
8. Rolling Monkeys

Activity 3:

Craft

Aquarium

Activity 4:

Song

Children select their favorite songs from the previous weeks to sing.

Activity 5:

Goodbye

Circle

Song

Goodbye Song

Children put on their shoes and jackets.

End of Group Activity:

- Parents complete group feedback survey
- Children receive certificate of participation in the group

CONFIDENTIAL

PHYSIOTHERAPY and OCCUPATIONAL THERAPY GROUP SUMMARY REPORT

Dance Group

Group Participant Information			
Name:	Alicia	Reporting Date:	
Date of Birth:		Group Sessions:	8
File #:		Number of Sessions Attended:	8

Alicia attended a dance group at the Ridge Meadows Child Development Centre that focused on the development of **balance, coordination, and strength as well as social skills** through dance activities. The group also incorporated crafts to develop the children’s **fine motor skills**.

Specific Group Skills	
Skill	Child performs this task...
<ul style="list-style-type: none">• Participates and completes dance routines independently	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
<ul style="list-style-type: none">• Participates in table top activities	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
<ul style="list-style-type: none">• Joins in songs by singing or doing the actions	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never

Alicia
D.O.B.:

General Group Skills	
Skill	Child performs this task...
Follows the routine of the group.	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Attends to group activities/topic.	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Has success in taking turns and sharing.	<input type="checkbox"/> Always <input checked="" type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Initiates interactions with and responds to adults.	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Initiates interactions with and responds to peers.	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Waits for his/ her turn	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Follows through when given 1-2 step directions.	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Willingly tries new tasks/activities.	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never

Always = When presented with the opportunity, the child always responds in this manner, **100%** of the time.

Frequently = When presented with the opportunity, the child frequently responds in this manner, about **75%** of the time.

Occasionally = When presented with the opportunity, the child occasionally responds in this manner, about **50%** of the time.

Seldom = When presented with the opportunity, the child seldom responds in this manner, about **25%** of the time.

Never = When presented with the opportunity, the child never responds in this manner, **0%** of the time.

ADDITIONAL OBSERVATIONS

Alicia was an enthusiastic and energetic participant in the dance group. She was always happy to be here and participated in all parts of the group. She was interested in her peers and interacted with them.

As the group progressed Alicia became more confident and wanted to participate in all the activities independently. By the end of the group, she knew all the dance routines and could complete them by herself. She continues to have some difficulty with 'knee bends' but was successful when directed to hold on to the wall for support.

Alicia

D.O.B.:

Alicia enjoyed the craft activities. She gained experience with gluing, finger painting, colouring and cutting. She had a difficult time maintaining a grasp when holding a crayon so it is recommended that Alicia uses thicker writing tools to make grasping easier for her. She learned how to use scissors and by the last group, was able to snip paper independently.

RECOMMENDATIONS

- Alicia would benefit from additional physiotherapy and occupational therapy services and will be followed by ____, physiotherapist and ____, occupational therapist at RMCDC.
- Alicia is encouraged to participate in community programs such as dance class and/or gymnastics to support her gross motor skill development
- Alicia would benefit from additional group intervention and will be placed on the waitlist for a Kindergarten readiness group

Please feel free to contact us with any additional questions or concerns regarding this report. It was a pleasure working with Alicia.

name
Physiotherapist

name
Occupational Therapist

cc:

Discussion

Group Dynamics are Critical

After providing groups for several years, we have recognized the value of delivering early intervention services in small groups and learned the importance of carefully planning for these groups. The most important, and sometimes the most challenging consideration, is selecting the participants for the group. Group dynamics are key to the success of the groups. Careful consideration to match children's developmental, activity and arousal level, sensory preferences, attention, communication styles and previous experiences in small groups is essential. Groups are most successful if the children are at the same developmental level. Our experience is that including children who are not developmentally ready is challenging for the child, parent and the therapists and may discourage their participation in future groups. Specifically, those children who have not yet developed joint attention skills will have difficulty participating in a group.

It is Essential to Meet Individual Goals

When determining which children to include in a group, it is recommended to consider their individual needs first and establish that each child's individual objectives are met within the group. While each child will have unique goals, with planning, these goals can usually be integrated into group sessions. It is important to establish and maintain cohesion within the group while meeting the individual needs of all the children. As such, not all children are appropriate candidates for groups and a child should not be included merely to manage a caseload or to have enough children to offer a group.

Groups Encourage Peer Interaction

Participation in a group can be highly motivating for children and as a result children's individual level of participation has been found to increase. Children who have been reluctant to initiate or participate in individual sessions have been motivated by seeing their peers and may then willingly try new skills. Most groups include three to five children. This is an ideal number of children to foster peer interactions, such as turn taking, waiting for others, and sharing. Parents have reported that their children make friends more easily in the small groups in comparison to other community programs such as preschools.

“Great group size (5 kids/all boys). Enthusiastic therapist (my child loved her). Enjoyable activities! and enjoyed coming.” Parent comment from Group Feedback Survey.

Groups Facilitate Parent Participation and Learning

Group intervention encourages parent and caregiver participation. As therapists typically lead the activities and coach the parents on how to help their children be successful, by design, the group then defines parents and caregivers as active participants. Parents have the opportunity to help their children learn skills in a supportive environment and receive feedback from

therapists. They are then encouraged to apply the strategies and skills they have learned in the group at home. Parents report that they have learned new skills to help their children within the context of the group sessions, as described in Figure 5. Parents indicate a high level of satisfaction regarding several different aspects of the groups and have provided valuable feedback that has helped refine the groups.

Group Participation Improves Functional Skills

The groups were found to be an effective way to support the needs of the children. Using the pre and post checklists, we found that 79% of the children who participated in a group prior to entering Kindergarten demonstrated improvement in their functional skills. When looking at specific items on the checklists, we noted significant progress in those items that directly related to a group experience, such as success in taking turns, attending to group activities and following the routine of the group in four group sets as indicated in Figure 1 (p.33). While the percentage of children who *always* demonstrated these skills on the post checklist ranged from 29-60%, these numbers are based on the children demonstrating these skills independently 100% of the time. The participants in the group ranged from two to five years. Typically, younger children require support to attend to group activities and have success taking turns.

Groups Foster Community Involvement

Another benefit of small group intervention is the opportunity for parents to meet other parents whose children present with similar needs. Families and children develop friendships and receive support from one another as a result of being in the same group. This happens more frequently when the same children participate in more than one group together. Children within the group are referred to as friends and it has been reported that children invite other children from the group to their birthday parties or for play dates.

“I believe these group sessions to be so beneficial to Sarah in all aspects of her development. In particular, her social skills have made a big improvement. Everything the CDC does is with the child’s best interest at heart and it is very appreciated.” Parent comment from Group Feedback Survey.

Most young children attend a community program before entering school; however, for many children attending RMCDC early intervention groups, this is their first group experience. Group participation is more typical for preschool aged children than individual therapy. Groups often assist children to transition into other community programs by teaching skills they need to participate. They are encouraged to attend other community programs commensurate with the early intervention groups. While this does present some challenges in finding times that suit everyone’s schedule, parents have reported that their children benefit from the skills they learn. Specifically, it has been reported that the children transfer the turn taking and interaction skills they learn in the group to other settings such as preschool programs, swimming lessons, and play dates.

Facilitating groups in various community locations (e.g., aquatic and recreation centres, daycare and drop-in programs) is beneficial in several ways. Children and families who otherwise would not be able to access groups due to lack of transportation, work schedules, and other scheduling conflicts are able to participate. Involvement in the Aboriginal weekly drop-in program allows families and children who have not utilized early intervention services to learn about them. Providing groups in the community increases the awareness of RMCDC and helps establish ongoing partnerships with many community services.

Groups Provide Family-Centered Services

Interdisciplinary groups are an effective way to address all aspects of children's development. Rather than helping children learn and practice isolated skills, groups incorporate social interaction, communication, emotional regulation and gross and fine motor skills through play. Parents come to understand the relationships among these skills and how a holistic approach benefits their child. The provision of interdisciplinary groups broadens therapists' clinical skills and creates opportunities for therapists and parents to learn from each other. This allows children to receive multiple therapies and parents do not need to prioritize one therapy over another.

“Could not be making the gains we've made without such a great team of people! Thanks so much!” Parent comment from Group Feedback Survey.

Groups are Efficient and Effective

Group intervention is an efficient and effective use of therapists' time. Initially, setting up and organizing the group process can be time consuming, as indicated in Tables 6, 7 and 8; however, we hope that this guide will assist therapists with the process. When comparing the time spent in planning a group to the time needed to see the same number of children individually, groups take less time.

Group intervention significantly reduces the wait time for early intervention services. Many of the children who participated in groups were waiting for individual services. The average time a child waited for a group was three months in contrast to the average time of 9.3 months for individual services based on four group sets (Spring 2010 to Spring 2011).



Groups Are Fun!

Parents report that children look forward to the group sessions, are happy coming, and have a great deal of fun. RMCDC therapists enjoy facilitating groups, finding the experience gratifying and rewarding.

“Loved having a group to come to – as it was something that we all looked forward to doing.”
Parent comment from Group Feedback Survey.

Conclusion

Research shows there are a significant number of children under five years old with a developmental delay who may benefit from early intervention services. There is also evidence certain populations are more at risk for developmental difficulties and are unlikely to access early intervention services. It has been proven that the earlier a child receives support, the better the long-term outcomes for the child, family and community. This project demonstrated that group intervention can increase skills and participation of both children and families and is an effective and efficient service delivery model. Services offered in a variety of community settings increased participation of some hard to reach families and fostered community capacity to support children with developmental delays and their families.

Our hope is that this guide will inspire others to offer group intervention in their own communities and experience how much fun it can be.

APPENDICES

Appendix A: Sample RMCDC Group Recommendation Choice List

Client Name: _____ **Therapist:** _____

Current Caseload/Waitlist Status: ___OT, ___PT, ___SLP, ___FSW, ___FC
(clinician initials if current, W if waitlisted)

PT Review Consult _____

___ Aquatic

___ Get Up & Go

___ Sensory-Motor

___ Dance

___ Pre-Kindergarten

OT Review Consult _____

___ Food Fun Sensory

___ Infant/Toddler Feeding

___ Fun With Fine Motor

___ Sensory Motor

___ Pre-K ___OT/SLP ___OT/PT

___ Sensory/Communication/Social Skills

___ How Does Your Engine Run (sensory regulation)

___ Toileting

SLP Groups Review Consult _____

Hanen- ___ ITTTT ___ More Than Words ___ Target Words ___ LL&LI

___ Expressive Vocabulary/Play (Children 3-4 yrs old with no or mild delays in receptive language, delayed expressive language and limited spoken vocabulary)

___ Receptive Language (Children 3-4 yrs old with moderate to severe comprehension difficulties and likely expressive language delays)

___ Pragmatic & Social Communication Skills (Children with mild language delays but limited/difficulty with social interaction – rarely initiate, unable to maintain interaction, no peer interaction)

___ Listening/Attention Skills

___ Sensory/Communication /Social Skills

___ Early Language & Concepts (Children 2-3.5 yrs old with limited expressive language, may or may not have receptive delays)

___ Expressive Language/Grammatical Forms & Sentence Structure (Children with mild or no receptive language delays, good vocabulary, delays in grammatical development of pronouns, verb tenses, question forms, etc.)

___ Velars (K,G) ___ Alveolar Sounds (D,T)

___ S Sounds ___ F Sounds ___ L Sounds ___ Bilabial Sounds (P,B,M)

___ CH Sounds ___ SH Sounds

___ S Blends ___ Final Consonants

___ Food Fun Sensory

Family Support

___ Its All About Connections

Family Connections

___ ADHD Parenting Training

___ FASD Support

Availability _____

Appendix C: Sample Kindergarten Readiness Group Letter

We would like to invite you and your child to attend the **Kindergarten Readiness Group** at the Pitt Meadows Family Recreation Centre (12027 Harris Road) in the Art room. This is a group facilitated by a speech and language and occupational therapist, focusing on skills important for Kindergarten entry.

The following will be targeted during the sessions:

- Social interaction and language development (taking turns with peers, responding to questions, making comments, initiating with adults and peers, learning names of peers)
- Group skills (attending, following routine, waiting)
- Learning to have positive experiences with food through touching, playing and tasting

The group will be held at the Pitt Meadows Community Centre on:

Monday afternoons from 3:00 to 4:00 pm
Starting January 24 – ending March 14, 2011

A parent/caregiver is required to attend each group and parents are required to facilitate their child's skills with our assistance. A \$20.00 group fee is necessary to cover the costs of general materials and supplies; please pay (cash or cheque only) on the day of the first group.

Please confirm that you will be able to attend this group by confirming with ___ at 604-123-4567. We look forward to our time together.

name
Certified in Speech-Language Pathology
by CASLPA

name
Occupational Therapist

Appendix D: Sample Speech Sound Group Letter

Dear Parents,

I/We have planned a small group at the Ridge Meadows Child Development Centre (RMCDC) that focuses on:

the /l/ (e.g., lake) sound

Parents are required to facilitate their child's skills with my/our assistance during the sessions as well as complete the home carry-over activities.

The group will be held at the RMCDC, 22610 Dewdney Trunk Road on

**Thursday mornings from 3:00-4:00pm
from April 16 – May 28, 2009**

There will be a non-refundable fee of **\$10.00 per child**, to cover the cost of supplies, which is to be paid in cash or by cheque on the first day of the group.

If for any reason you are unable to attend the group, please contact me at 604-123-4567, extension 123 as early as possible, otherwise I will see you on the first day!

name

Registered Speech/Language Pathologist

Appendix E: Sample Dance and Snack Group Letter

Dear Parents,

We have planned a small therapy group at the Ridge Meadows Child Development Centre that focuses on the development of **balance, coordination, and strength as well as social skills** through dance activities. The group will also incorporate a snack component to further develop your child's **feeding development**.

The sessions will be led by ____, who is a physiotherapist and an experienced dance teacher and ____ who is an occupational therapist.

Each session will follow a similar format and will include: circle time greeting, action songs, gross motor activities/games with a focus on foundational dance skills, a snack time and a good-bye circle. Parents are required to facilitate their child's skills with our assistance during the sessions.

This group will take place for **6 weeks** on
Monday mornings 11:00-12:00
from October 3, 2011 – November 14.
Please note that there will not be a session on Monday, October 10.

Attire: children are encouraged to wear comfortable loose clothing that they can move in. Dance shoes and a leotard are not required, however if a child wishes to wear these, they are more than welcome to. The table top snack activities will encourage children to play and interact with their food so please dress your child appropriately.

A \$20.00 group fee is necessary to cover the cost of materials. Please pay at the front office on or before the first day of the group.

We look forward to our time together. Please contact us at (604) 123-4567 and speak to ____ or ____ should you have any questions about this group.

name
Physiotherapist

name
Occupational Therapist

Appendix F:

Sample Group Planning Form

Topic/Theme: _____

Session _____ Date: _____

Clients' Names: _____

Therapist(s): _____

Goals/Objectives:

Materials/Activities:

Environment:

Activity 1:

Activity 2:

Activity 3:

Activity 4:

Activity 5:

Activity 6:

Take Home Activities:

Appendix G: Sample Skills Checklist-Long

Name: _____ **D.O.B.:** _____

Group: _____ **Therapist:** _____

Session: __ Winter __ Spring __ Summer __ Fall **Year:** _____

A= Always, F= Frequently, O= Occasionally, S= Seldom, N=Never N/A= not applicable

Pre Post

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Follows the routine of the group |
| <input type="checkbox"/> | <input type="checkbox"/> | Recognizes own name in print and/or place at circle time |
| <input type="checkbox"/> | <input type="checkbox"/> | Recognizes the pictures/symbols used in the group activities |
| <input type="checkbox"/> | <input type="checkbox"/> | Recognizes the members of the group |
| <input type="checkbox"/> | <input type="checkbox"/> | Enjoys coming to group sessions |
| <input type="checkbox"/> | <input type="checkbox"/> | Attends to group activities/topic |
| <input type="checkbox"/> | <input type="checkbox"/> | Participates independently in songs/music activities |
| <input type="checkbox"/> | <input type="checkbox"/> | Participates independently in group games |
| <input type="checkbox"/> | <input type="checkbox"/> | Participates independently in table activities (crafts, cutting, gluing) |
| <input type="checkbox"/> | <input type="checkbox"/> | Tries to read along in parts of the story |
| <input type="checkbox"/> | <input type="checkbox"/> | Joins in a book reading activity (points, turns pages, lifts flaps, talks about the book) |
| <input type="checkbox"/> | <input type="checkbox"/> | Enjoys listening to stories/books |
| <input type="checkbox"/> | <input type="checkbox"/> | Understands the stories being read (answers questions about the story/pictures and/or makes appropriate comments about the story) |
| <input type="checkbox"/> | <input type="checkbox"/> | Initiates taking his/her turn |
| <input type="checkbox"/> | <input type="checkbox"/> | Waits for his/her turn |

Pre Post

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Has success in taking turns and sharing |
| <input type="checkbox"/> | <input type="checkbox"/> | Initiates interaction with adults |
| <input type="checkbox"/> | <input type="checkbox"/> | Initiates interaction with peers |
| <input type="checkbox"/> | <input type="checkbox"/> | Responds to adults |
| <input type="checkbox"/> | <input type="checkbox"/> | Responds to peers |
| <input type="checkbox"/> | <input type="checkbox"/> | Initiates greetings |
| <input type="checkbox"/> | <input type="checkbox"/> | Responds to greetings |
| <input type="checkbox"/> | <input type="checkbox"/> | Maintains interactions with members of the group |
| <input type="checkbox"/> | <input type="checkbox"/> | Stays with an activity to completion |
| <input type="checkbox"/> | <input type="checkbox"/> | Follows through when given directions (How many steps?) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Willingly tries new tasks/activities |
| <input type="checkbox"/> | <input type="checkbox"/> | Plays appropriately with toys/materials |

Comments:

Recommendation: _____

Always = When presented with the opportunity, the child always responds in this manner, 100% of the time.

Frequently = When presented with the opportunity, the child frequently responds in this manner, about 75% of the time.

Occasionally = When presented with the opportunity, the child occasionally responds in this manner, about 50% of the time.

Seldom = When presented with the opportunity, the child seldom responds in this manner, about 25% of the time.

Never = When presented with the opportunity, the child never responds in this manner, 0% of the time.

N/A = Does not apply

Appendix H: Sample Skills Checklist-Short

Name: _____ **D.O.B.:** _____

Group: _____ **Therapist:** _____

Session: __ Winter __ Spring __ Summer __ Fall **Year:** _____

A= Always, F= Frequently, O= Occasionally, S= Seldom, N=Never N/A= not applicable

Pre Post

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Follows the routine of the group |
| <input type="checkbox"/> | <input type="checkbox"/> | Enjoys coming to group sessions |
| <input type="checkbox"/> | <input type="checkbox"/> | Attends to group activities/topic |
| <input type="checkbox"/> | <input type="checkbox"/> | Participates independently in group games |
| <input type="checkbox"/> | <input type="checkbox"/> | Has success in taking turns and sharing |
| <input type="checkbox"/> | <input type="checkbox"/> | Stays with an activity to completion |
| <input type="checkbox"/> | <input type="checkbox"/> | Follows through when given directions (How many steps?) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Willingly tries new tasks/activities |

Comments:

Recommendation: _____

Always = When presented with the opportunity, the child always responds in this manner, 100% of the time.

Frequently = When presented with the opportunity, the child frequently responds in this manner, about 75% of the time.

Occasionally = When presented with the opportunity, the child occasionally responds in this manner, about 50% of the time.

Seldom = When presented with the opportunity, the child seldom responds in this manner, about 25% of the time.

Never = When presented with the opportunity, the child never responds in this manner, 0% of the time.

N/A = Does not apply

Appendix I:

Sample Speech Sound Checklist

Name: _____ **D.O.B.:** _____

Group: _____ **Therapist:** _____

Session: __ Winter __ Spring __ Summer __ Fall **Year:** _____

A= Always, F= Frequently, O= Occasionally, S= Seldom, N=Never N/A= not applicable

Pre Post

- Recognizes the targeted sound when heard
- Discriminates between targeted sound and error sound
- Recognizes words that rhyme
- Aware of when to use targeted sound
- Recognizes the cues to facilitate the targeted sound

Uses this targeted sound _____ in:

	Imitation	Cued	Spontaneous
Syllable			
Word			
Phrase			
Sentence			
Conversation			

Comments _____

Recommendation: _____

Appendix J: Sample Group Feedback Survey

Group Time: _____

Day: _____

Location: _____

Session: __ Winter __ Spring __ Summer __ Fall **Year:** _____

Therapist(s) _____

Please rate your level of satisfaction with the following:

		Very Satisfied Satisfied Not Satisfied					*N/A
		1	2	3	4	5	0
1.	I had opportunities to participate actively in the services my child received.	1	2	3	4	5	0
2.	The group provided opportunities for me to learn skills to facilitate my child's development.	1	2	3	4	5	0
3.	The group focused on addressing my concerns for my child.	1	2	3	4	5	0
4.	I had confidence in the therapy and services that the group offered.	1	2	3	4	5	0
5.	The group provided me with a better understanding of my child's needs and capabilities.	1	2	3	4	5	0
6.	My child benefitted from the group sessions.	1	2	3	4	5	0
7.	I was able to implement the suggested activities at home.	1	2	3	4	5	0
8.	I was comfortable with the level of parent participation in the group.	1	2	3	4	5	0

*N/A= Not Applicable

Please add any further comments that would be useful for planning future programs.

If you have specific concerns that you would like to have addressed please sign this form in order to be contacted.

Name: _____
(optional)

Appendix K: Sample Kindergarten Readiness Group Summary Report

CONFIDENTIAL

OCCUPATIONAL THERAPY and PHYSIOTHERAPY GROUP SUMMARY REPORT

Kindergarten Readiness Group

Group Participant Information			
Name:		Reporting Date:	
Date of Birth:		Group Sessions:	
File #:		Number of Sessions Attended:	

XXX attended a speech therapy and occupational therapy-based group at the Pitt Meadows Community Centre from January 24 to March 14, 2011. This group focused on skills important for Kindergarten entry. The following areas were targeted during the sessions:

- Social interaction and language development (taking turns with peers, responding to questions, making comments, initiating with adults and peers, learning names of peers)
- Group skills (attending, following routine, waiting)
- Learning to have positive experiences with food through touching, playing and tasting

OBSERVATIONS

XXX was **ALWAYS** or **FREQUENTLY** able to:

- Follow the routine of the group with visual support
- Follow a simple sequence in a story or activity
- Follow simple steps to prepare a snack
- Ask for help or assistance, make requests
- Follow familiar 1-2 step instructions
- Recognize own name in print at the circle
- Recognize members of the group
- Attend to group activities
- Read along in parts of stories
- Stay with an activity to completion
- Willingly try new tasks or activities
- Play appropriately with toys and materials
- Have success in taking turns by waiting for his turn and initiating his turn

XXX

D.O.B.:

XXX was OCCASIONALLY able to:

- Participate independently in group activities (Go Go Stop, Simon Says, musical hoops, What Time is it Mr. Bear?)
- Respond to simple questions and greetings from adults

Initiate communication and interaction with peers and respond to peers

XXX was SELDOM or NEVER able to

- Maintain play with his peers without adult support
- Taste new foods during snack time
- Follow novel 2-3 step instructions without visual prompts

Always = When presented with the opportunity, the child always responds in this manner, **100%** of the time.

Frequently = When presented with the opportunity, the child frequently responds in this manner, about **75%** of the time.

Occasionally = When presented with the opportunity, the child occasionally responds in this manner, about **50%** of the time.

Seldom = When presented with the opportunity, the child seldom responds in this manner, about **25%** of the time.

Never = When presented with the opportunity, the child never responds in this manner, **0%** of the time.

ADDITIONAL OBSERVATIONS

XXX made good progress with his ability to follow the routines of the group, transition from one activity to the next, initiate and wait for his turn and help prepare the snack for the group, which included touching new food items. By the end of the group sessions, XXX was starting to spontaneously initiate communication with his peers during play and circle time. XXX also gained experience in leading the small group by directing his peers in simple games such as Go-Go-Stop and Simon Says.

RECOMMENDATIONS

- Facilitate interaction with peers by directing his attention to peers and what they are doing. Encourage XXX to play and communicate with his peers by prompting him to respond and modeling the language he needs to ask questions or respond.
- Continue to use visuals to support his understanding of routines, steps for activities and his ability to anticipate what is coming next.
- XXX quickly learns new skills by imitating and memorizing what he sees and hears. He is not always aware of what is appropriate. Reinforce appropriate interactions.
- Introduce XXX to new snacks and encourage him to touch and taste foods through play.
- Practice skills learned in group in new environments, such as preschool, play dates, with his brother, etc.

XXX

D.O.B.:

SERVICES PLANNED

It is recommended that XXX be invited to another Pre-Kindergarten Group to further develop his social/play skills with his peers and to build upon his experience with touching and interacting with new foods.

Please feel free to contact us with any additional questions or concerns regarding this report. It was a pleasure working with XXX and his family.

name
Registered Speech/Language Pathologist

name
Occupational Therapist

cc:

Appendix L: Sample Speech Sound Group Summary Report

CONFIDENTIAL

SPEECH/LANGUAGE PATHOLOGY GROUP SUMMARY REPORT

Speech Sound Group

Group Participant Information			
Name:		Reporting Date:	
Date of Birth:		Group Sessions:	
File #:		Number of Sessions Attended:	

Specific Group Skills	
Skill	Child performs this task...
Shows awareness of target sound when heard	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Shows awareness of sounds at the beginning of words during listening exercises	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Recognizes words that rhyme	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Discriminates between the targeted sound and error sound	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Shows awareness of when to use the targeted sound	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Recognizes the cues used to facilitate the targeted sound	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Uses the targeted sound in (syllables, words, phrases, sentences, conversations)	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never

XXX

D.O.B.:

General Group Skills	
Skill	Child performs this task...
Follows the routine of the group.	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Recognizes own name in print and/or places it at circle time.	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Attends to group activities/topic.	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Enjoys listening to stories/books.	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Has success in taking turns and sharing.	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Initiates interactions with and responds to adults.	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Initiates interactions with and responds to peers.	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Follows through when given directions.	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Plays appropriately with toys/materials.	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never

Always = When presented with the opportunity, the child always responds in this manner, 100% of the time.

Frequently = When presented with the opportunity, the child frequently responds in this manner, about 75% of the time.

Occasionally = When presented with the opportunity, the child occasionally responds in this manner, about 50% of the time.

Seldom = When presented with the opportunity, the child seldom responds in this manner, about 25% of the time.

Never = When presented with the opportunity, the child never responds in this manner, 0% of the time.

Additional Observations	
Recommendations	
•	would benefit from additional speech/language services and will remain on the waitlist for individual intervention.
•	would benefit from additional group intervention and will be placed on the waitlist for group.

XXX

D.O.B.:

<ul style="list-style-type: none">• Continue to strengthen phonemic awareness skills through home activities such as reading books or singing songs involving rhyme.
<ul style="list-style-type: none">• Emphasize the beginning sounds of words during daily routines and play activities.
<ul style="list-style-type: none">• Encourage your child to identify letters and the sounds they make in familiar books or on signs.
<p>Please feel free to contact me with any additional questions or concerns regarding this report. It was a pleasure working with _____.</p> <p>_____</p> <p><i>name</i> Registered Speech/Language Pathologist</p> <p>cc:</p>

Appendix M: Sample Dance and Snack Group Summary Report

CONFIDENTIAL

OCCUPATIONAL THERAPY and PHYSIOTHERAPY GROUP SUMMARY REPORT

Dance and Snack Group Report

Group Participant Information			
Name:		Reporting Date:	
Date of Birth:		Group Sessions:	
File #:		Number of Sessions Attended:	

Specific Group Skills	
Skill	Child performs this task...
Participates and completes dance routines independently	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Participates in table top activities	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Joins in songs by singing or doing the actions	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never

General Group Skills	
Skill	Child performs this task...
Follows the routine of the group.	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Attends to group activities/topic.	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Has success in taking turns and sharing.	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Initiates interactions with and responds to adults.	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Initiates interactions with and responds to peers.	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Waits for his/ her turn	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never

XXX

D.O.B.:

Follows through when given 1-2 step directions.	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Willingly tries new tasks/activities.	<input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never

Always = When presented with the opportunity, the child always responds in this manner, **100%** of the time.

Frequently = When presented with the opportunity, the child frequently responds in this manner, about **75%** of the time.

Occasionally = When presented with the opportunity, the child occasionally responds in this manner, about **50%** of the time.

Seldom = When presented with the opportunity, the child seldom responds in this manner, about **25%** of the time.

Never = When presented with the opportunity, the child never responds in this manner, **0%** of the time.

Additional Observations

Recommendations

Please feel free to contact me with any additional questions or concerns regarding this report. It was a pleasure working with XXX.

name
Physiotherapist

name
Occupational Therapist

cc:

--

Appendix N:

List of Kits Used for Small Groups

- Teddy Bears
- Dinosaurs
- Sea Life
- Farm Animals
- Zoo Animals
- Monkeys
- Very Hungry Caterpillar
- Potato Head (body parts)
- Hats
- Going on a Bear Hunt
- Three Billy Goats
- Transportation
- Goodnight Moon
- Camping
- Firemen
- Three Little Pigs
- Goldilocks and the Three Bears
- Mary Wore Her Red Dress
- Spot
- Three Little Kittens
- Gingerbread Man
- Runaway Bunny
- Why is Stella Standing Still?
- Snowmen
- Gardening
- Holiday Kits: Halloween, Christmas, Easter, Valentine's Day, St. Patrick's Day, Mother's Day, Summer, Fall, Winter

Glossary

Attention Deficit Hyperactivity Disorder (ADHD)	a developmental disorder which is manifested by inattentiveness, impulsivity and over-activity or any combination of these, and is atypical for the child's age and developmental level
Autism Spectrum Disorder (ASD)	a range of disorders characterized by deficits in communication and social skills and often presents with stereotypical repetitive behaviors and interests. Currently the autism spectrum continuum includes Asperger Syndrome, Childhood Disintegrative Disorder, Rett Syndrome and Pervasive Developmental Disorder Not Otherwise Specified.
Assistive hand	the non-dominant hand that is used to assist the dominant hand during two-handed activities
Bi-lateral coordination	the ability to coordinate moving both sides of the body at the same time
Cerebral Palsy	a broad term used to describe damage to the movement control centers of the brain (occurring during pregnancy, childbirth or any time after birth up to three years of age) resulting in movement difficulties causing a range of physical disabilities. In addition to difficulty in controlling movement, posture and balance, individuals with cerebral palsy frequently have challenges in other areas such as visual impairment, communication, perception and sensation. Cerebral palsy is not progressive, although as individuals develop their physical status may change.
Compensatory Movement	adjustment of the body to maintain a particular position in space
Dominant hand	the hand most frequently used to complete fine motor tasks, such as writing and cutting
Early Intervention	therapeutic services that are coordinated to promote healthy child development and to support families during the early years (birth-6 years of age)
Expressive Language	the ability to communicate one's ideas and thoughts through speaking and non-verbal messages
Family identified goals	the goals expressed by the child's family that are usually based on what the family hopes the child will be able to do either in the near future or at some time in the future
Family Service Plan (FSP)	an annual team meeting to review or establish family identified goals

Fetal Alcohol Spectrum Disorder (FASD)	a range of difficulties which may include physical, mental, behavioural and learning challenges that are present at birth and caused by prenatal exposure to alcohol
Fluency	the aspect of speech difficulty associated with an interruption of the forward flow of exhaled air which results in repetitions, prolongations, silent breaks, difficulty initiating and excessive effort or stuttering
Functional goals	goals that focus on promoting a child's participation in a daily routine or activity
Group session	one therapy session that includes two or more children and their parents and typically lasts 60 minutes in duration
Group sets	a series of 6 – 8 group sessions consisting of the same children and their parents taking place in the fall, winter or spring of each year
Hypermobility	when there is more mobility within a joint than is typical
Joint attention	the capacity to maintain a common focus with another person on an event/object in the immediate environment, or on a topic through language (Prizant, Wetherby, Rubin, Laurent & Rydell, 2006). Joint attention is referred to as a triadic skill, meaning that it involves two people and an object, topic or event
Movement stations	separate areas within the group space set up for children to participate in movement based activities, such as trampoline, tunnel and climbing wall
Multisensory activities	activities that include stimulating body's senses (smell, touch, taste, hearing, seeing, body position in space and movement sensation)
Muscle Tone	the resistance within a muscle during passive stretch
Objectives	specific, measurable, achievable, relevant and time sensitive statements (individualized and related to the family identified goals) that therapists establish and use to assess the progress of each child
Perceptual	the brain's ability to select, organize, and interpret sensory information
Phonology	the rules that determine how sounds are distributed and sequenced in a language
Picture Communication Symbols (PCS)	a set of line drawings representing over 12,000 words in which the software is available to purchase through Mayer –Johnson to produce in colour or black and white
Pre-printing skills	the foundational skills needed to learn how to print letters
Program Outcomes	specific indicators established in the areas of effectiveness, efficiency, satisfaction and service access that are designed to measure how well services are meeting desired results
Receptive Language	the ability to understand and process what has been communicated

Resonance	the quality of an individual's voice based on the shape and size of the throat, mouth and nose and the adjustments made as the exhaled air passes through these parts when sound is produced
Sensory Development	the development of the nervous system's ability to orient to and process sensory information beginning at conception and continuing during gestation and after birth
Sequential Oral -Sensory Approach (SOS)	a program for assessing and treating children with feeding and weight/growth difficulties that integrates sensory, motor, oral, behavioral/learning, medical and nutritional factors developed by Kay Toomey
Visual schedule	a system that visually displays the sequence of activities to occur within a given time period, such as the duration of a group session. The type of visuals used in the schedule range from tangible objects, photographs to line drawings (PCS) and is determined according to the developmental level of the children.

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www.AlertProgram.com
- 3) Body Poetry: Animal Action Cards
Roylco Ltd. (Canada)
www.roylco.com
- 4) Don't Spill the Beans
Milton Bradley
www.toysrus.com
- 5) *Easy Does It for Apraxia-Preschool*
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ISBN: 1559997699
- 6) Hanen Early Language Programs® www.hanen.org
It Takes Two To Talk the Hanen Early Language Program ® for Parents
More Than Words the Hanen Program® for Parents with Autism Spectrum Disorder
- 7) Hands on Reading
by Jane Kelly & Teresa Friend(1993) **Mayer –Johnson Co.**
ISBN: 1884135064
- 8) *Hands on Reading Classroom Classics*
by Jane Kelly & Teresa Friend(1999) **Mayer –Johnson Co.**
ISBN: 1884135455
- 9) Handwriting Without Tears CD
by Cathy Fink & Marcy Maxer www.hwt.com
- 10) Itsy Bitsy Spider Game
Discovery Toys
www.discoverytoys.com
- 11) Kerplunk
Milton Bradley
www.toysrus.com
- 12) "Say and Do" P Worksheets
by Sharon G. Webber(1992) **Super Duper Publications**

- | | |
|---|---|
| 13) Snails Pace Game | Ravensburger Games
www.ravensburger.com |
| 14) Snakes and Ladders Game | www.toysrus.com |
| 15) <i>SPARC Picture Scenes</i>
by Sherry South
& Karen Hanson (1992) | LinguiSystems
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| 16) <i>SPARC R & S</i>
by Beverly Plass (2002) | LinguiSystems
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by Laura Numeroff (1993)

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Silver Dolphin Books, 2000
ISBN: 1571459170

Going On A Bear Hunt
by Michael Rosen
& Helen Oxenbury (1989)

**Margaret K. McElderry Books
Simon & Schuster Publishing**
ISBN: 0689504764

Hi, Pizza Man!
by Virginia Walter (1995)

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