

WHAT IS A TYPICAL SESSION LIKE?

- 5 - 10 minutes of medium motor work - tracing giant sized letters while emphasizing the First Stroke of the letter. In private therapy, the students usually work through approximately 3 medium motor activities
- 10 minutes of medium motor work in FUN multi-sensory mediums such as Exploding paint, shaving cream, punch writing, with good touchpoints on the writing lines
- 5 minutes of workbook practice
- Zany craft activity for the letter of the day, with more practice of the letters on handwriting paper or unlined paper
- Rotation through fine motor labs
- Motor Gym work on visual memory of the letters of the day. For example, writing the letters in the air with eyes closed, then jumping in our letter pit or riding down a scooter board ramp.
- Motor Gym work on fine motor skills. Ex. Using “go fingers” to carry objects with tweezers across a balance beam or relay races to bear walk to a wall to fill in circles on a sheet of paper using a correct grasp on a pencil.
- Last 5 minutes of class is always show and tell and parent training!

WE GO THROUGH LOTS OF ACTIVITIES IN ONE SESSION!

The Handwriting Clinic

SPECIAL NEEDS AND AUTISM BROCHURE!

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PRIVATE THERAPY We typically work on:

- Scissor skills
- Fine motor readiness skills
- Visual Motor Skills
- Grasp development
- Learn First Strokes of letters
- Learn to write letters through LARGE and MEDIUM motor activities
- Sequencing/letter attack skills
- Write letters in handwriting lines
- Visual memory
- Eye hand coordination

THE BEST AGE TO START WORKING WITH KIDS IS BEFORE THEY START KINDERGARTEN!!!

If there is a delay in fine motor, visual motor or grapho-motor skills, we would love to start before Kindergarten! Four year old children often copy the letters, but in the wrong sequence - then it becomes habit (and we cannot break that after the middle of first grade). They also often have funky grasps, that can get locked in before Kindergarten. Add challenges with children with special needs, and it is apparent that fine motor skills need to be addressed early on before bad habits develop.

For children with special needs, our specialized therapy works best when children are at least 3 1/2 years of age. At that age, they can follow some routine, rotate through our labs, and usually can work with manipulatives that are small without putting the objects in their mouth. Therapy is one on one, so we do monitor the activities directly.

WHAT ARE SOME OF THE
MULTI-SENSORY ACTIVITIES
THAT WE DO AT THE CLINIC?



**Maintaining “go” fingers on
balance beam**



**Zany shaving cream project
and Zany Writing!**



**Multi-sensory work in shaving cream
for the letter of the day!**



**After writing the letter of the
day in the air, I get a scooter
board ride!**



**Fine Motor Lab - we use
“go” fingers**



Practicing letters in our workbook!

We have Preschool Power Camps during the summer to work on fine motor skills, stroke development and Kindergarten readiness skills. Summer camp does not work on individual letters as young children need 4 months to develop skills over time. During the fall we offer Finger Gymnastics and Sensory Motor ABC classes. We offer new classes beginning in January - May. For students who have been through a Finger Gymnastics or Sensory Motor ABC class in the fall, we offer Advanced Preschool Classes in the Spring.

We use the First Strokes®
curriculum! See
www.FirstStrokesHandwriting.com
for more information.

Call 972 633-1974 to schedule. Classes fill quickly so call early!
www.TheHandwritingClinic.com www.FirstStrokesHandwriting.com

DOES MY CHILD NEED PRIVATE THERAPY OR SHOULD MY CHILD ATTEND A CLASS?

<u>Typical activities we work on in class and private</u>	<u>PRIVATE THERAPY</u>	<u>CLASS</u>
Recognition of Letters	Many of our private students know most or all of their letters. Many do not. We do ask, that the private students have some readiness, such as recognizing a few letters of their name. If a student does not yet know a few letters, then they may not have readiness skills for our specialized treatment. Some of our children are hyperlexic - that is, they know letters, love letters, and likely are reading at an early age. With these children, we use a very linear approach to treatment, and they usually respond very well!	Many of our students do not know all their letters, but they should be able to recognize a few letters in their name. Kindergarten students should be able to recognize at least 1/2 the letters. Many of our students in classes are gifted, reading and writing well, and have bad habits that developed from learning to write early. Many of our students have learning disabilities, ADHD, ADD, may show signs of dyslexia, and may have some mild fine and visual motor delays.
Letters of the Day:	Sometimes we work on fine motor before beginning letter formation. Many students can only handle all the activities involved to learn 1 - 3 letters per day. How many letters are introduced are determined by the fine and visual motor skills, attention to task, and sometimes, just if the student is having a good day or is overly tired.	Students begin letter formation on the first day of class, and usually go through 3 - 4/5 letters a day. The curriculum is predefined as to which letters are introduced each day, and the therapist overall, follows the general curriculum for the class in our curriculum guide.
Ratio	1:1 with a therapist	1:4 (preschool to K) to 1:5 (1st grade and above)
Large Motor Learning of the Letter (Ex. writing letters in the air, writing in giant hw lines at the wall, writing with alphabet writer at the jumping pit)	Often this is too abstract a concept to begin with initially. Student may need to touch, feel, see, understand the letter formation using multi-sensory means before writing the letter "in the air"	We usually start the class by having the students practice letter formation "in the air" through large motor activities
Medium Motor Activities (ex. Shaving cream, q-tip and Colorations paint in giant hw lines, koolaid paint, dry erase marker in giant hw lines, chalk in giant hw lines)	We set up a reward system, and a multi-sensory lab table of the letter(s) of the day. Students usually go through approximately THREE medium motor activities with sustained attention for about 2 minutes per activity with 1:1 cueing	In a class, we have ONE medium motor activity, with sustained attention in a group situation (minimum 1:4 ratio). Students need to have sustained attention for approximately 10 minutes on the one activity, and the therapist be able to share attention equally among the students.
Small Motor Activities:	Student may need adaptive handwriting paper but we try to use Zaner Bloser paper. Most private therapy students need 1:1 cueing, and some hand over hand or physical prompts to get good touchpoints on the lines. Sometimes we adapt activities where the student traces, traces, and then tries the letter - sometimes on paper that is larger, and possibly adapted	Students use Zaner Bloser paper starting at age 4 1/2. They do get a lot of cueing for the starting point. They can follow the "one letter rule" where they write one letter, then wait quietly to have the therapist check, provide more instruction, and then try another letter. They usually get a lollipop during workbook time.
Light Box	We try and take most private students into a darkened therapy room and work at the light box, with slow music on a CD. We do a lot of Retrain the Brain and Callirobics activities, and then go into the letter(s) of the day. The students get a significant amount of prompting and verbal cueing. The light box maximizes visual attention. The light box is one of the most effective techniques that we use - some of our students will spend up to 20 - 30 minutes at the light box just because they love it. Others may spend 5 minutes, but we get good visual attention 1:1.	We cannot do the light box as a group.
Zany Writing Topic	Some of our students enjoy zany writing topics, some do not. This is individualized. Almost always, it is 1:1 direct cueing for the starting point.	We try and do a zany writing topic for FUN and to work on generalization skills while writing about it. We give cueing, but in a group.
Home program	Most of our parents will come in alone, for a one hour parent training session to start a home program. We spend 5 minutes each session on reviewing skills taught, and activities to do at home during the week. We would love to see a 5 - 10 min home program each day on fine motor skills activities and handwriting activities.	5 minute worksheet, large and medium motor review of the letters given to parent. Group instruction on what the class did, and the homework. Occasionally we will have a quick parent conference to give referrals. We are careful during the 5 minutes parent training, to not give information on an individual students performance, as we have to talk about the group.
Fine motor labs	We set up fine motor labs specific to the student with individualized goals. 95 percent of the fine motor labs are direct instruction 1:1, with a lot of shaping the hand into specific motor patterns. We set up grip protocols for the student. A student will go through about 6 fine motor labs, in addition to handwriting, individual goals, etc each session - all with direct instruction.	There is some group direct instruction. After the class has some skills, the students usually go to the fine motor table while the therapists keeps a couple students to work on writing. The other students can complete the fine motor labs independently, with the therapist observing from across the room. The therapist will often do group fine motor activities as well, with direct instruction 1:4, but students then will work independently at the fine motor table on skills that were taught.

The Handwriting Clinic is a licensed Occupational Therapy facility. Private occupational therapy is available for students who need 1:1 therapy for fine motor skills, readiness skills, visual perceptual skills, or assistive technology options. **\$50 - 1/2 hour \$90 - 1 hour Assessment - \$125.00**

***Note - If you think your child may need private therapy, please ASK before placing your child in a class. Some diagnosis such as autism, cognitive challenges, developmental delay, PDD, some Aspergers, cerebral palsey, significant mood disorders or severe ADHD will likely need private therapy as the child would do best with 1:1 instruction. We set up labs for children with autism on Fridays. We also have many other children, who come for private help due to many other circumstances, perhaps for one or two lessons after a class ends.**

Insurance:

Classes are NOT reimbursable by insurance companies. Private occupational therapy is often reimbursable, but based on therapeutic need. For private therapy, parents are responsible for payment as services are rendered. The clinic will fill out a statement with appropriate codes. The parent is responsible for **all** contacts with the insurance company to determine eligibility, reimbursement and non-payment of services. This is slightly more work for the parent, but allows our therapy rates to be significantly less than standard rates. This also allows more children access to therapy if there is not insurance reimbursement. A prescription for occupational therapy services should state "OT to eval and tx. for fine motor incoordination". A student **MUST** have a fine motor delay or other condition, not just sloppy handwriting to qualify for insurance reimbursement through coding. If parents are not submitting to insurance and there *is no acute condition, we do not need a prescription for private therapy.*

It is our philosophy that private therapy students also have a home program for fine motor skills. Fine motor skills develop exponentially faster if there is a specific home program. We recommend that the parent schedule a fine motor training session with the therapist, 1:1 without children. It usually takes an hour to get a program set up for home and to train the parent. It is best if this is at the beginning of therapy, so that the parent can work on the fine motor skills from the beginning! Call the office to schedule. It is important that the fine motor session be scheduled AFTER the assessment, as this is always individualized for the student.

Cancellation Policy

Call the clinic AND the therapists cell phone for cancellations. We require you to call both numbers, unless you can directly talk to the office staff.

The therapist that works with your child only gets paid for the actual time she is with a student. When a student is absent, the therapist does not get paid for his/her time. On average, we have several cancellations a week. If the therapist is here waiting for your child, she is also paying daycare charges and taking time out of her day to be here for your child. This can be a big problem in a busy clinic, and in order to keep our wonderful therapists, we have the following cancellation policy.

Please call ahead of time if there is a known absence due to a conflict in your schedule. All kids have doctors appointments, school plays, etc and most of the time, you know ahead of time if there are conflicts. **It will be YOUR responsibility to call the therapists cell phone, as well as the business office, to cancel.** Oftentimes, we can add in new evaluations or screenings during that therapists time. If you just call the clinic, the phone is an answering machine – the therapist will likely not get advanced notice of a cancellation, and be here waiting for your child. If you just call the therapist, he or she does not have remote access to all the information to schedule other students, add in evals, etc, and will not have the opportunity to be paid for the time.

We would appreciate as MUCH notice as you can give for canceling appointments, so that we do not have “holes” in the therapists schedule. This is a commitment from you, to just help us out as soon as you know there is a conflict.

Appointments cancelled within 24 hours, will be charged ½ the therapy session rate, with no statement for insurance reimbursement. If your child is ill and you have called both the therapists number and the clinic number, there will be no charge. However, if your child is repeatedly ill, with less than 24 hours notice, we will schedule your child for the end of the therapists day. If your child has a medical condition where he or she is ill often, we would love to work with you on finding a time and a therapist that has flexibility on cancellations.

Thank you for helping us retain our wonderful therapists. Our office staff will be happy to call the therapist for you, if you reach us directly. However, if you need to leave a message about cancellations, please call both numbers as early as possible.

My child also has therapy at other facilities. Should I continue private therapy elsewhere?

Yes, if your child is receiving therapy at another facility, we are an adjunct therapy that specializes in an intense program for fine motor, visual motor and handwriting development. Your other therapist may be working on some of these goals, but likely the therapist is working on many other goals as well. There is only so much time within a therapy session, so you might let your therapist at the other facility know that your child is attending our clinic. We love to work together - and our specialty is different from other therapies. We do not do sensory integration, gross motor skills, bilateral integration activities, etc - we specialize in the fine motor intense program. Your child's other therapy maybe more long term, but our therapy may be more intense and short term. We do incorporate sensory integration, bilateral integration principles into our therapy, but if your child needs to integrate these skills, then it would be good to continue the therapy at the other clinic. We also make referrals to other clinics, should you have a need to obtain additional therapy. Sometimes a therapist will recommend that a child integrate the sensory integration skills/gross motor skills/ bilateral skills before they start therapy at our clinic. While those skills ARE important, it also is important that we see your child early on - best age is at 4 or 5, so that we can work on the fine motor skills intensely before bad habits get locked in. After age 5, it is often remedial handwriting. Occasionally, we do get students that are not ready for our programming. A child needs to be functioning with many skills at or above a three year developmental level, in order to benefit from our services.

PLAN OF CARE: Typical goals and objectives that we may choose from for fine motor development in the young child

DEVELOP SEPARATION OF THE 2 SIDES OF THE HAND TO DEMONSTRATE RADIAL MANIPULATION (using thumb, index and 3rd fingers within a tripod grip)/ULNAR STABILIZATION (4th/5th fingers tucked in palm), IN ORDER TO HAVE ISOLATED FINGER MOVEMENT 97530 Direct Therapeutic Activities

with objects (light resistive tweezers/tongs to pick up 4/4 objects) (3.0 yr. Dev. Level skill)
with objects (moderate resistive tweezers/tongs to pick up 4/4 objects) (3.0 yr. Dev. Level skill)
with a pencil/writing instrument (4.0 yr. Dev. Level)
with scissors to cut forward (3.0 yr. Skills0, curved (4.0 yr dev. Skill) and angled lines (5.0 yr. Dev. Skill)

**Modification: Above objectives using a _____ pencil grip

***Modification for students with extended/hyperextended thumb IP joints:

Pt. will actively flex/extend thumb IP joint when using tongs/tweezers that are adapted with a thumb IP flexion block to pick up 4/4 objects
Pt. will actively flex/extend thumb IP joint when using crayons or markers adapted with a "TIP grip" for 4/4 coloring activities
Pt. will actively flex/extend thumb IP joint when using a pencil/writing instrument adapted with a "TIP grip" to write 10/10 words
Pt. will actively flex/extend thumb IP joint when using a tripod grasp on a non-adapted pencil/writing instrument to write 10/10 words

IMPROVE STRENGTH AND COORDINATION 97110 Neuromuscular Reeducation

Pt. will squeeze resistive tongs 20 times using a tripod grasp, to pick up 18 out of 20 objects.
Pt. will maintain isometric contraction of his thumb, index and 3rd fingers, on resistive tongs, for 20 seconds for 2/2 trials.
Pt. will do resistive exercises with therapy putty to pinch with a tripod grasp and maintain closure for 10/10 trials.

DEVELOP FINGER EXCURSION (6.0 yr. Dev. Skill) 97530 Direct Therapeutic Activities

to "point" and "bend" thumb, index and 3rd fingers to push a bed up and down a 4 inch stick 5/5 times
to "point" and "bend" thumb, index and 3rd fingers to do "thumb/finger pushups" with a marble 10/10 times
to "point" and "bend" thumb, index and 3rd fingers to do "thumb/finger pushups" with a crayon or thin marker to use isolated finger movement to change direction to color 4/4 coloring activities
to "point" and "bend" thumb, index and 3rd fingers to do "thumb/finger pushups" writing instrument, to write 10/10 words

DEVELOP EYE/HAND COORDINATION WITH SUSTAINED VISUAL ATTENTION

Will trace 4/4 repetitive patterns to music within less than 1/8 inch deviation for 4 inches, for 4/4 different patterns, using a music modulator (Retrain the Brain, Callirobics patterns, metronome, or slow music) within _____ inch handwriting lines

PARENT EDUCATION FOR FINE AND VISUAL MOTOR SKILL DEVELOPMENT

Parent will implement a home program to work on manipulation of objects and manipulation of a writing instrument with a manipulative tripod grasp.

Parent will implement a home program to kinesthetically work on the sequencing of letters large motor, in the air, using a therapeutic handwriting program.

Parent will implement a home program to kinesthetically work on reversal tips for numbers/letters.

DEVELOP WRIST STABILIZATION (4.0 yr. Skill) 97110 Neuromuscular Reeducation

Will stabilize wrist/forearm for 4/4 activities with adaptive techniques (wrist wt. Sandbag or sandpaper animal)

Will independently stabilize wrist/forearm while drawing and writing for 4/4 activities

IMPROVE VM/FM CONTROL TO WRITE WITHIN HW LINES

Using the First Strokes Multi-sensory Handwriting Program, will:

Will independently write the basic First Strokes (circle stroke, short line down stroke, tall line down stroke, and leaning line strokes) within giant handwriting lines with 100 percent accuracy for 4/4 trials using multi-sensory activities in 3 inch handwriting lines

Will demonstrate the fine motor control to write the basic First Strokes (circle stroke, short line down stroke, tall line down stroke, and leaning line strokes) with 100 percent accuracy for 4/4 trials within Zaner Bloser paper

Will demonstrate the fine motor control/eye hand coordination to write the alphabet, (in stroke categories) within handwriting lines with good touchpoints (less than 1/8 inch deviation from the handwriting lines) within the handwriting lines