

**MMI OCCUPATIONAL THERAPY DEPARTMENT
 SUMMER HANDWRITING PROGRAM**

The MMI OT Department will be offering group therapy options during two different summer sessions in 2009. Our handwriting **groups** will meet twice weekly (T-Th) during 2 different 3-week sessions. We have not yet determined whether it will be possible to enroll your child in both sessions.

Interested individuals should **complete the application and questionnaire / intake forms provided**, or complete the forms on-line at www.unmc.edu/mmi (click on *Department*, and then select *Occupational Therapy*). We will use this information to determine whether your child's needs could be met in a small group format – or if it will be more appropriate to serve your child individually. Groups will be staffed at a 2:1 ratio – i.e. no more than 2 children per therapist. Group members must have similar skills and needs. We cannot guarantee specific enrollment requests – but we will make every effort to accommodate your needs. **Please return these forms no later than May 15th.**

GROUP Handwriting Sessions will be scheduled as follows:

SESSION DATES	GROUP SESSION TIMES
JUNE 9, 11, 16, 18, 23, 25	9 am – 10:15 am or 3 pm – 4:15 pm
JULY 7, 9, 14, 16, 21, 23	9 am – 10:15 am or 3 pm – 4:15 pm

The fee for these group sessions is **\$200, which includes materials**. Your child will leave each session with a summary report of their activities during that visit, home activity practice sheets, and their workbook (issued at the beginning). The enrollment fee must be paid in full before the session begins.

INDIVIDUAL Handwriting therapy sessions will be available on a very limited basis this summer. Individual therapy times will last 45 minutes and cost \$45 per session. The cost of materials is embedded in this fee. We will attempt to accommodate your schedule requests – but we cannot guarantee that we will have a therapist available for individual sessions on specific days and times this summer.

The OT department secretary, Keri Younker, will be in contact with you to finalize details about enrollment and scheduling by May 22. Feel free to contact Keri at (402) 559-6415 or kyounker@unmc.edu.

Please return enrollment forms to:

OT Dept, Keri Younker
 UNMC Munroe-Meyer Institute
 985450 Nebraska Medical Center
 Omaha, NE 68198-5450

**MMI SUMMER HANDWRITING PROGRAM '09
PARENT QUESTIONNAIRE / INTAKE FORM**

CHILD'S NAME: preferred name:	PARENT / GUARDIAN names:
CHILD'S BIRTHDATE:	HOME ADDRESS: Address City, State, Zip
AGE:	CONTACT PHONE(s): Home: Work: Cell:
SCHOOL ATTENDING: Grade (09-10 school yr): Services received in school (check all that apply): <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Speech <input type="checkbox"/> Resource <input type="checkbox"/> ACP <input type="checkbox"/> Other (designate) _____	E-MAIL(s):
Caregiver's Areas of Concern: (check all that apply) <u>Manuscript letter formation:</u> <input type="checkbox"/> Lower case <input type="checkbox"/> Upper case <input type="checkbox"/> Both <u>Cursive letter formation:</u> <input type="checkbox"/> Lower case <input type="checkbox"/> Upper case <input type="checkbox"/> Both <u>Overall legibility is poor:</u> <input type="checkbox"/> poor alignment / "writing on the line" <input type="checkbox"/> letter size inconsistent <input type="checkbox"/> letter slant inconsistent <input type="checkbox"/> spacing between letters <input type="checkbox"/> spacing between words <u>Pencil Pressure:</u> <input type="checkbox"/> Too much? <input type="checkbox"/> Too little? <u>Pencil Grip:</u> <input type="checkbox"/> Doesn't hold the pencil properly <u>No hand preference yet</u> <input type="checkbox"/>	Pertinent medical and / or health information:

Hand preference: Right Left Mixed

Does your child color and draw *for fun*? Yes No
(e.g. sidewalk chalk, dry erase boards, coloring books)

Does he / she enjoy *physical activities*? Yes No

Describe your child's preferred / favorite play activities: _____

Can he/she read? _____ **Approx. reading level** (e.g. 2st grade; pre-K) _____

Have you pursued handwriting instruction previously? _____ **If yes, where?** _____

Please provide a sample of your child's handwriting skills with this questionnaire (see attached)

Handwriting Sample for _____
(child's name)

NAME _____

NUMBERS _____

UPPER CASE LETTERS _____

LOWER CASE LETTERS _____

NOTE: PLEASE INDICATE WHETHER YOUR CHILD WRITES THESE LETTERS AND NUMBERS FROM MEMORY, WITH VERBAL PROMPTS, OR IF YOU PROVIDE A VISUAL MODEL FOR THEM TO COPY. WE DO NOT EXPECT THE CHILDREN REFERRED TO BE ABLE TO GENERATE ALL OF THEIR LETTERS AND NUMBERS INDEPENDENTLY.