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ACTION PLAN FOR IMPLEMENTING MODIFICATIONS IN THE CLASSROOM

When students require modifications in the classroom it can be beneficial to put an action plan into place to ensure that the modifications are actually helping the student. Sometimes school based therapists, students or school psychologists recommend modifications to occur in the classroom on a day to day basis. It is important to make sure that the modifications are doable and helpful. Here are some steps to take to move into action with a teamwork approach.

1. Collaborate and strategize with the team to determine the modification that the student requires.
2. Determine the objectives/purpose of the modification. Set goals.
3. Schedule when the modifications will occur.
4. Establish who will help (teacher, therapist, parents, peer, student) implement the modification.
5. Decide where the modifications will be implemented (in class, outside of class, at home, etc).
6. Student ACTS and uses the modification.
7. Check improvement and **MONITOR PROGRESS**! This is such an important part of establishing the benefit of **modifications** for students. Sometimes year after year, modifications continue to roll over on students IEPs into the next school year without having data to back up why or how the modification is beneficial for the student.

Remember to revisit the goals that were set when creating the action plan and collect data on whether the modifications are advantageous for the student. If not, start over again back at step one.

**Modifications and Interventions for School – Reporting Forms** provides pediatric therapists with over sixty, reproducible reporting forms with hundreds of suggested modifications and interventions for students. Interventions are listed by skill areas such as handwriting, scissors, dressing, walking, stairs, wheelchair skills and sensory skills. This book is a great tool for all school based therapists and teachers to determine what modifications and interventions are successful for a particular student. [Find out more information.](#)
EXERCISE AND SLEEP TIPS FOR CHILDREN

Combining exercise and sleep can be a tricky balance. Getting proper sleep for yourself or your children can be very challenging in this fast paced world. We want ourselves and our children to exercise but all parents want their children to sleep too!

For children, some of the best suggestions are:

1. Limit vigorous physical activity before bed creating a calming atmosphere. Try yoga, tai chi or a stroll which may be more beneficial in order to help children transition to sleep time.
2. Turn off the television/computer/tablet/phone at least 30 minutes before bed.
3. Establish a routine at bedtime – brush teeth, read for 20 minutes and go to bed.
4. Try to stick with the routine especially with regular bedtimes and morning wake up times.

For children with sensory processing deficits or autism spectrum disorders, establishing healthy sleep patterns can be even more challenging.

Autism Sleeps™ serves as a thorough resource of sleep sensory strategies and suggestions for preparing the “sleep environment”. Sample bedtime and wake-up routines are provided as templates, especially to guide parents of children with sleep difficulties. Also included are checklists to identify which of the six sensory area(s) are impacted by poor sleep. A menu of sensory strategies in each of those affected areas is available for use in preparing a person to sleep, stay asleep and transition to wake up. Additionally, a diary and graph are available for logging the impact of the strategies implemented to determine those that are most effective in helping restless minds sleep. Find out more information here.

Source: Fix.com Blog
5 WAYS TO REDUCE STRESS IN THE CLASSROOM

Classrooms can be stressful for certain students and for all students during certain times. Over stimulating environments or unrealistic academic expectations are two examples of what can make stress levels start to rise. Here are 5 suggestions to help create a peaceful classroom:

1. **Reduce visual clutter** – *Psychological Science* published research indicating that children in highly decorated classrooms were more distracted, spent more time off-task and demonstrated smaller learning gains than when the decorations were removed. The 24 kindergarteners were placed in laboratory classrooms that were heavily decorated or sparsely decorated and taught lessons. The following results were reported: children learned in both classroom types but they learned more when the room was not heavily decorated, children’s accuracy on the test questions was higher in the sparse classroom (55 percent correct) than in the decorated classroom (42 percent correct), and the rate of off-task behavior was higher in the decorated classroom (38.6 percent time spent off-task) than in the sparse classroom (28.4 percent time spent off-task).

2. **Reduce noise levels** – Sometimes children can be LOUD! Imagine trying to learn when the noise level is too high. By establishing reasonable noise levels in the classroom it prevents overstimulation. Students may need to be taught what appropriate noise levels are acceptable. Try using a noise meter for a visual cue.

3. **Provide a quiet area for all students** – establish an area in the classroom where students can go for some quiet time. Provide noise cancelling headphones or quiet, soft music for children to calm down. Maybe place a few pillows or comfortable seating in a corner for a calm down space. Provide visual pictures to help students relax before a test or after a stressful situation.
4. **Maintain a routine!**  When students know what to expect, stress is reduced.

5. **Set realistic expectations.** Make sure students are educated on what your expectations are to maintain a peaceful classroom. Keep in mind as teachers and therapists, students can only sit still for so long. Provide movement and brain breaks throughout the day. Physical activity can help to reduce stress. Be aware that all students are different and certain students may lack the self regulation skills to remain calm during the school day. Try teaching students some calming strategies for the classroom.

What is your favorite, most effective tips for reducing stress in the classroom?


This set of [Calm Down Cards](#) includes 30 full size photographs with calming phrases (11” by 8.5” page) and smaller size (4” by 3” cards). Print the full size cards or the smaller size cards. You could also laminate the smaller cards to place on a key ring to toss in a calm down kit. Children can simply use visual imagery with the photos to help them calm down. Another option is to view the photographs with calming phrases and music as a PowerPoint show on your computer, tablet or phone. [Find out more information](#).
Here are 10 ways to increase student participation in school based occupational, physical or speech therapy:

1. **Student Choice:** Allow the students to choose activities. Have several activities available that will accomplish the same end results and let them choose. Need to plan, ask the student the session before what activity they would like to work on next. Maybe provide the student with homework to plan out some activities that will help them to achieve their goals.

2. **Work with their Peers:** Most students enjoy working with a partner to problem solve and to throw in some social interaction. If a student does not receive group therapy sessions would this be a possibility to increase his/her interest during a therapy session?

3. **Work with Technology:** Most technology use is a real barrier breaker especially for students with special needs. It is unique in that you can be 10 years younger than someone else but you may know more about technology. Sometimes a skill that is being worked on for possibly years during therapy could be achieved using technology. Not sure where to start, ask another middle school student to help you.

4. **Connect the Real World to the Work that We Do:** If your student is getting tired of practicing something over and over, perhaps take a field trip to show them why they need the skill. Can’t take a field trip, find a video on the internet explaining why the skill is beneficial. Maybe ask the student to think up a project to complete that will affect the
real world. Working on handwriting skills, how about a letter campaign to fix something that the student feels needs to change?

5. **Love What You Do:** Be enthusiastic as the teacher. If you are bored and monotone, it rubs off on students. Keep therapy fun and exciting.

6. **Get Me Out of My Seat:** Let students move during therapy sessions as much as possible. They are required to sit for such long lengths of time. **Throw in movement** when working on skills.

7. **Use Visuals:** If a student is not understanding what you are asking he/she to do, use a visual. Again, show a video, use picture symbols or physically demonstrate yourself. **Brainworks** offers a HUGE collection of visuals.

8. **Understand the Kids:** This can be difficult at time. But get to know your students. What are their likes and dislikes? Use those to your advantage to keep them engaged.

9. **Mix It Up:** Change up how you are practicing an activity. This is a great motor learning concept. Humans needs to learn motor skills in different environments and settings to truly learn a skill. Use different materials, practice in different rooms, practice outdoors and practice with different people.

10. **Be Human:** Engage with the kids. They need role models who can show that it is okay to try and maybe you will make a mistake along the way. So if an activity that you wanted to try didn’t work out as you expected (we have all been there) tell the student that you made a mistake. Explain to them that if we try it a different way in the future it may be more beneficial. Not sure how to fix it, ask the student first they may just have the best idea of all!

**Bonus suggestion** – **Use incentives and motivational tools** to keep student engaged. Some children are highly motivated to participate when **rewards** are offered.


**Punch Cards and Reward Cards** – download of 40 punch cards and 10 reward cards for motivation to complete pediatric therapy goals. Set goals for the student to achieve. When the student completes an activity, punch a hole in the card. After 10 punches, the student chooses a reward card (with free prize suggestions). Also included is a list of 30 free or low cost rewards.

**FIND OUT MORE.**
TACTILE FUNCTION IN CHILDREN WITH CEREBRAL PALSY

As pediatric therapists, assessment and treatment of children with cerebral palsy frequently focuses on motor impairments although, children with unilateral cerebral palsy (hemiplegia) are also likely to have sensory impairment. Research indicates that tactile registration for children with hemiplegia is consistently worse with their impaired hand than their unimpaired hand. Both hands of children with hemiplegia performed worse than either hand when compared to typically developing children. Forty percent of children with hemiplegia had tactile registration and perception deficits, 37% had perception deficits only and 23% had no tactile deficit. The larger the tactile registration deficit, the poorer the performance on all tactile perceptual tests. The researchers concluded that tactile dysfunction may contribute to functional impairment and is a possible target for intervention (Auld, 2012).

Here are a few suggestions to encourage tactile registration and perception during therapeutic play activities:

1. Provide different textured toys during playtime. For example, verbalize and discuss differences between soft/hard, bumpy/smooth, fluffy/scratchy, etc. If the toys are just smooth plastic, then try and add a sensory component to the toy.
2. Add weight to toys to increase input. For example, try stacking boxes with weights in them (ie 1 lb. bag of beans).
3. Add to texture during arts and crafts time. For example, add sand to fingerpaints or use shaving cream.
4. Focus specifically on tactile perception and registration. For example, the child can close their eyes and rely only on their sense of touch to identify objects. They
will not be able to use their sense of vision to determine what the object is and how to hold it.

5. Add tactile input to weight bearing activities. For example, when a child is working on weight bearing with an open hand, try performing that skill on different surfaces such as bubble wrap (bumpy), sand paper (rough), dry towel (scratchy), yoga mat (smooth) or cold (gel ice pack). For the bare feet, try walking or balance with on different tactile surfaces such as grass, sand or dirt.

References:

5 WAYS TO INCORPORATE VISUAL SUPPORTS DURING A THERAPY SESSION

It is well known that children with autism and certain other disabilities benefit greatly from the use of visual supports throughout the day. Visual supports can be pictures, objects, written words, body language and cues. Some children use visual supports as a primary means of communication in the classroom and home. If this is a child’s sole means of communication, visual supports should be used at all times which would include occupational and physical therapy sessions, physical education class, art, music, library and more.

Here are 5 ways to incorporate visual supports during a therapy session.

1. When explaining directions to certain children, you may need to provide a visual strategy or symbol instead of just verbally expressing directions. Many times picture symbols are used for the child to select a choice or to respond but are you providing picture symbols for “receptive” language as well?

2. Provide responses appropriate for therapy sessions beyond choice selection. Remember children are frequently performing motor tasks and physical activities during a therapy session. You may need to create picture communication boards that allow the child to express statements such as:

   Yes
   No
   This is fun.
   I need a break.
I am in pain.
I need a drink.
I am ready to go.
I want to slow down.
I want to stop.

Get more information on the Response Board for Therapy Sessions.

3. Create picture symbols that relate to a therapy session. You can use a commercially produced product or take photos of objects that you use during a therapy session. Once you create picture symbol cards of these items, you can use them to allow the children to make choices regarding activities.

4. Create a schedule for during the therapy session. Set up a schedule board with parts of therapy session on it such as First This and Then This steps to complete so the child can know what to expect.

5. If you need a child to complete many tasks, try creating visual supports for all the steps in the task. Break the whole project down into simple steps with visuals.

Visual Supports: Schedules, Self-Regulation, & Classroom Inclusion includes 283 visuals! The pictures are color coded, engaging, and easy for children to understand. Visual supports for self-regulation can be pivotal in implementing an IEP in the least restrictive environment. Find out more about this digital document.
FOLLOW UP QUESTIONS ABOUT MODIFICATIONS AND ADAPTIVE EQUIPMENT IN THE CLASSROOM

Once a piece of adaptive equipment or modification is put in place to use with a student, therapists need to follow up frequently. Whether the adaptive equipment is a pencil grip, standing frame or weighted vest, ongoing assessment is needed. Have you seen modifications recommended i.e. sensory break and it never gets carried out?

Here are 5 follow up questions to answer after implementing adaptive equipment or modification use:

1. **Is the equipment or modification even being done at all?** May sound ridiculous but we all have seen many pieces of adaptive equipment gather dust or IEP recommendations that just get rubber stamped year after year.

2. **Is it being used when it was suggested for use?** For example, perhaps special adaptive seating was recommended for seat work but it is being used during floor time on the rug.

3. **Is the tool or modification suiting the needs of the student?** Once the equipment has been used, make sure it is helping the student to accomplish a functional goal. If you give the student a pencil grip to encourage a functional grasp, it should not be used for a chewy or a projectile.

4. **Does the equipment or modification need to be modified in any way?** If the tool is not accomplishing the task, can it be tweaked or does a different modification need to be put into place. Children grow very quickly, always recheck for sizing.

5. **Is the student comfortable using the equipment or modification?** Check to make sure that the student agrees with using the equipment. If the student is not on board with using it, the equipment will not be used. Also, is it truly comfortable to use the equipment? Check for fatigue, skin breakdown, pain level, etc. to ensure comfort and a pain free experience.

6. **Is the student as independent as possible with the equipment or modification?** Sometimes adults can provide too much help without even realizing it. The goal is for the student to be as independent as possible.

Check out Modifications and Interventions for School – Reporting Forms. This book, in printed or electronic format, provides pediatric therapists with over 60, reproducible reporting forms with hundreds of suggested modifications and interventions for students. Track progress once modifications are put into action. Find out more information.
5 WAYS TO INCREASE PEER INTERACTIONS FOR CHILDREN WITH DISABILITIES

Therapists are frequently asked for suggestions on improving inclusive classrooms settings whether it be for accessibility, play, social or peer interactions. Here are 5 evidence based tips to increase peer interactions during playtime for children with disabilities:

1. Toys should be limited and well chosen. Children will play longer when allowed to choose their playthings. Social play such as pretend play, creativity or cooperative play helps to increase social interactions.
2. Group children with disabilities with peers who demonstrate appropriate social skills.
3. Keep adult child interaction to a minimum.
4. The target behaviors should be play and joint attention.
5. Play area should be relatively small.


Play Move Develop includes 100 reproducible games and activity ideas to encourage motor skill development and learning in children. FIND OUT MORE INFORMATION.
LINK BETWEEN VISUAL MOTOR, OBJECT MANIPULATION SKILLS, EXECUTIVE FUNCTION AND SOCIAL BEHAVIOR

*Research Quarterly for Exercise and Sport* published research on 92, three to five year old children to establish a link between early visual-motor integration skills and executive function and a link between early object manipulation skills and social behaviors in the classroom during the preschool years. Each participant was evaluated for visual-motor integration skills, object manipulation skills, executive function, and social behaviors in the fall and spring of the preschool year.

The results indicated the following:

1. children who had better visual-motor integration skills in the fall had better executive function scores in the spring of the preschool year after controlling for age, gender, Head Start status, and site location, but not after controlling for children’s baseline levels of executive function.
2. children who demonstrated better object manipulation skills in the fall showed significantly stronger social behavior in their classrooms (as rated by teachers) in the spring, including more self-control, more cooperation, and less externalizing/hyperactivity after controlling for social behavior in the fall and other covariates.

The researchers concluded that children’s visual-motor integration and object manipulation skills in the fall have modest to moderate relations with executive function and social behaviors later in the preschool year.


*Teaching Catching, Throwing and Kicking Skills* is loaded with information to help children learn object manipulation skills. It is in PDF format and in Word (therefore you can edit the pages). This packet includes the age progression of each skill, visual picture cards with step by step directions, tips on teaching the skills, letter home to parents regarding teaching the skills, different ways to practice the skill and data collection to track progress. The activities are reproducible to use over and over again with all the children that you teach. FIND OUT MORE INFORMATION.
We continue this series on therapist small business owners with Christina Connors, OTR/L, the owner and developer of Child Inspired.

Below is a Q and A session regarding one of her products, Get Well Maps.

**Q: First just tell a little bit about yourself – job experience, years on the job, etc.**

My name is Christina Connors, OTR/L and I am the owner and developer of Child Inspired. I am a proud Mama of 2 great kiddos, Samantha & Andrew. I have been working as an Occupational Therapist for 14 years to enhance the function and independence of children and adults with various physical, cognitive, psychosocial and developmental disabilities in acute inpatient rehabilitation, home health, hospital, and educational settings. I have implemented visual, tactile, and sensory motor strategies to aid in the learning and functioning of children with autism and developmental delays. I have helped to optimize the recovery of children, adolescents and adults with brain injury in hospital, school and outpatient brain injury clinic settings. I take pride in creative problem-solving, and thinking outside-the-box during personal and professional challenges. I enjoy identifying the meaningful activities and goals in the lives of my clients, and working with them to enhance their ability to reach their greatest potential.
Q: What made you come up with the idea of Get Well Maps?

Our son, Andrew (who never ceases to amaze me with his charismatic personality & perseverance) inspired the concept of our Get Well Maps. Andrew developed a life-threatening illness very suddenly when he was 5 years old, and the experience rocked our family to our core. I felt desperate for a way to communicate to my son that we would get home, although it was too early in his hospitalization to anticipate a timeline, discharge date, or know how his road to recovery might progress. How do you answer a young child’s plea…”I want to go home” when you are faced with an uncertain medical course? Andrew was still too young to understand time concepts, especially in a hospital environment that was unfamiliar and scary to him, and we recognized that his recovery was based more on medical progression than specific dates. Drawing on my experience working with children with autism and developmental disabilities, and knowing how much my son loves cars and trucks, I asked a close friend to create a visual “road map” for us to use as a functional communication tool to track his progression toward our goal of “going home”.
Q: Do you create the Get Well Maps yourself from start to finish?

Yes...With the help of a few very talented people that help bring the concept to fruition. I sketch out the concepts for each Get Well Map, and our amazing artist, John Donato, turns my sketches into the whimsical illustrations that are so fun and engaging for the children and their families. An incredible graphic designer, Ray Daminger, helps to format the directions, milestone stickers, and other design work required for our products. I contract the services of a manufacturing company that has specialized equipment to print our Get Well Maps on a firm, double-sided material that can be sanitized in healthcare settings. I complete the production process in-house by assembling & packaging the Maps, and ship directly to customers. We are proud that every creative process at Child Inspired is conceptualized, created, manufactured and packaged in the USA.

Q: Can Get Well Maps be used in school based therapy practice?

Yes. We are currently working with several local educators that are trialing our Maps (we call them “Progress Maps”) in both preschool and elementary settings. Our Maps are being utilized in both special education settings to illustrate progress towards an individual child’s goal(s) in conjunction with targeted goal(s) in their IEP, and in regular education settings to illustrate progress towards classroom Positive Behavior Support initiatives. And thanks to the creative minds of so many amazing health care professionals, educators and parents, our Get Well Maps are easily adapted to help children visualize progress towards any meaningful goal that is specific to their needs (educational, medical, behavioral, social).

Please contact me for more information! I would love the opportunity to collaborate with you and your colleagues in school based therapy practice!
Q: Is it difficult to find the time practice as an OT and manage Get Well Maps?

Yes!!! It is a constant, and at times very challenging, juggle! But with that said, I am incredibly passionate about Child Inspired, and I wouldn’t have it any other way. Child Inspired is unique blend of my professional experience as a therapist and my personal experience as a parent. Our journey with our son’s (as well as our entire family’s) anxiety and PTSD only further solidified our mission to create a child and family-centered tool that could help ease anxiety for other children and families facing medical challenges. Child Inspired has been underway for 2 years. I have been working as a per diem Occupational Therapist in home health care since Andrew’s illness, which provides me with quite a bit of flexibility to manage both endeavors. Despite that flexibility, however, every day presents new challenges! Much of the work to develop Child Inspired pushes me beyond my knowledge base and comfort zone (accounting, online marketing, web development, etc), and at times has to occur outside of the traditional “work-day“ timeframe because of my OT role in home health care and personal responsibilities.

Q: Where can we find your products? (website, social media, catalog, etc)
Website: www.getwellmaps.com
Facebook: www.facebook.com/ChildInspired
Please email me directly at delawareconnors@comcast.net to learn more about bulk pricing & customizations.
I don’t know about you, but I know I always eat too much on Thanksgiving (and quite a few of the days leading up to the big feast). Here is a quick, physical activity workout for the children, classroom, brain break, physical education class, therapy room or anyone who just ate too much on turkey day – Are You Stuffed? Download ARE YOU STUFFED?

This activity is from the new Thanksgiving Packet. This 20 page packet includes 15 activities that encourages fine motor, gross motor, visual perceptual and handwriting activities all with a Thanksgiving theme. Find out more information.
Here is a cute, visual motor and visual discrimination freebie with hedgehogs. Just print, grab some crayons and start looking for matching hedgehogs.

DOWNLOAD the visual motor and visual discrimination freebie here. This is from the Visual Discrimination Seek and Find download which includes 8 full color boards with cards and 12 black and white boards to color. Look for objects that are pictured on the tablet screen. Match up the cards or color in the matching picture according to the key. This activity encourages visual discrimination, visual closure and visual motor skills. Kids will love the tablet theme! Just print and play.
You can create the boards with cards. They range in difficulty from easier to more difficult.

Create busy bags to make the activities easy to travel with from school to school.

Find out more information about the Visual Discrimination Seek and Find download.
Need a quick brain break in the classroom or burn off some excess energy before homework? Try this no-prep, pumpkin workout! Can you complete each exercise for the letters in the word P-U-M-P-K-I-N?

- **P** is for 10 push ups.
- **U** is for 10 up and down squats.
- **M** is for marching in place for 30 seconds.
- **P** is for plank position for 10 seconds.
- **K** is for kick your legs for 30 seconds.
- **I** is for invent an exercise.
- **N** is for ninety seconds of running in place.

**DOWNLOAD the Pumpkin Workout.**

The Pumpkin Workout is from this **Pumpkin Packet** that includes 11 no-prep, FUN activities to get children practicing fine motor, gross motor and visual perceptual skills. This packet is great for brain breaks, indoor recess, classroom party and more! **FIND OUT MORE INFORMATION.**
SIMON SAYS EXERCISE BALL STYLE

Have you ever played Simon Says exercise ball style? This is an easy way to adapt a timeless game of Says but add in more range of motion, muscle strengthening and spatial relationships. It is more of a challenge when you use a large, exercise ball but if that is not available grab a large beach ball which is lighter weight. No beach balls available? Grab a kickball or playground ball? No balls available? Grab a pillow. Just grab something large enough that requires two hands to hold. Give each child playing an exercise ball or a large beach ball. Provide the usual directions of a Simon Says game but add in some additional steps. For example, “Simon says…”

- Put the ball over your head.
- Hold the ball next to the chair.
- Hold the ball on your right side.
- Hold the ball on your left side.
- Squeeze the ball between your knees.
- Put the ball behind your back.
- Sit on the ball.
- Roll on your belly over the ball.
- Put the ball on top of the desk.
- Place the ball between your back and the wall.
- Put your left foot on the ball.
- Put both hands on the side of the ball.
- Put your right foot under the ball.
- Bounce the ball three times.
- Touch the ball with your left foot, right hand and your chin.

By adding in the extra location directions, you are also reinforcing right versus left and spatial relationships. The large ball encourages bilateral skills and crossing midline. Simon Says incorporates body awareness, motor planning, crossing midline and balance.

Working with a group of children and only have one large ball? Play hot potato. Remind the children they always must hold the ball with two hands (or two feet)! Position the children in standing in a large circle with some space between each child. Turn the music on and pass the ball around the circle. Try passing it to the right, to the left or overhead. Try sitting down and passing the ball using your feet.

Need MORE Simon Says ideas???

The Simon Says download includes 68 body position cards (full page), 13 Simon Says Stop cards and 25 game ideas to use with the Simon Says cards. It also includes all the 81 picture cards in a smaller size (2.5” by 3.25” – nine cards to one page). This activity encourages body awareness, bilateral coordination, motor planning and following directions. Find out more information.
SCISSOR ACTIVITY – MR. CIRCLE’S HAIRCUT

Here is a scissor activity that children will have so much FUN doing! This is from a new download the Hair Cutting Sticks packet. The children can color, cut out the rectangle and start styling Mr. Circle’s hair. Attach the craft stick and start a puppet show starring Mr. Circle himself! Make another Mr. Circle puppet but change up the hairstyle.

DOWNLOAD THE DIRECTION PAGE AND MR. CIRCLE

Hair Cutting Sticks are simple cutting projects so children can have fun while practicing scissor skills! This download includes 35 “hair cutting” sticks to create (4-6 hair cutting image per page). Just print out the black and white pages, color and style the hair using scissors. Toss on a craft stick and create a puppet show too! The Hair Cutting Sticks include: Shape Styling, Styling Salon (2 pages), I “Moustache” You a Question, Sheep Shearing, Groom the Zoo and Manicure the Monsters. Find out more information.
Here are two free sample pages from My Thanksgiving Handwriting packet – in regular dotted line font and cursive.

DOWNLOAD the 2 free sample pages from My Thanksgiving Handwriting Packet. My Thanksgiving Handwriting Packet download includes 5 different font styles of an 8 page Thanksgiving themed handwriting practice booklet. Research indicates that to improve handwriting, practice sessions are necessary (Hoy, 2011). This copy booklet is easy to encourage handwriting practice. The five types of font/layout include: 1. Dotted line Zaner-Bloser® type font, 2. Dotted line Zaner-Bloser® type font with highlighted lines 3. Double line Handwriting Without Tears® type font, 4. New South Wales (NSW) Foundation Manuscript and 5. Cursive font. FIND OUT MORE INFORMATION.

Need more Thanksgiving activities? Check out these titles:

1. Thanksgiving Multisensory Handwriting Activities
2. Brain Breaks for Thanksgiving
3. Thanksgiving Poses
4. Thanksgiving Handwriting Activities
5. Thanksgiving Packet