

THE I-TEAM

THAT'S I FOR INDEPENDENCE –
IN CHILDHOOD SOCIAL
AND MOTOR SKILLS

SOCIAL PRAGMATIC LANGUAGE AND MOTOR SKILL DEVELOPMENT IN A FUN, AFTER SCHOOL PROGRAM

2010 – 2011 ACADEMIC YEAR



The **I-TEAM** meets weekly as a fun, therapeutic environment for the elementary and middle school child to work on motor and social pragmatic language skills and to meet new friends. Each session is limited to eight participants in order to provide individualized guidance in skill development. Through participation in small and large group motor activities, the child refines his/her coordination and organization of movement as well as develops socially appropriate language and strategies for problem solving. All **I-TEAM** members are encouraged to develop a positive attitude and to support peers during group activities.

I-TEAM activities vary from week to week but follow a general pattern:

- Opening activities, including Brain Gym, yoga relaxation, and instruction in social problem solving
- Small group instruction with occupational therapist and with speech and language pathologist,
- Group awareness and feedback
- Whole Group activities, including arts and crafts, motor games, social pragmatic situations
- Wrap-up
- Parent conference

STAFF

Jean Croll, M.Ed, OTR/L, has almost thirty years of experience in providing occupational therapy services to children ages 2 to 21. Ms. Croll specializes in school-based therapy and has worked in both public and private school settings throughout Massachusetts. She is certified to administer and interpret the Sensory Integration and Praxis Tests (SIPT). A private practitioner for more than twenty-five years, she now provides both school- and home-based therapy services to children with diagnoses including autism spectrum disorders, dysgraphia, dyspraxia, hypotonia, cerebral palsy, muscular dystrophy, spinal muscular atrophy, Sotos syndrome, executive functioning disorder, ADD, ADHD, developmental delay, mitochondrial disorder, and epilepsy. She also maintains a private practice in myofascial release therapy.

Mary Schaefer-Koteles, M.S., CCC-SLP, is the Senior Speech-Language Pathologist at Caritas Norwood Hospital, where she developed both the pediatric and adult outpatient and inpatient programs. She specializes in working with pediatrics through adults with developmental delays and/or neurological deficits. Ms. Schaefer-Koteles' therapy to students includes pre-school through college-aged with diagnoses including autism spectrum disorders, ADD, ADHD, speech and language delays, oral-verbal dyspraxia, executive functioning disorders, stuttering/fluency disorders and vocal disorders.

Occasionally, I-TEAM sessions may be conducted by visiting staff including professionals in speech and language pathology, occupational therapy, physical therapy, special education, and clinical social work..

Jean Croll, OTR/L
(508) 560-4007
Fax (508) 520-4895

THE I-TEAM

P. O. Box 87
Norfolk, MA 02056
TheITEAM@Gmail.com

THE I-TEAM

REGISTRATION 2010/2011

NAME _____

BIRTH DATE _____

GRADE _____

ADDRESS _____

PHONE _____

PARENTS' NAMES _____

EMAIL (parent) _____

SEPTEMBER - OCTOBER 2010 PROGRAM

9/23, 9/30, 10/7, 10/14, 10/21, 10/28

- SESSION A – THURSDAYS** -- GRADES 1-5
3:30-4:30 pm
FEE: \$200.00
- SESSION B – THURSDAYS** -- GRADES 5-9
4:45-6:00 pm
FEE: \$225.00

MARCH - APRIL 2011 PROGRAM

3/3, 3/10, 3/17, 3/24, 3/31, 4/7

- SESSION A – THURSDAYS** -- GRADES 1-5
3:30-4:30 pm
FEE: \$200.00
- SESSION B – THURSDAYS** -- GRADES 5-9
4:45-6:00 pm
FEE: \$225.00

NOVEMBER - DECEMBER 2010 PROGRAM

11/4, 11/11, 11/18, 12/2, 12/9

(no sessions Thanksgiving week)

** 5-week program*

- SESSION A – THURSDAYS** -- GRADES 1-5
3:30-4:30 pm
FEE: \$175.00*
- SESSION B – THURSDAYS** -- GRADES 5-9
4:45-6:00 pm
FEE: \$200.00*

JANUARY - FEBRUARY 2011 PROGRAM

1/6, 1/13, 1/20, 1/27, 2/3, 2/10

- SESSION A – THURSDAYS** -- GRADES 1-5
3:30-4:30 pm
FEE: \$200.00
- SESSION B – THURSDAYS** -- GRADES 5-9
4:45-6:00 pm
FEE: \$225.00

PROGRAM LOCATED AT:

**The Federated Church
1 Union Street (Norfolk Center)
Norfolk MA 02056**

Make check payable to: The I-TEAM

Note: Take \$10.00 off registration fee if payment received two weeks before session begins !

If this is your child's first time participating in our program, an initial interview will be beneficial in determining group placement. We will give you a phone call upon receiving your application.

I-TEAM sessions may be cancelled up to five (5) days before scheduled start if there is insufficient enrollment. We will contact you if the session has been cancelled.

Registration and payment for each session is due two weeks prior to the start of the session.

THE I-TEAM

REGISTRATION 2010/2011

CHILD'S NAME _____

Please rate your child's performance in the following skills, starring the areas of greatest concern

What social situations are difficult for your child?

	always	usually	sometimes	rarely	never
a. game playing, turn taking, winning/losing					
b. advocating for self					
c. use of appropriate language					
d. appropriate tone, volume of voice					
e. reading facial expressions					
f. reading body language/ facial expressions					
g. Non-verbal communication: keeping an appropriate distance from others, table manners, etc.					
h. understanding and following directions					
i. talking on the telephone, making playdates					

What motor situations are difficult for your child?

	always	usually	sometimes	rarely	never
a. small tool usage (eating utensils, work tools, etc)					
b. clothing fasteners, tying shoes					
c. handwriting, drawing					
d. sequencing of movements					
e. imitating movements, postures					
f. spatial orientation during movement, game playing					
g. modulation of movements (smoothness, fluid movements)					
h. organizing and executing movements to complete a project					
i. following visual directions to assemble a project					

Responses from the survey will be taken into account in order to provide the most comprehensive program for your child; however, not all identified areas of need can be addressed in any session. The I-TEAM program plans to introduce specific motor and social pragmatic situations along with practical strategies for success.

Please list any medical information (allergies, seizure disorders, etc.) which I-TEAM staff should be aware of:

Is your child currently on an IEP or 504 plan? If so, please provide details.

Parental Consent, Release from Liability and Indemnity Agreement. I, the undersigned father/mother of _____, a minor, ("Minor") do hereby consent to Minor's participation in the I-TEAM program and do forever release, acquit, discharge, and covenant to hold harmless Jean A. Croll, and all of her assistants, agents, employees, and subcontractors from any and all actions and claims on account of, or in any way arising, directly or indirectly, from all known and unknown personal injuries, which I may now or hereafter have as the parent of Minor, and also all claims or right of action for damages which Minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting from his/her participation in the I-TEAM program.

Additional concerns and/or comments? Please use the back of this sheet.

Please return completed form and payment to: I-TEAM P. O. Box 87 Norfolk, MA 02056

Parent Signature