

# Fall 2017

## Community Therapy Programs



DuPage & Fox Valley  
brighter futures begin here



Community Based Therapy Programs compliment our comprehensive center-based therapy services. We've developed unique programs that target specific goals in highly motivating settings for every age group.

These therapies are not only a great way to have fun, they are designed to help your child succeed in his or her therapy goals. Turn the page to check out our fall program guide!

[EasterSealsDFVR.org](http://EasterSealsDFVR.org)

830 S. Addison Ave., Villa Park, IL 60181 t: 630.620.4433 e: [info@EasterSealsDFVR.org](mailto:info@EasterSealsDFVR.org)

1323 Bond St., Suite 119, Naperville, IL 60563 t: 630.357.9699

799 S. McLean Blvd., Suite 103, Elgin, IL 60123 t: 630.742.3264

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# Aquatic Therapy



## Physical and Occupational Therapies in the Pool

Exercise in water can be used to strengthen weak muscles, relax tight muscles, and improve body awareness, coordination and control of movement for functional tasks. Using the physical properties of water, our physical and occupational therapists work to improve independent function. Our comprehensive Aquatic Therapy program allows the choice of multiple sites and schedules.

## Children Who Will Benefit

- **Infants and toddlers** can begin early with work on trunk and head control, functional movements, even advanced gross motor skills in a buoyancy-supported, natural community environment.
- **School-age children** can use a new environment to increase motivation and keep strengthening during growth spurts.
- **Adolescents** work with the partial body weight support of water at varying depths to transition functional independence into land-based skills.
- **All Ages** find the water can be a calming and organizing environment that may help increase attention and functional interactions.
- **Post-Surgery**, get weak limbs moving sooner and develop new patterns of movement for improved functional outcomes.

# Aquatic Therapy

## Objectives

- Increase range of motion.
- Increase strength using water and adaptive equipment for resistive exercise.
- Improve muscle control and endurance for functional movements on land and in water.
- Improve body awareness, sensory organization and coordination.
- Improve respiratory capacity.

## When & Where

**Aquatic Therapy is offered at 3 locations:**

### **1. Lifetime Fitness, Bloomingdale**

455 Scott Drive, Bloomingdale, IL 60108

Physical Therapy services available on Thursdays from 8:00 - noon. \*\*

This zero-depth pool allows buoyancy support at varying depths for work on a variety of weight bearing and non-weight bearing skills for children of all heights.

### **2. Brookdale Plaza, Glen Ellyn**

60 North Nicoll Avenue, Glen Ellyn, IL 60137

Physical Therapy available on Tuesdays and Thursdays from 2:00 - 5:30 p.m. Occupational Therapy available on Thursdays from 2:00 - 6:00 p.m. \*\*

This warm water setting is welcoming for all ages and ideal for gait-training with children at least 3'6" tall.

### **3. Lifetime Fitness, Burr Ridge**

601 Burr Ridge Pkwy, Burr Ridge, IL 60527

Physical Therapy available on Tuesdays and Thursdays from 2:00 - 6:00 p.m. Occupational Therapy services available on Tuesdays from 2:00 - 6:00 p.m. \*\*

This zero-depth pool allows buoyancy support at varying depths for work on a variety of weight bearing and non-weight bearing skills for children of all heights.

\*\*Therapy is ongoing through the year. Spots become available from time to time as clients meet their goals and discontinue. Upon our receipt of registration form and prescription, new registrants will be placed on a wait list and offered an Aquatic Therapy spot when available.

# Aquatic Therapy

## Evaluation

A land-based evaluation is required prior to initiating Aquatic Therapy for all children not currently receiving therapy at Easter Seals DFVR. The evaluation requirement may be waived for children currently receiving therapy at Easter Seals DFVR in the same discipline of the Aquatic Therapy and at the discretion of the Aquatic Team.

## Prescription

For physical therapy or occupational therapy in the pool, a physician's prescription with your child's current numeric diagnosis code for Aquatic Therapy is required. We cannot allow participation without the appropriate, current prescription on file. Please note, your child's physician and therapy team will know best if your child would benefit from Aquatic Therapy as part of his/her overall treatment plan.

## Cost

Individual aquatic therapy sessions are \$49 per 15-minute unit, which can be billed to insurance as Aquatic PT or Aquatic OT. Aquatic Therapy can be a covered service through Early Intervention if on the IFSP. Sessions are typically 30-45 minutes long, as appropriate and as scheduling allows. To inquire about weekly payment plans or fee assistance, please call Yolanda de Luna at 630.282.2028.



# Mighty Movers



## Sensory Motor Program for Young Children

The Mighty Movers PT program enhances gross-motor skills and sensory organizational skills by walking and running over various surfaces, climbing, jumping, and negotiating equipment. The open room setting allows interaction with other children without overwhelming young toddlers. Parent instruction on how to maximize therapeutic benefit from gross-motor and sensory play is included.

## Children Who Will Benefit

Children with physical or sensory impairments who are walking independently and need to work on advanced gross motor skills may participate. Ask your child's therapist if this program would meet your child's needs.

## Objectives

- Improve general fitness, endurance, balance and strength.
- Improve self-awareness and motor planning.
- Improve ability to move through obstacles independently.
- Improve gross motor skills
- Provide opportunities for peer interaction and turn-taking.

# Mighty Movers

## When & Where

Choose the time that best meets your schedule:

Tuesdays, 9:00 - 10:00 am or 10:00 - 11:00 am at Villa Park Center\*

\*Therapy is ongoing through the year. Spots become available from time to time as clients meet their goals and discontinue. Upon our receipt of registration form and prescription, new registrants will be placed on a wait list and offered a Mighty Movers spot when available.

## Prescription

A physician's prescription for physical or occupational therapy with your child's current numeric diagnosis code is required. We cannot allow participation without the appropriate, current prescription on file.

## Cost

Therapy time is divided among the number of children present; typically 30 - 60 minutes of physical or occupational therapy is billed to insurance as needed. Therapy in this program can be a covered service through Early Intervention if on the IFSP. To inquire about a weekly payment plan or fee assistance please call Yolanda De Luna at 630.282.2028.

# Fun with Food



## Fun with Food

Fun with food is based on a multidisciplinary, systematic approach to increasing your child's tolerance of and interaction with food in a social setting. Children will explore foods using all of their senses, including touch, smell, sight, and taste. We will interact with foods in a playful manner which is designed to increase a child's enjoyment of food. Each session will utilize sensory "warm up" games prior to heading to the kitchen for our snacks. We will explore foods according to a weekly theme that will make the exploration even more fun for the children. Parents are encouraged to continue with food exploration at home based on weekly recommendations following each session.

## Children Who Will Benefit

Children between the ages of 5-10 years, who demonstrate one or two of the following feeding concerns: restricted food choices, disinterest or refusal to participate in meals, stressful mealtimes for family, and difficulty with mealtime routines. Child must be able to separate from their caregiver to attend the program, be developmentally interested in watching peers, and be medically safe for oral feedings. A speech therapy or occupational therapy evaluation will determine if your child would benefit from participating in this program. If it is determined this program is not appropriate to meet your child's needs, alternative recommendations will be provided.



# Fun with Food

## Objectives

To improve:

- Positive experiences with feeding
- Mealtime routines
- Tolerance to foods and textures offered
- Variety of food intake

## When & Where

Tuesdays, 4:00 – 5:15 p.m. at Villa Park Center  
August 29 – December 12, 2017

## Evaluation

All interested participants must schedule an evaluation prior to program start date in order to determine if the child will benefit from therapy in this format. When registration form is received, you will be called to schedule an evaluation.

\*(Easter Seals clients may have the evaluation waived if currently receiving OT or ST at our center.)

## Prescription

A physician's prescription for speech or occupational therapy with your child's current numeric diagnosis code is required. We cannot allow participation without the appropriate, current prescription on file.

## Cost

Children receive one-on-one attention from a Speech Language Pathologist or Occupational Therapist for 30–60 minutes each week. Speech Therapy or Occupational Therapy is billed to insurance. If you need a payment plan or fee assistance to assist with the costs of this program, please contact Yolanda de Luna at 630.282.2028.

# The B.E.E.S.S. Club



## The B.E.E.S.S. Club

Bringing Emotions and Excitement to Social Skills (B.E.E.S.S.) Club promotes social skill development while expanding relationships with peers. This program provides an opportunity for children to engage in fun activities while focusing on social and emotional development. Social and emotional development is a key component of establishing/maintaining friendships and academic success. This program is led by Speech and Language Pathologists and Occupational Therapists who emphasize learning how to engage and participate in play with peers.

Children will learn basic strategies to help them handle their basic emotions in order to successfully interact in an activity with peers. Children will develop many skills through participation, including: self-confidence (ability to make friends and get along with others), body language, vocabulary choices, problem solving strategies to manage emotions, and ways to join into a group of peers with success. The program provides children with strategies to initiate and maintain friendships with peers and opportunities to practice these skills during the weekly sessions. Increasing emotional literacy skills enhances healthy relationships throughout life. Parent participation in weekly meetings is vital to assist in goal achievement in this program.

## Children Who Will Benefit

Children ages 5-7 years old who meet the following criteria:

- A desire and/or the motivation to make friends.
- Are able to maintain a one-on-one conversation with adults and peers and do not rely on scripted language.
- Are able to sit and attend to a group activity including a structured lesson, a story, and a review.
- Are able to follow directions within a group setting.
- Have an understanding of a variety of basic emotions on themselves and others.

Parent training will be provided separately by a member of our social service staff, and parent participation in weekly meetings is mandatory for enrollment in this program.

# The B.E.E.S.S. Club

## Objectives

- Recognize emotions, body language, and appropriate personal space.
- Learn how word choices communicate feelings and respect.
- Learn problem solving strategies when faced with an obstacle.
- Learn strategies to initiate friendships with peers.
- Learn strategies to advance from parallel play to cooperative play with peers.
- Practice these skills with peers.

## When & Where

Tuesdays, 5:00 - 6:00 pm at Villa Park Center

August 29 - December 12

\*Program might end sooner at discretion of therapists if children's goals have been met.

## Screening

All interested participants must attend a mandatory screening prior to program start date in order to determine appropriateness for participation. Screening will occur July 24- July 28.

## Prescription

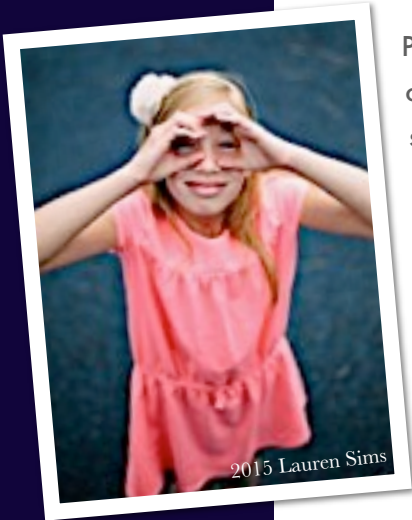
A physician's prescription for speech therapy with your child's current numeric diagnosis code is required. We cannot allow participation without the appropriate, current prescription on file.

## Cost

Therapy time is divided among the number of children present; typically 30 - 60 minutes of speech therapy is billed to insurance as needed. There is a parent fee of \$20 per weekly session for separate training provided by a member of our social services staff to parents. This fee is not billable to insurance and is paid weekly by the family. To inquire about a weekly payment plan or fee assistance please call Yolanda De Luna at 630.282.2028.

# PALSS Club

## PALSS CLUB



Practice and Learn Social Skills (or PALSS) Club provides children ages 8 - 12 years old an opportunity to learn social skills and practice what they learn in a weekly session led by speech-language pathologist and occupational therapists. During part one of the program, children learn about topics such as personal space, body talk, reading non-verbal language, expected and unexpected social behaviors, problem solving, team work and thinking of others. They are given verbal, visual, auditory and tactile cues to help them understand social actions that they do not naturally know using a multi-sensory approach. Parent participation in weekly training sessions with a member of our social services staff, and and carry over into the home environment, are vital to assist in goal achievement in this program. This is part one of a two part program. Part two will run January through May 2018.

## Children Who Will Benefit

Children ages 8-12 years old who meet the following criteria:

- A desire and/or the motivation to make friends
- Ability to have a reciprocal conversation with an adult with minimal to moderate assistance.
- Articulation intelligible enough for others to understand most of the time.
- Attend and follow three to four step verbal directions.
- Ability to attend to a group activity with minimal "darting" (visual supports can be used).
- Spontaneous language (minimal echolalia).
- Receptive language at the five year old level or above.
- Some imaginative skills.
- Parent commitment to follow through and practice skills on a weekly basis.
- Parent training will be provided separately by a member of our social service staff, and parent or close caregiver participation in weekly meetings is mandatory for enrollment in this program.

## Objectives

- The child will have an understanding of personal space and how it relates to interactions with others.
- The child will learn the importance of nonverbal language behaviors (i.e. body talk, facial expressions).

# PALSS Club

## Objectives Continued

- The child will learn techniques to facilitate age-appropriate conversations with others.
- The child will be introduced to the concepts of teamwork and good sportsmanship within age-appropriate peer activities.
- The child will apply the concept of “emotional thinking” in order to facilitate the understanding of peer’s perspective on different situations and interactions.
- Children participating in the program will expand knowledge of strategies to facilitate conflict resolution with the peers and then practice these strategies within structured activities.

## When & Where

Thursdays, 5:00 - 6:00 pm at Villa Park Center  
August 31 - December 14

## Screening

All interested participants must attend a mandatory screening prior to program start date in order to determine appropriateness for participation and group dynamics. Screenings will occur the week of July 24- 28.

## Prescription

A physician’s prescription with your child’s current numeric diagnosis code for Occupational Therapy or Speech Therapy is required. We cannot allow participation without the appropriate, current prescription on file.

## Cost

Therapy staff time is divided among children enrolled, each child receiving 30 - 60 minutes of OT or ST within the program. Separate parent training and instructions are provided by a member of our social services staff, and a parent fee of \$20 per family for each weekly session will be charged for this service. This fee is not billable to insurance and is paid weekly by the family. If you need a payment plan or fee assistance to help with any of the costs of this program, please contact Yolanda De Luna at 630.282.2028.

# Executive Functioning Program



## Executive Functioning Program

"Executive function" refers to a specific set of skills used to help organize behavior and regulate emotions. These skills allow us to prioritize, plan and persist with daily activities; manage time and monitor progress while completing a task, making adjustments as needed; and resist impulses in order to work towards long-term goals. This program teaches children strategies designed to enhance executive skills through the use of fun and motivating games, activities and real-life scenarios. Parents will meet weekly to learn new ways to structure the home environment, modify tasks that are difficult for the child, and coach their children towards greater independence. Parent participation is mandatory and integral to achieving successful outcomes.

## Children Who Will Benefit

Does your child have difficulty organizing their environment to complete tasks? This program is designed for children 8-12 years old who have learning or attention challenges that impact their ability to complete daily living tasks. Diagnosis that would be appropriate include: ADD, ADHD, ASD, sensory processing disorder, developmental coordination disorder and learning challenges. Child's cognitive skills must be close to age expectation and able to function with 3-5 other students in close proximity. Adult must be able to attend weekly parent training.

# Executive Functioning Program

## Objectives

- Improve child's ability to remember and complete simple routines within a time limit
- Improve child's ability to spend 20-30 minutes on homework assignments with less reliance on adult supervision
- Improve child's ability to place and retrieve belongings in an organized fashion at home and school
- Improve child's time management skills
- Improve child's self-monitoring skills
- Improve ability to problem solve and adjust easily for unplanned situations
- Introduce strategies to improve task initiation, sustained attention, planning and prioritization, and organization
- Introduce strategies to facilitate successful task completion

## When & Where

Wednesdays, 5:00 - 6:00 pm at Villa Park Center  
August 30- December 13

## Screening

Children who are not currently receiving therapy at Easter Seals DuPage Fox Valley in the discipline that they will receive in the Executive Functioning Program are required to have an evaluation to determine if the program is recommended, establish a baseline assessment for insurance, and to set goals. Evaluation charges are billed to insurance and the family is responsible for charges not covered by insurance. The evaluation requirement may be waived upon review of an evaluation or progress report by the discipline the child will receive in our program, if the report addresses executive function skills and is deemed complete by the reviewing therapist.

In addition, **all children must attend a free screening** to assess ability to work on executive function skills in this format and to determine which discipline (OT or ST) is most appropriate. Screenings will occur the week of July 24-28.

# AAC Mentor Program



An opportunity to chat, practice, observe and obtain tips on using AAC with Sam Williams, an experienced user of AAC in a group and/or individual session.

## Who Should Participate

This program is appropriate for individuals who use augmentative communication devices or communications apps (eg. Prologue2Go, TouchChat, SonoFlex, LAMPWordsForLife) and access using any method. Parent or caretakers are required to remain “close” during the sessions to support as needed.

Participants must have a minimum AAC competency to say a greeting and participate in three exchanges of a conversation at a time.



# AAC Mentor Program

## When & Where

The program runs the week of August 21 through December 21 as either Individual Sessions on Tuesdays afternoons (scheduled directly with Sam after intake) or Group Sessions on Fridays at 5:00 p.m.

## Individual Sessions

Sam will meet with clients to address specific issues with their device, social rules and strategies of communication. Sam will develop and discuss strategies that will assist the client in more effectively using their device. The client, parent/guardian, and therapist will inform the mentor of the client's needs and appropriate goals. Sessions are one hour.

## Group Sessions

Sam will facilitate social interaction between clients. This interaction will be mostly client driven, with guidance from the mentor. Sam will demonstrate correct social responses and initiations. Sessions will be one hour and are available at 5 p.m. on Fridays.

## Cost

There is no fee for this program at this time. No prescription needed for this program.

# Attendance, Refunds & Cancellation Policies

## Registration Deadline is July 24, 2017

Please fax, mail or drop off at the Villa Park Center. All program dates, times and locations are subject to change. Prior to being placed on any program roster, outstanding account balances must be settled with the billing department.

### Option 1

The cost of therapy in your program will be billed to insurance. To exercise this option, please complete the insurance information on the registration form, and include a copy of your insurance card with your prescription and registration.

### Option 2

If you would like to inquire about a weekly payment plan or fee assistance please call Yolanda de Luna at 630.282.2028.

### Cancellation/Refund Policy

If withdrawing prior to the start of the program we reserve the right to charge a \$35 processing fee.

### Please Note

Check with your insurance company to see if your plan covers Physical Therapy, Occupational Therapy, Aquatic Therapy, or Speech Therapy. Payment is ultimately the responsibility of the legal guardian.

### Attendance Policy

It is Easter Seals' policy that all children receiving services attend at least 75% of their appointments in order to remain on the therapy schedule. Also, failure to attend scheduled therapy sessions for two calendar weeks without notification will lead to discharge from the Center. These guidelines are in place for Community Based Therapy Programs as well. Please commit to regular attendance in order to get the maximum benefit from therapy.

# Registration Form

Due: July 24, 2017

Please complete this form to register your child. Programs are filled in the order in which registrations are received (except when a screening visit is necessary) and might be filled prior to the registration deadline. Final deadline for registration forms and payment is July 24, 2017.

**Participant's Name** \_\_\_\_\_  
Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Legal Guardian's Name** \_\_\_\_\_  
Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_ Email (if you check it regularly) \_\_\_\_\_  
Referring Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Participant's Diagnosis \_\_\_\_\_ Numeric Diagnosis Code \_\_\_\_\_

## Payment:

Please check program payment method:

Check  Visa  MC  AMEX  Discover  Bill my insurance

Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Public Aid: Yes  No

Insurance Policy Holder's Name \_\_\_\_\_ Insurance ID # \_\_\_\_\_

Early Intervention: Yes  No

Early Intervention Coordinator Name \_\_\_\_\_ Phone # \_\_\_\_\_

If you have any special billing concerns, especially regarding coverage for a specific therapy service or out-of-network coverage, please contact the billing department at 630.282.2028 to discuss.

## Release of Information:

I authorize Easter Seals DuPage and the Fox Valley Region to release records and exchange verbal information with:

\_\_\_\_\_  
(School/Therapist) of ( Facility and Phone)

\_\_\_\_\_  
( Physician) of ( Physician's Group or Town)

Parent/Guardian Signature \_\_\_\_\_

**Individualized Goals:** Please list two functional goals you would like your child to achieve by participating in this program:

1. \_\_\_\_\_

2. \_\_\_\_\_

Program:

Therapy Program Name, *Type of Therapy	Start Date	Time (indicate 1st & 2nd choice)
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\* Please indicate your preference for type of therapy within this program. Based on appropriateness or availability, a different therapy might be recommended.

How did you hear about our programs? Check all that apply:

\_\_\_\_\_ Easter Seals Therapists

\_\_\_\_\_ School Therapist

\_\_\_\_\_ Physician

\_\_\_\_\_ Home Therapist

\_\_\_\_\_ Other Center Therapist

\_\_\_\_\_ Facebook

\_\_\_\_\_ Blast Email

\_\_\_\_\_ Website

\_\_\_\_\_ Other (Please Describe)

# Registration Form

Due: July 24, 2017

Please return your registration form, payment or insurance card and prescription to:

Katie Genetz  
Easter Seals DuPage & Fox Valley  
830 South Addison, Villa Park, IL 60181  
Phone 630.282.2026 Fax 630.620.1148 [kgenetz@EasterSealsDFVR.org](mailto:kgenetz@EasterSealsDFVR.org)

Appropriate prescription with child's diagnosis/code is enclosed.  
(See program page for exact prescription needed) Yes \_\_\_\_\_ No \_\_\_\_\_

Easter Seals has the appropriate current prescription with my child's diagnosis/code on file. (Prescriptions are valid for 1 year) Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever been enrolled in individual therapy at Easter Seals? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, Discipline/Therapist: \_\_\_\_\_

\_\_\_\_\_

## For Office Use Only:

Date Received: \_\_\_\_\_ Discipline: \_\_\_\_\_ Referral Needed: Y N

# Physician Prescription Form

Due: July 24, 2017

## CENTER LOCATIONS

Rosalie Dold Center  
830 S. Addison Ave.  
Villa Park, IL 60181  
630.620.4433

Lee A. Daniels Center  
1323 Bond St.  
Naperville, IL 60563  
630.357.9699

Jayne Shover Center  
799 S. McLean Blvd.  
Elgin, IL 60123  
847.742.3264

## SOCIAL MEDIA

- Web:  
EasterSealsDFVR.org
- Twitter:  
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EasterSealsDFVR
- Blog:  
eastersealsdfvr.wordpress.  
com
- Instagram:  
instagram.com/  
EasterSealsDFVR

Prescription:

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_  
Physician's Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Physician's Phone: \_\_\_\_\_  
Physician's Fax: \_\_\_\_\_

Physician must complete the following prior to child's participation.

### **Prescribed Therapy**

- Physical Therapy**                       **Occupational Therapy**  
 **Speech Therapy**                       **Aquatic Therapy**

Child's Numeric Diagnosis Code: \_\_\_\_\_  
Child's Diagnosis: \_\_\_\_\_

Please indicate the activity restrictions/precautions for this child:

\_\_\_\_\_  
**Physician's Signature**

**Date\***

\* This prescription is good for one year from date of issue.

Please return completed form to:

Katie Genetz, Client Services  
Easter Seals DuPage & Fox Valley  
830 South Addison, Villa Park, IL 60181  
Phone 630.282.2026 Fax 630.620.1148  
[kgenetz@eastersealsdfvr.org](mailto:kgenetz@eastersealsdfvr.org)