

# Summer 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 summer 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

# Table of Contents

## Programs to Improve Physical Skills

1. Aquatic Therapy for all ages.....	3-5
2. Mighty Movers for 1- 3 year olds.....	6-7
3. Constraint Induced Movement Therapy.....	8-10
4. Fun with Food.....	11-12
5. Climbing and Bouldering Therapy.....	13-14
6. Get in the Game.....	15-16

## Programs to Improve Social Skills, Organization and Language

7. Feelings, Friendship and Fun.....	17-18
8. AAC Mentor Program.....	19-20

## Recreational Program offered by Freedom Golf Association

7. Golf Clinic.....	21
---------------------	----

## Registration

9. Attendance, Refunds and Cancellation Policies.....	22
10. Registration Form.....	23-24
11. Physician Prescription Form.....	25

# 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 - 5:30 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 2:30 - 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/OT 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.

# Constraint Induced Movement Therapy



## For Children with One-Sided Involvement

The goal of Constraint Therapy is to develop new neural pathways through repetitive use of the affected limb. During this program, children will wear constraint casts on their uninvolved hands, which will allow the uninvolved extremity to be used for stabilization, but not for refined hand use. This will promote increased use of the involved extremity for reaching, grasping, and manipulation. Adjuncts to help promote alignment, such as splints or kinesiotape, will also be used to support use of the involved extremity. Occupational Therapists work to address the whole body for optimal results in use of the affected limb. A home program will be given to the family to use on non-therapy days to reinforce use of the involved extremity.

## Children Who Will Benefit

Children with unilateral upper extremity impairment who are two to four years old and meet the following criteria:

- Some ability to grasp/release objects with involved hand
- Passive wrist extension to at least 20 degrees
- Passive forearm supination to at least neutral
- Able to follow simple directions
- Play skills generally within age expectations.
- Family willing to carry over home program with use of constraint cast
- Medically stable condition (i.e. seizures are controlled, etc.)



# Constraint Induced Movement Therapy

## Objectives

- Increase awareness and spontaneous use of involved extremity.
- Increase spontaneous use of the involved extremity for bilateral activities
- Improve alignment of the trunk and involved extremity
- Increase strength of the involved extremity
- Improve postural control and strength in the trunk to support bimanual tasks
- Improve bimanual skills for functional tasks

## When & Where

Child attends for three days per week for four weeks and receives 60 minutes of PT as well as 1 hour, 45 minutes of OT each day. Parent is an active participant in each session. The following sessions are offered:

### **Session #1:**

Mondays, Tuesdays and Thursdays, 10:15 am - 12:00 p.m. at Villa Park Center  
June 5- June 29, 2017

### **Session #2:**

Mondays, Tuesdays and Thursdays, 10:15 am - 12:00 p.m. at Villa Park Center  
July 10- August 3, 2017

Children will be placed in the appropriate session based on age and skill level in order to appropriately challenge each child. Sessions will be organized into approximately 2 - 4 years and 5 - 7 years of age. On the registration form, please indicate which session(s) you can attend.

# Constraint Induced Movement Therapy

## Screening

Easter Seal DFVR clients will complete a pre-screening by their current therapist prior to participation in the program. Out of Center clients and those who do not have an appropriately fitting cast must have an OT/PT evaluation and cast fabrication session prior to the program. This will be billed as an OT and PT evaluation plus 30 minutes of cast application and the cost of a CIMT cast (\$20- \$30).

## Prescription

A physician's prescription for occupational therapy and physical therapy 3 times per week for 4 weeks with your child's current numeric diagnosis code is required. We cannot allow participation without the appropriate, current prescription on file.

## Cost

OT is billed for up to 1 hour, 45 minutes to insurance per visit. PT is billed to insurance at 60 minutes per visit. To inquire about your insurance benefits, a weekly payment plan or fee assistance, please call Yolanda de Luna at 630.282.2028. Families will also be required to have a constraint cast fabricated which costs between \$20 - \$30.



# 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

Mondays, 12:15 – 1:30 p.m. at Naperville Center  
June 12 – August 7, 2017

Tuesdays, 5:00 – 6:15 p.m. at Villa Park Center  
June 13 – August 8, 2017

\*No therapy on July 4

## 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.

# Climbing & Bouldering Therapy



## Climbing & Bouldering Therapy

Easter Seals' physical and occupational therapists provide therapy on the walls of this state-of-the-art climbing facility! The varied terrain offers countless opportunities for physical and sensory challenges. Specially shaped handholds are easier for children just beginning to develop climbing skills. Vertical Endeavors has an automatic belay system, which frees up therapists' hands to work more closely with the clients and minimize downtime.

## Children Who Will Benefit

Maximum safety is the highest priority. In order to maintain a safe environment and to benefit all participants, it is required that upon entering the climbing therapy program all participants must be able to:

- Be at least 6 years of age
- Walk with or without an assistive device
- Follow two-step directions
- Able to work in a busy and sometimes loud environment
- Ask your therapist if your child would benefit from a therapy program with climbing activities.

# Climbing & Bouldering Therapy

## Objectives

- Improve general fitness and endurance
- Increase overall body strength and flexibility
- Improve symmetry of movement
- Improve body awareness and motor planning
- Improve ability to regulate sensory information
- Improve attention and ability to follow directions
- Increase independence and self-reliance for new physical activities

## When & Where

All sessions are designed for children ages 6 years or older with physical or sensory-processing impairments, who are walking and can follow two-step directions.

**Session #1:** Wednesdays, 4:00 - 5:00 p.m.

**At: Vertical Endeavors-**  
NEW Glendale Heights facility

**Session #2:** Wednesdays, 5:00 - 6:00 p.m.

246 Windy Point Drive  
Glendale Heights, IL 60139

**Session Dates:** June 14 - August 9, 2017

## Prescription

A physician's prescription for occupational or physical 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 children present; typically 30 - 60 minutes of physical or occupational therapy is billed to insurance as needed. To inquire about a weekly payment plan or fee assistance, please call Yolanda de Luna at 630.282.2028.



# Get in the Game



Physical Therapy to work on the fundamentals of sports, emphasizing coordination, timing, physical fitness and fun!

This program focuses on enhancing a child's ability to participate fully in sports programs, gym class, and other sport related activities. Performance of desired sports skills is analyzed, and needed components are worked on during exercises, drill activities and via a home strengthening program. Working on the needed skills for each sport separately and at the child's pace will assist the child to participate more readily in organized games with peers. Sports addressed will include (but might not be limited to): basketball, soccer, and baseball. Each child should come with 2-3 personal goals of sports-related tasks that he/she would like to improve.

## Children Who Will Benefit

Children who may benefit from this program include kids with mildly decreased strength and range of motion, decreased balance, difficulty with ball skills, bilateral coordination issues, eye-hand coordination issues. Diagnoses that might be appropriate include, but not limited to: hyptonia/low muscle tone, mild cerebral palsy, developmental coordination disorder.

# Get in the Game

## Children Who Will Benefit (continued)

Children who are:

- 6 years to 12 years of age
- Able to walk independently without an assistive device
- Able to follow 3-4 step directions
- Able to attend to tasks for 5-10 minutes at a time

## Objectives

- Improve strength and flexibility
- Improve coordination and timing
- Improve higher level balance
- Improve speed and agility
- Increase active participation in sports activities with peers

## When & Where

Tuesdays, 1:30 - 2:30 p.m. at Villa Park Center

June 13 - August 8, 2017

\*No therapy on July 4

## Prescription

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

## Cost

Physical therapy time is divided among the children present and is billed to insurance at 30 - 60 minutes per visit. To inquire about a weekly payment plan or fee assistance, please call Yolanda de Luna at 630.282.2028.

# Feelings, Friendship & Fun



## Program to Foster Social and Emotional Development

This is an opportunity for children to engage in fun activities while focusing on social and emotional development. Led by a speech-language pathologist and a social worker, this program has an emphasis on identification of feelings and teaching vocabulary to label these emotions. Children will also learn beginning strategies to help them handle their emotions in order to successfully interact in an activity with peers. The program provides children with strategies to initiate friendships with peers and opportunities to practice these skills weekly.

## Children Who Will Benefit

Children, age four to six, who meet the following criteria:

- Have a desire/motivation to make friends.
- Are able to maintain a one-on-one conversation with an adult and do not rely on scripted language and are able to sit and attend to a group activity including story time (sensory and visual supports can be used).
- Are able to follow simple directions with minimal assistance.
- Have spontaneous verbalizations.
- Have a beginning awareness of emotions/feelings.

# Feelings, Friendship & Fun

## Objectives

- Recognize and label emotions.
- Identify situations when feelings are typically observed.
- Learn how to recognize feelings in others.
- Learn strategies for dealing with emotions in order to continue in a group activity.
- Learn strategies to initiate friendships with peers and respond to peer requests.
- Practice skills in a group setting.

## When and Where

Thursdays, 1:30 - 2:30 pm at Villa Park Center  
June 15 - August 10, 2017

## Screening

All interested participants must attend a screening prior to program start date in order to determine appropriateness for participation. When registration form is received, you will be notified of the screening day and time.

## 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

Children receive one-on-one attention from a speech language pathologist for 30-60 minutes each week. Speech therapy is billed to insurance. Additionally there is a fee of \$20 per weekly session for social work services provided during the program. This social work fee is not billed to insurance. If you need a payment plan or fee assistance to assist with any of the costs of this program, please contact Yolanda De Luna at 630.282.2028.

# 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 from June 6- August 18\* as either Individual Sessions on Tuesdays afternoons (scheduled directly with Sam after intake) or Group Sessions on Fridays at 5:00 p.m.

\*No sessions on July 4 or July 7.

## 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.



# Additional Summer Offering: Freedom Golf Clinic



**FREE! All Abilities Welcome!**  
Trained Adaptive Golf Coaches  
provide golf clubs and  
equipment.



Provided by: Freedom Golf Association

A nonprofit organization dedicated to bringing joy and a sense of freedom.

For children ages 6-16 to play golf with adaptations provided by  
experienced golf professionals.

**Tuesdays, May 30 - June 27, 4:00 - 5:00 P.M.**  
**Easter Seals DuPage & Fox Valley Villa Park Center**

To register, contact Sharon Pike, [spike@eastersealsdfvr.org](mailto:spike@eastersealsdfvr.org)  
by May 1, 2017

# Attendance, Refunds & Cancellation Policies

## Registration Deadline is May 1, 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: May 1, 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 May 1, 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)** \_\_\_\_\_

\* 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: May 1, 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: May 1, 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](http://EasterSealsDFVR.org)
- Twitter:  
[@EasterSealsDFVR](https://twitter.com/EasterSealsDFVR)
- Facebook:  
[facebook.com/EasterSealsDFVR](https://facebook.com/EasterSealsDFVR)
- Blog:  
[eastersealsdfvr.wordpress.com](http://eastersealsdfvr.wordpress.com)
- Instagram:  
[instagram.com/EasterSealsDFVR](https://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***

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Physical Therapy</b> | <input type="checkbox"/> <b>Occupational Therapy</b> |
| <input type="checkbox"/> <b>Speech Therapy</b>   | <input type="checkbox"/> <b>Aquatic Therapy</b>      |

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)