

*Emerge - A Child's Place*  
Pediatric Occupational & Speech Therapy Services

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## PRESCHOOL POWER 2011

A small social intensive group program for children who are preschool age (3-5 years). The focus is on developing classroom participation skills, effective communication skills, and appropriate peer interactions; using circle time, supported play, movement activities and a snack. The program is limited to six children per week. It is co-led by an occupational therapist and a speech therapist with the assistance of a grad student/volunteer. This group will meet three mornings a week, for two hours each day. The sessions are offered in three week blocks.

- Goals include:**
1. Encouraging use of age appropriate language to communicate wants and needs.
  2. Improving ability to follow verbal directions.
  3. Encouraging appropriate social interactions in a small group setting.
  4. Exploring sensory strategies that are useful in supporting behavioral organization.

**When:** Session one (three weeks): June 14 – 30  
Session two (three weeks): July 12 – 28  
Session three (two weeks): August 2 - 11

**Days:** Tuesday, Wednesday, and Thursday. **Time:** 9:30 to 11:30

**Location:** To be determined (at or near either our Durham or Chapel Hill offices)

**Cost:** \$895 per session and II; \$625 for session III (you may be able to seek partial reimbursement from insurance for OT and ST services)

**Children are welcomed to attend more than one session.**

*To register return bottom of form with \$500 deposit.*

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Please register my child, \_\_\_\_\_, for the **Preschool Power** program.

S/he will attend the following sessions:

Session one: \_\_\_\_\_ Session two: \_\_\_\_\_ Session three: \_\_\_\_\_

My child is attending \_\_\_\_\_ (school) this year. Did not attend school: \_\_\_\_\_

My child will be attending \_\_\_\_\_ (school) in the fall. DOB: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Does your child attend therapy sessions at Emerge? \_\_\_\_\_ If not, we will be in touch with you to set up a brief screening to determine if this program is a good match for your child.**

*On the back of this form please list your concerns about your child's communication, attention, coordination and social skills. Tell us anything else that would be helpful in working with your child.*