Creating roles and responsibilities for children with autism through chores

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Creating Roles and Responsibilities for Children with Autism through Chores

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Note: This document describes a capstone dissemination project reflecting an individually planned experience conducted under faculty and site mentorship. The goal of the capstone experience is to provide the occupational therapy doctorate student with a unique experience whereby he/she can demonstrate leadership and autonomous decision-making in preparation for enhanced future practice as an occupational therapist.
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Executive Summary

There is an increasing need to ready children with disabilities for the transition into adulthood at an earlier age. Waiting until the age of 16 or 17 years to develop the fundamental skills of independent living creates a forceful push into adulthood. However, when the child is supported at an early age to develop responsible self-care and self-determination, the transition to adulthood is much less problematic. As determined by the needs assessment information, many of the children with autism spectrum disorders (ASD) at Oakstone Academy are in need of guidance to develop the basic responsibilities necessary to perform vocational tasks. This program is proposed to promote responsibility by participation in chores among children with ASD.

The goal of the Let Me Help! Chores Program at Oakstone Academy is to increase participation of children with autism spectrum disorders in performing common household tasks through bi-weekly in-home direct services and consultation by an occupational therapist. The program objectives focus on an increase in performance of common household chores with a reduced level of supervision and assistance required. There will be three 12 week sessions; each session will have 4 participants with ASD during the first year of programming. During the first week, the occupational therapist will observe the child performing previously learned chores and discuss with the parent what chores he or she would like to see the child perform. The remaining weeks will consist of bi-weekly in-home intervention sessions by the occupational therapist, lasting an hour per participant. The Let Me Help! Chores Program will utilize a pre-test, post-test, and follow-up outcome measures that will help Oakstone Academy determine the program effectiveness. Parent feedback and input is essential to the success and effectiveness of the Let Me Help! Chores Program as a developing program at Oakstone Academy.
Introduction

Program Goal

The goal of the Let Me Help! Chores Program at Oakstone Academy is to increase participation of children with autism spectrum disorders in performing common household tasks through bi-weekly in-home direct services and consultation by an occupational therapist.

Sponsoring Agency

In the fall of 1999, three families with children with autism spectrum disorders (ASD) and Rebecca Morrison, Ph.D., formed a board of directors and opened a non-profit corporation called The Children’s Center for Developmental Enrichment (CCDE). CCDE was formed to: support the inclusion of children with ASD in educational placements; support families going through the diagnostic process; and provide staff development and support to local school districts. Although initially housed in donated space at a local church, CCDE became the proud owner of three separate facilities. Once serving only a handful of families, CCDE currently serves almost 300 families. CCDE has expanded from providing consultation and support to families in their homes and school districts to: conducting research on the education and treatment of children with ASD; providing speech and occupational therapies; providing psychological and behavior services; offering a wide continuum of staff development and training options to other educators and professionals in our community; and developing a comprehensive model inclusion school, Oakstone Academy, serving children from one-years-old through high school (Children’s Center for Developmental Enrichment [CCDE], 2009).

The Let Me Help! Chores Program will be located at Oakstone Academy. Oakstone Academy is an independent, private school that offers a challenging academic experience for children in pre-school through the high school grades. At Oakstone Academy, the ability of each
student to reach his or her potential in academics and independent productivity is paramount. For this reason, classrooms provide a fully inclusive environment for their students. Students with ASD, who have average to above average intellectual ability experience the same academic coursework as their typically developing classmates. By encouraging an inclusive learning environment, students with ASD learn with and from their typically developing peers.

The Children’s Center for Developmental Enrichment (CCDE) mission statement reads:

The Children’s Center for Developmental Enrichment (CCDE) is committed to providing empirically based and quality-driven services for individuals with autism spectrum disorder (ASD), their families and others in the community. We believe in the potential of individuals with ASD to be competent learners and important contributing members of our community. For children with social impairments, education and other experiences alongside their typically developing peers is a critical element in helping them prepare for full social membership in their schools and communities. (CCDE, 2009)

The philosophy statement for CCDE reads:

Full membership in schools and communities is best accomplished by immersing children with ASD, as early as possible, in age-typical environments with their peers. The amount and intensity of the support and intervention needed by children with ASD is embedded within the routine of the typical environment and is best determined by the child’s individual needs. Intervention delivered in “natural” settings provides countless opportunities for children with ASD to participate in normalized experiences as they grow and develop language and social skills. Research confirms that skills learned in the environment where they will be used have
a higher probability of being maintained and generalized (Morrison, et. al, 2002).

Therefore, intervention embedded within typical preschool, educational, and community settings is critical for children with ASD. (CCDE, 2009)

Organizational Structure

The organizational structure of Children’s Center for Developmental Enrichment is very unique. A prefabricated organizational chart was requested from Nikki Kerns, Oakstone Academy, Principal, however, one was unavailable. Nevertheless, Eric Wilson, Oakstone Academy Elementary, Vice Principal, developed an organizational chart for a graduate class assignment (see Appendix A). Traditional organizational charts indicate a hierarchy of positions in which responsibilities are delegated. Unlike this traditional chart, CCDE’s organizational structure is based on a team leader model. Within this approach each employee is delegated assigned responsibilities, however, the employees are not ranked within a hierarchy. For instance, within a traditional organizational structure an employee would need to go through a line of people before getting a question answered or a project approved. At CCDE, an employee would directly inquire the person responsible for the task.

Rebecca Morrison, Ph.D., is the founder and director of Children’s Center for Developmental Enrichment. Dr. Morrison is emerged in the middle of the organizational chart, where other departments and team leaders surround her position. Each department has a team lead, such as a lead occupational therapist and vice principal.

Investigation of Needs

A series of interviews, conversations, and observations were essential in determining the need for this program. A semi-structured interview format was utilized initially with Lorie Merola, OTR/L, Rebecca Morrison, Ph.D., Linda Lafyatis, OTR/L, Kris Kuhn, OTR/L, and
Deborah Stanforth, Ph.D. (see Appendixes B through F). During these interviews, a need identified was a program to teach children with autism common household chores. This program will incorporate domestic chores such as sweeping, dusting, and laundry. This was also identified by informal conversation with Nancy Beck, OTR/L, a school-based occupational therapist that frequently works with children and adolescents in a multi-handicapped classroom in the North Baltimore School District. Additionally, this need was observed during occupational therapy intervention sessions at Oakstone Academy when students needed to be reminded of rules and directions.

The CCDE and Oakstone Academy is committed to working with families to support the meaningful occupation of children and adolescents with ASD through education, service, and research. Oakstone understands the importance of evaluating the continuously changing needs of their clients in order to fulfill their mission and philosophy statements. Many of the staff members of Oakstone assess the needs of the students by reading literature and research studies and participating in informal conversations with parents.

Based upon information provided by stakeholders and from professional experiences, the following assessment methods were identified: interviews and surveys. It is important to note, none of these techniques will involve the children with ASD because of their decreased ability to offer adequate insight into their needs (Reiss, 1994). Informal conversations and field observations are also good tools to be utilized when assessing this population. Each of the confirmed methods will be described in detail below.

The first identified method to gathering data pertaining to the needs of children with ASD is surveys. This method surveys individuals, such as clients, potential service users, referral services, and funding sources, about unmet needs and potential use of the proposed services
(Fisher & Braveman, 2006). Because of the inability to interview all parents, surveys are an excellent alternative method. The surveys conducted for the needs assessment were sent home to 342 students, students with ASD and typical peers, in the elementary and middle/high school buildings. The surveys, in addition, were written at an eighth grade level for ease of readability (see Appendix G). Of the 342 surveys 105 were completed and returned. Sixty-eight of the completed surveys were from parents of children with ASD. All of the surveys, expect for 13, indicated the child currently completes chores; 25 surveys indicated that the parent does not wish for the child to learn additional chores; and 47 indicated that they would like to learn more information about establishing skills necessary to complete household chores.

The second assessment technique identified is interviews. The standard feature is the interviewer asks the questions and records the answers (Witkin & Altschuld, 1995). The interviews were conducted with parents of students with ASD. These individuals have insight into what responsibilities the child has at home. The questions pertained to the types of chores needed to be learned; what chores the child is currently responsible for; and if there was a reward system in place (see Appendix H). A range of answers were given by the parents during these interviews. Most parents pointed out there were chores the child enjoyed doing more than others, therefore did not need as much assistance with initiation or completion. However, if the chore was one the child did not enjoy it took more effort to motivate the child. The reward system varied among parents. Some parents gave the child a reward, such as computer time, cell phone, or money, only if the daily household chores were completed thoroughly. The biggest difficulty the parents interviewed mentioned was motivating the child to complete his or her chores.
Literature Review

According to the United States Census Bureau (n.d.), in Columbus, Ohio in 2007, 7.1% of the population aged 5- to 15-year-olds has one or more disabilities; 0.7% has a sensory disability; 1.6% has a physical disability; 1.1% has a self-care disability; and 6.1% has a mental disability. In addition, a study conducted by the Centers for Disease Control and Prevention (2000) found the rate of autism for children 8 years of age to be 6.5 per 1,000 children, which is lower than the rate for mental retardation (12.0 per 1,000 children); but higher than the rates for cerebral palsy (3.1 per 1,000 children), hearing loss (1.2 per 1,000 children) and vision impairment (1.2 per 1,000 children) found in the same study. ASD is racially, ethically, socioeconomically nondiscriminatory, but does occur four times more frequently in males than in females.

Autism is the most severe form of a range of five developmental disorders known as Autism Spectrum Disorders. Other ASDs include Rett’s Disorder, Childhood Disintegrative Disorder, Asperger’s Disorder, and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS). Children with ASD exhibit with varying degrees of maladaptive behaviors including ritualistic, stereotypic, and/or self-injurious that can affect their attention, interfere with building meaningful relationships, and impede their ability to engage in enriching and functional activities (Restall & Magill-Evans, 1994). These behaviors add anxiety to any environment in which the child interacts. Although its etiology is unknown, the prevalence of ASD has been on the rise since the early 1990s (Shangraw, 2007). Parents, teachers, and caregivers often turn to occupational therapists to help children with ASD learn how to manage their behaviors more effectively in order to become more functionally independent.
Autism spectrum disorders may be apparent from birth; however, in most cases the characteristics of ASD emerge between 12 to 36 months of age. Because children with ASD progress more slowly in several areas of development than typical children, a gap in skills may become clear at this age when children normally expand their language and social skills rapidly. On the other hand, children may develop typically before the age of 12 to 36 months of age, with a sudden loss of previously acquired skills presenting in some of children with ASD (Shangraw, 2007).

Each ASD is related to the other disorders in social, language, and behavioral deviations, and each differs in terms of age of onset, severity of symptoms, and presence of other features such as cognitive impairment. The first core symptom, difficulty in social interaction, includes limited use of eye contact, facial expressions, social gestures, and body postures. Additionally, children on ASD are usually challenged to accurately interpret the body language and facial expressions of other people. A child with ASD may not seek out others to share enjoyment, share interest in the same objects, or look for approval or reassurance from parents. Furthermore, children experience challenges in developing friendships with same-age peers. These obstacles range from showing a lack of interest in others to desiring friends but having difficulty understanding how to relate appropriately to peers (Shangraw, 2007).

There are only three treatment issues with regard to autism spectrum disorders that most professionals agree on. First, the prognosis is better if the diagnosis is made early and intervention begins soon after. Second, because of the range of severity and uniqueness of presentation, each child requires a treatment plan tailored to his/her specific symptoms. And lastly, the treatment plan must provide a high degree of structure. Despite these points, there are no generally accepted best practice guidelines for the treatment of ASD (Steuernagel, 2005). In
fact, some professionals maintain that there is no evidence to support that one early intervention strategy is better than another for all children (Could new changes be on the horizon for managing autism?, 2000). This is not surprising in view of the fact that there is little consensus as to the underlying cause or causes of ASD or to what extent the condition is treatable.

Survival for children with disabilities and chronic illness has significantly improved in the last 30 years. Today 90% of these children reach their 20th birthday (Blum, 1995). The needs of this population go beyond basic healthcare and disease management to include teaching regarding the issues of transition to adulthood (Betz, 1998; Powers, Singer & Sowers, 1996). Children and adolescents with disabilities now require healthcare professionals who are knowledgeable about the domains of long-term planning for their health, education, independent living, and employment in adulthood (Betz, 1998). Failure to address at an early age sends a subtle message that these issues are not important, the child or adolescent will not be able to care for him or herself, therefore the child will not be able to successfully transition to adulthood (White, 1996). Low expectations and social isolation are barriers to transition to adulthood. Healthcare professionals experienced in the developmental issues of disabilities over the lifespan of children and adolescents need to include in their care and teaching of this population the developmental occupations that promote the skills of independence, self-care, and self-determination (Luther, 2001).

For families of children without disabilities, preparation for independent living occurs largely through guided contribution in daily household tasks and routines with gradual transfer of responsibility from adult to child (Rogoff, 1996). Regular performance of household chores has been linked with greater self-control, development of prosocial behaviors, and decreased likelihood of problem behaviors for children and adolescents without disabilities (Dunn, 2004).
Participation in household tasks has been linked with development of self-determination and participation as a family member for children and adolescents with disabilities (Dunn, 2004; Field & Hoffman, 1999). Thus, the learning opportunities available through participation in household tasks appear to contribute to development of skills needed for successful independent living.

Oakstone Academy currently offers several programs that focus on social skills and becoming a part of a community, in addition to vocational training. These programs promote essential skills necessary to transition into adulthood successfully. The vocational program teaches students with autism spectrum disorders in the middle/high school how to complete essential tasks to increase functional independence. Examples of occupations completed within this program include shopping, laundry, money handling, etc. The Let Me Help! Chores Program will allow the child to develop the basic responsibilities that will create a successful shift to the vocational program. Together, the chores and vocational programs create the skills necessary to become a responsible adult.

Transition to adulthood should not begin at the age of 18; rather it must begin earlier in the child’s development. When the child or adolescent is supported at an early age to develop responsible self-care and self-determination, then the transition to adulthood is much smoother. Occupational therapists are in a unique position to support the child and family with the development of necessary skills that support the successful transition to adulthood (Dunn, 2004).

**Occupation-Based Programming**

Tasks provide a way to study children’s development in relationship to the environment and transactions embedded in their cultural contexts. Task characteristics may include cultural contexts, such as focus on the individual versus the family and male versus female tasks, and
levels of difficulty such as complexity, physical, or social demands. Whereas physical skills enable the child to put dishes away and to place clothes in the laundry hamper, cognitive-behavioral skills enable the child to remember when to do tasks, how to organize the tasks, to problem solve when encountering difficulty, to monitor the results, and to self-correct as needed. Both cultural features and levels of task difficulty are critical factors for understanding children’s participation in household tasks.

The profession of occupational therapy is based upon the use of occupation for health promotion. Occupation involves doing anything that is meaningful and purposeful to the individual; these occupations promote and shape the individual’s development. Occupational therapists take a holistic approach to successfully analyze the performance capabilities and limitations. When using the holistic approach, the occupational therapist must employ a wide array of knowledge, including biology, psychology, sociology, various health professions, as well as the body of knowledge that is specific to occupational therapy. For these reasons, it is apparent an occupational therapist is the most appropriate discipline to facilitate a chores program at Oakstone Academy. The Let Me Help! Chores Program and occupational therapy will be successful because the focus will be to promote the child or adolescent’s functional development through household tasks. Such functional development will be attained through chores that the individual would find meaningful and purposeful.

*Model of Practice*

The occupational model will be applied by the occupational therapist for the Let Me Help! Chores Program. This model organizes and synthesizes theory about occupation into a structure that can be applied to occupational therapy practice. Because occupational performance is dependent on interactions between people, environments, and occupation, the
occupational therapist must consider the relationship among the following when addressing a child or adolescent’s occupational performance: spirituality, performance components, and skills; the physical, social, cultural, and institutional environments; and the occupation itself (Primeau & Ferguson, 1999). Optimal occupational performance is achieved when the fit among the person, environment, and occupation is maximized. Children and adolescents participate in occupations in three contexts, home, school, and community, to create their own distinctive patterns of occupational performance. Within these contexts, children and adolescents engage in the occupations of play, personal care, education, organized occupations, unpaid and paid work, socialization, and functional mobility (Primeau & Ferguson, 1999). The child or adolescent’s successful participation in occupations in the contexts of home, school, and community is the ultimate goal of intervention based on this theoretical model.

Federal Initiatives and National Trends

General misconceptions of people with disabilities has led to an under-emphasis of health promotion and disease prevention occupations targeting people with disabilities and an increase in the occurrence of secondary conditions. The four main misconceptions include: all people with disabilities must have poor health; public health should focus only on preventing disabling conditions; a standard definition of disability or people with disabilities is not needed for public health purposes; and the environment plays no role in the disabling process (United States Department of Health and Human Services, 2000). The Let Me Help! Chores Program will fulfill the Healthy People 2010’s goal of promoting “the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population” (United States Department of Health and Human Services, 2000). The objectives under this goal that will be met by the program include 6-2, 6-3, and 6-4.
These objectives address the need to reduce feelings of sadness, unhappiness, and depression and to increase life satisfaction. As mentioned previously, participation in household tasks provide social participation which can increase the child or adolescent’s perceived degree of self-worth (Dunn, 2004). The Let Me Help! Chores Program also meets Healthy People 2010’s goal to “increase the quality, availability, and effectiveness of educational and community-based programs” (United States Department of Health and Human Services, 2000). The objectives 7-10 and 7-11 address both cultural issues that a program must be sensitive to as well as crucial need for a program to address a variety of Healthy People 2010 objectives through community-based programming.

The American Occupational Therapy Association developed a shared vision statement, “We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society’s occupational needs” (American Occupational Therapy Association [AOTA], 2006), which is known as the Centennial Vision. One of the four strategic means of achieving this vision will be utilized through the chores program. This strategy will demonstrate and articulate the value of occupational therapy to individuals, organizations, and communities. By creating a program that addresses the skills necessary to perform household chores for children and adolescents with disabilities, it will meet societal needs as well as give the community an understanding of the role of occupational therapy.

Objectives

Program Goal

The goal of the Let Me Help! Chores Program at Oakstone Academy is to increase participation of children with autism spectrum disorders in performing common household
tasks through bi-weekly in-home direct services and consultation by an occupational therapist.

**Objectives**

The following objectives were determined after careful consideration of relevant literature and the goal of the Let Me Help! Chores Program. All of the percentages of achievement were based upon the recommendations of an expert from the field.

1. With the assistance of the occupational therapist, parents and participants will identify a minimum of two chore-related goals by the first week of the program.

2. Through observation and documentation, one of the identified chore-related goals will be met by the sixth week of the program.

3. At the conclusion of the program, 50% of the participants will have successfully achieved two self-identified chore-related goals.

4. At the conclusion of the program, 50% of the participants will demonstrate an increase in number of chores performed as measured by the Children Helping Out: Responsibilities, Expectations, and Supports (CHORES) (Dunn, 2004).

5. At the conclusion of the program, 50% of the participants will demonstrate a decrease in level of guidance necessary to complete chores as measured by the CHORES (Dunn, 2004).

6. Six months after the conclusion of the program, 50% of the participants will maintain skills established during the program and report a 25% decrease in assistance required in weekly household chores as documented in a weekly log.

Children may participate in the same chores over many years; however, their ability to do these tasks on their own initiative and without help can change dramatically over that period (Dunn, 2004). Rogoff (1990) describes transfer of responsibility as the child or adolescent
assumes increased accountability for a task and for regulation of his or her own behavior, while the caregiver gradually withdraws assistance or prompts as the child displays increasing competence. Thus, the degree of assistance parents’ report that their children need in order to perform household tasks provides a way to study transfer or responsibility and increased competence in daily living occupations.

Marketing and Recruitment of Participants

Marketing Plan

When marketing a new program, it is vital that the campaign is directed towards the identified stakeholders. Therefore, the marketing plan for the Let Me Help! Chores Program will need to primarily consider the parents of students with autism spectrum disorders at Oakstone Academy and Oakstone Community School. Parents need to be the primary target for the marketing strategies for several reasons. One reason is parents need to understand the short-term and long-term benefits that daily chores can have for their child. In addition, the Let Me Help! Chores Program requires the parent to take an active role in teaching his or her child how to perform chores.

Given that Children’s Center for Developmental Enrichment is a non-profit organization and the chores program will be operating within a relatively small budget, the marketing strategy utilized must be cost-effective and should use a variety of methods. When beginning to market the Let Me Help! Chores Program, it was essential to first identify the children currently receiving county funding. To participate in the program, it is necessary for the child to have monies available through the county to pay for the therapy services. After identifying the children with funding, a list was provided to the occupational therapists. From this list, the occupational therapists identified students that would be appropriate for participation in the
chores program. A student is determined appropriate by taking the following factors into consideration: family involvement with previous therapeutic interventions, present level of abilities, and quantity and quality of household chores completed.

The subsequent method of recruitment will follow the success of the previous methods. Once parents and their children begin to participate in the program and experience success, word-of-mouth will help the program draw the attention of others. This technique is often referred to as viral marketing. A study revealed that 88% of consumers trust advertising via word-of-mouth. In contrast, only 56% said newspapers were trustworthy and 47% said the same for television and radio. It was also noted that only 27% of consumers trust experts and 8% trust celebrities, but an overwhelming 65% of consumers trust friends for product recommendations (Ramsey, 2005). Therefore, viral marketing will be an effective and appropriate marketing solution for the Let Me Help! Chores Program at Oakstone Academy and Oakstone Community School.

Expected Number and Inclusion Criteria for Potential Participants

The targeted audience of the Let Me Help! Chores Program will be students with autism spectrum disorders at Oakstone Academy and Oakstone Community School. To qualify for occupational therapy services through CCDE there are a number of requirements that must be met. First, the child must be diagnosed with an autism spectrum disorder and have an individualized education plan (IEP). Additionally, the child must have funding through county funding. However, there will be further requirements for those that wish to participate in the chores program. Participants must be between the grades of kindergarten and fifth grade. Participants will include both males and females. An additional criterion for participating in the chores program is the ability for the child to participate in chores, and the parents’ commitment
to the success of the child while enrolled in the program. Participants will be accepted into the program on a first-come-first-serve basis.

The Let Me Help! Chores Program should expect roughly 4 participants to be involved during each program session, a total of 12 participants during the program’s first year. This number is purposefully small for the program’s first year. The programming section will outline the chores program in more detail, but it is important to note the therapist will drive to the participants’ homes for direct services and consultation each week for approximately one hour per participant. Therefore, it is expected the occupational therapist will spend 4 hours bi-weekly in one-on-one sessions with participants and an additional 4 hours bi-weekly will be spent planning interventions, documenting progress, and driving to participants’ homes. The goal, objectives, and inclusion criteria may change as the program develops and grows over the years.

Once the participants have been accepted into the Let Me Help! Chores Program, additional information will be collected about the participants. Prior to the start of the program, parents will be given a form asking for information about their child. The information that will be collected includes: name, age, grade, contact information, and desired goals for child (see Appendix I). To help the parent to determine appropriate chores, a handout with age appropriate chores will be provided (see Appendix J). In addition to this form, the parents will fill out the CHORES assessment tool (Dunn, 2004) which lists common household tasks. The parent will check off which household tasks are currently being performed at home and the level of assistance needed to perform the task (see Appendix K). These forms will be returned to the occupational therapist by the start of the program.
Programming

The creation of the Let Me Help! Chores Program was carefully determined with the consideration of the population served at Oakstone Academy and Oakstone Community School. Under the direction of an occupational therapist the chores program will utilize the guiding principles of the occupational model (Primeau & Ferguson, 1999). The occupational model will provide insight into the occupational forms and performances that are appropriate for the child. The ultimate goal of intervention based on this theoretical model is the child’s successful participation in occupations in the contexts of home, school, and community. Utilizing this model will benefit participants through the performance of chores. The Let Me Help! Chores Program affords an opportunity to provide occupational therapy services in an occupationally-based and individualized method to each participant.

The programming within the Let Me Help! Chores Program will be close-ended. In other words, all participants will begin and end the program at the same time. The several weeks prior to the beginning of each program session will involve preparation for the program. To prepare for the upcoming session, the occupational therapist will need to be involved in the recruitment of participants as well as prepare materials that will be used during the program session. The Children Helping Out: Responsibilities, Expectations, and Supports (CHORES) (Dunn, 2004) will also need to become familiar to the therapist.

Once the participants have been identified and accepted into the Let Me Help! Chores Program, there will be a few forms that will need to be filled out prior to the start of the program session. As described earlier, the parents will be given a demographic information form and the CHORES assessment (Dunn, 2004). The parent will check off which household tasks are currently being performed at home and the level of assistance needed to perform each task (see
The parent will also be encouraged to write a small narrative as to which chores he or she would like to see his or her child perform. These forms will be returned to the occupational therapist at the first program meeting.

The Let Me Help! Chores Program will have three 12 week sessions and each session will have new participants. During each programming session, the therapist will meet with the parent and child for an hour bi-weekly for a one-on-one intervention session in their home. During the first week, the occupational therapist will observe the child performing previously learned chores and discuss with the parent what chores he or she would like to see the child perform. Together, the parent and occupational therapist will establish at least two goals for the child to achieve during the duration of the program session. The next eleven weeks, the therapist will meet with the parent and child in their home to make progress toward the child’s goals.

During a therapy session, the therapist may need to grade or adapt the household chore in order for the child to be successful. For a goal focused on unloading the dishwasher with prompting less than 50% of the time, may require the therapist to follow the subsequent steps: First, the occupational therapist may need to demonstrate how to put the dishes away. The occupational therapist may also need to break the chore into small tasks. For instance, first teach the child to put away only the silverware. Once this is mastered, teach the child to put plates away in their proper location along with the silverware. Continue this strategy until all the dishes can be unloaded from the dishwasher successfully by the child. Additionally, the therapist may need to provide a calendar labeled “Noah’s Chores,” reminding Noah what chores need to be done and what days these chores must be completed. The occupational therapist may furthermore make suggestions to the parent on how to make putting away the dishes fun for
Noah; therefore he will want to unload the dishwasher. After each one-on-one intervention session, progress notes as required by the third party payer will be completed.

By the midpoint of the program, it is expected that the child will have met at least one of his or her goals. Additionally by the conclusion of the program, the child is expected to have met all the identified goals. The final week of the program session, the therapist will have the parent complete the CHORES (Dunn, 2004) once again. The therapist will complete a progress note indicating whether the goals were met; therefore, the child will be discharged from the chores program. The occupational therapist will then make recommendations for the future. If the child does not meet his or her goals as expected, the therapist and parent may find it necessary to enroll the child in additional sessions of the Let Me Help! Chores Program.

Budgeting and Staffing

Budgeting

The following budget details operating costs estimated for the first year of the Let Me Help! Chores Program at Oakstone Academy and Oakstone Community School.

Staffing

<table>
<thead>
<tr>
<th>Position</th>
<th>Hours per Year</th>
<th>Salary</th>
<th>Fringe Benefits</th>
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<td>Occupational Therapist</td>
<td>144</td>
<td>$4,962.24</td>
<td>$875.52</td>
<td>$5,837.76</td>
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</tbody>
</table>

A registered and licensed occupational therapist will be hired to fulfill the position requirements. The position will require the occupational therapist to work 4 hours per week for a total of 36 weeks during the first year of programming. As described in the programming section, the therapist will spend 2 hours weekly with the participants in their home. The additional 2 hours will be spent planning future intervention sessions, completing progress notes, and driving to and from intervention sessions. The salary for the occupational therapist was determined based upon estimates provided by Wes Kremer from CCDE Human Resource
Department. The average hourly wage for an occupational therapist at CCDE is $34.46. A description of the position can be seen in Appendix L. As illustrated by the position description, it is vital that the therapist have at least 2 years experience working in the pediatric setting. Fringe benefits have been included to the adjusted salary; benefits include medical, dental, and vision insurance, 401k program, short-term and long-term disability, and workers compensation. Other benefits include flexible scheduling and direct deposit.

*Intervention Items*

Intervention items such as cleaning supplies will be provided by the parents of the participants. It is assumed the parents will have the necessary supplies and equipment for the desired household chore. For instance if the parent wants his or her child to load and start the dishwasher, the parent should have a dishwasher in the home along with dishwasher detergent.

*In-Kind Support*

Children’s Center for Developmental Enrichment will provide office space, a desk, a chair, a phone with voicemail service, a computer and printer, internet service, copy privileges, and janitorial services as in-kind support. In addition, CCDE will provide any necessary office items to the Let Me Help! Chores Program. Lastly, indirect costs such as heat, air conditioning, electricity, and bathroom facilities will be provided by CCDE.

*Total Costs*

Since Children’s Center for Developmental Enrichment and parents will be providing any necessary materials, the only cost the program will endure are those of the occupational therapist, $5,837.76.
Funding

As mentioned in the previous section, an estimated $5,837.76 will be necessary for the Let Me Help! Chores Program to operate successfully during its first year. Several sources of funding have been identified as appropriate for the program, including: Delaware and Franklin Counties, The Nordson Corporation Foundation, and Honda of America Manufacturing., Inc. In determining these sources, mission statements, areas of focus, previous rewards, and other relevant information were gathered.

The first preference of funding for the Let Me Help! Chores Program is creating the program as a billable service. As previously mentioned, in order for the child to be considered for enrollment into the program, the child must have funding through his or her county. The two primary counties that offer funding for therapies in central Ohio are Franklin County and Delaware County. Franklin County pays $55.00 per hour for direct and in-direct services. Delaware County pays $83.00 per hour for direct services only. During the first year if all participants are from Franklin County, it is estimated $3,960.00 will be received for 72 hours of direct services and $1,980.00 for 36 hours of in-direct services, such as creating materials and documentation. This is a total of $5,940.00. If all participants are from Delaware County, it is estimated $5,976.00 will be received for the 72 hours of direct services provided for the first year.

The Nordson Corporation Foundation is a private funding source that has been identified as a good fit for the Let Me Help! Chores Program. The Nordson Corporation Foundation is in Lorain, Ohio and allocates funding in four areas of interest which includes education, human welfare, arts and culture, and civic. The Foundation’s mission statement states that they are “dedicated to improving the quality of life in the community by improving educational outcomes
that enable individuals to become self-sufficient, active participants in the community” (The Nordson Corporation, 2009). The Foundation commits itself to improving communities by supporting the continuum of education from birth to adulthood in the belief that education is the key for individuals to become self-sufficient, productive members of society. The Let Me Help! Chores Program will provide children with autism spectrum disorders opportunities to promote a successful transition into adulthood by encouraging responsibility through the performance of common household chores. Providing opportunities for responsibility at a young age will assist in the preparation for the world of work, therefore allowing the individual to become a self-sufficient, active participant in the community.

The last funding source for the Let Me Help! Chores Program is through Honda of America Manufacturing, Inc. Honda of America provides support for programs and organizations in the areas of education, arts and culture, civic and community, health and human services, and the environment. The Let Me Help! Chores Program is designed to teach children with autism spectrum disorders how to perform common household tasks; therefore, the program falls within Honda of America’s interest area of civic and community as well as education. Honda of America states that they “believe our contributions should benefit the communities where our associates live and work. To accomplish this, our giving programs focus on Ohio communities in the areas where our manufacturing operations are located, and to organizations in which our associates are involved” (Honda of American Manufacturing, Inc., 2009). Because Honda of America is located in Central Ohio, the Let Me Help! Chores Program is an excellent candidate for funding.
**Self-Sufficiency Plan**

If new expenses rise in the following years and/or grants are not received, the Oakstone Academy and Oakstone Community School have a financial plan to continue the program in the future. The self-sufficiency plan includes continuing to charge counties for services. Additionally, families may be charged a small fee at the beginning of the programming session to assist with costs as well as demonstrate the families’ commitment to the Let Me Help! Chores Program. CCDE is also hopeful that the families of Oakstone Academy and Oakstone Community Schools will become more aware of the program through word-of-mouth from previous participants. This will allow the occupational therapist to spend less time recruiting new participants; therefore reducing the cost of the therapist.

**Program Evaluation**

**Evaluation Procedures**

Evaluation is essential in determining the effectiveness of a program and any necessary revisions for the future. The Let Me Help! Chores Program will collect data specific to the program as a means of evaluation. First, formative evaluation will be used to identify strengths and weaknesses in order to enhance the quality of the program. This process evaluation will be ongoing throughout each program session. During each intervention session, the therapist will ask if the parents have any issues or concerns. These matters will be immediately addressed to prevent any decline in program quality as perceived by the parents.

The second method through a summative evaluation, Children Helping Out: Responsibilities, Expectations, and Supports (CHORES) (Dunn, 2004) (see Appendix K), will occur in three phases. The first outcome evaluation will be completed by the parent prior to the start of the session. The CHORES is a self-assessment that will follow the performance of
participants in completing household chores. As described previously, the CHORES lists 33
common household tasks and asks if the child performs the task. If the child does, it solicits how
much assistance is required. The measure will be completed at discharge and again six months
after discharge. Using a pre-test, post-test, and follow-up outcome evaluation will help
determine the change that occurred in the participants and measure the impact of the program in
performing household chores. The following are anticipated outcomes for the Let Me Help!
Chores Program as measured by the CHORES (Dunn, 2004):

1. By the conclusion of the program, parents will report a decrease in the level of guidance
   necessary for their child to complete chores previously learned;

2. By the conclusion of the program, the number of chores the participant is not expected to
   complete will decrease; and

3. By the six month follow-up, the number of chores participants engage in will increase.

A measurement of these outcomes will confirm the value of the Let Me Help! Chores Program.

In addition to measuring program outcomes, data that shows progress towards program
objectives will be recorded by the occupational therapist. This data will be maintained on the
objectives record sheet (see Appendix M). It is the responsibility of the occupational therapist to
oversee each objective. The following lists each objective along with the evaluation method.

1. With the assistance of the occupational therapist, parents and participants will identify a
   minimum of two chore-related goals by the first week of the program.

   - The therapist will record the number of chore-related goals set by each parent
during the initial sessions; the record will show a minimum of two set goals.

2. Through observation and documentation, one of the identified chore-related goals will be
   met by the sixth week of the program.
The therapist will keep a record of the goals met. Additionally, the therapist will record the date in which the goal was attained.

3. At the conclusion of the program, 50% of the participants will have successfully achieved two self-identified chore-related goals.
   - At the conclusion of the program session, the therapist will record the number of goals met. It is expected that 50%, 6 participants, will have successfully achieved two self-identified goals. Additionally, the therapist will record the number of goals, if any, that were not met during the program session.

4. At the conclusion of the program, 50% of the participants will demonstrate an increase in number of chores performed as measured by the Children Helping Out: Responsibilities, Expectations, and Supports (CHORES) (Dunn, 2004).
   - The therapist will record the number of chores that the child performs at the start of the program and then again at the conclusion. It is anticipated that 6 participants will demonstrate an increase in the number of chores performed by the conclusion of the program.

5. At the conclusion of the program, 50% of the participants will demonstrate a decrease in level of guidance necessary to complete chores as measured by the CHORES (Dunn, 2004).
   - The therapist will re-administer the CHORES at the conclusion of the program. The CHORES will confirm that 6 participants will decrease the level of assistance required to complete household chores. This decrease will be noted in the discharge therapy notes.
6. Six months after the conclusion of the program, 50% of the participants will maintain skills established during the program and report a 25% decrease in assistance required in weekly household chores as documented in a weekly log.

   - The therapist will record the total time per week spent completing chores at the beginning, conclusion, and six month follow-up. It is expected by the follow-up 6 of the participants will have an increase amount of time spent completing household chores.

**Stakeholders**

The parents of the participants are vital to the evaluation of the Let Me Help! Chores Program. In order for their child as well as the program to achieve success, it is crucial that the parents are committed to the program. For that reason, feedback and input from the parents will decide the future of the program. Therefore, the parents are important stakeholders.
**Timeline**

The following chart depicts the timeline for the first year of the Let Me Help! Chores Program.

<table>
<thead>
<tr>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
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<td>2</td>
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(1) Hire OT; (2) OT orientation; (3) Plan sessions

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Plan sessions

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<th>Session Three</th>
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<tbody>
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<td>Post-test</td>
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</tr>
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<td></td>
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<td>Pre-test</td>
</tr>
<tr>
<td></td>
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<td>6-mo. Follow-up</td>
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<td></td>
<td></td>
<td>Post-test</td>
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Formative Evaluations

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Evaluate Outcome – Make any needed changes for Session Two

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<td>4</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Evaluate Outcome – Make any needed changes for Session Three

Marketing and Recruitment with strong emphasis between sessions

Monthly Staff Meetings
It is important to note that the six month follow-ups for session two and three will not occur until the second year of programming. For Session Two, the follow-up will occur during February and in June for Session Three.

Letters of Support

Letters will be obtained from various sources in support of the Let Me Help! Chores Program (see Appendix O). An initial letter of support will be obtained from Lorie Merola, OTR/L, the lead occupational therapist at CCDE Therapies (see Appendix N). Mrs. Merola was selected based upon her knowledge of Oakstone Academy and Oakstone Community School and support of the programming at this site. Mrs. Merola has worked for CCDE Therapies for 2 years and has nearly 20 years of experience in pediatrics. The students at Oakstone Academy and Oakstone Community School are assigned daily tasks that must be completed prior to the dismissal for the day. These classroom chores are designed to structure the student’s day and develop basic work skills. However, many of these students do not receive the same kind of structure and routine at home. Mrs. Merola’s letter of support provides evidence that a program, like the Let Me Help! Chores Program, is a valuable asset to a child’s development.

Additional supporting letters will be sought from a variety of other sources. Contact information for these individuals can be found in Appendix N. The first letter would come from Thomas Fish, Ph.D. Dr. Fish was selected because of his experience with children with ASD. Currently, Dr. Fish along with an occupational therapy student at The Ohio State University is writing a handbook geared towards parents on how to teach their child chores. With this knowledge in the importance of chores, his letter of support would demonstrate the need of the Let Me Help! Chores Program.
The second letter of support may be from Jane Case-Smith. Dr. Case-Smith is a guru in occupational therapy pediatric practice. She has also collaborated with Dr. Fish on this handbook by adding an emphasis on the occupation. With her vast experience with pediatrics, her letter would be essential in demonstrating the need of such a program and why occupational therapy is the most appropriate discipline.

Nancy Beck is an occupational therapist from Wood County Educational Service Center. Ms. Beck was selected based upon her immense experience working with children and adolescents with disabilities in the school system. Ms. Beck has worked for Wood County for nearly 25 years and has over 30 years of experience in pediatrics. Therefore, Ms. Beck is a good source to write a letter supporting the program concept.

The fourth letter of support will come from Deborah Stanforth. Dr. Stanforth works with adults with intellectual disabilities and ah{s previously mentioned the general lack of responsibility that these adults possess. With Dr. Standforth’s experience with adults, her letter of support will articulate why the introduction of chores at a younger age will facilitate the fundamental skills necessary for transition into adulthood.

Lastly, the fifth letter of support will be from Clayton Holmes. Dr. Holmes is a parent of a child with intellectual disabilities. As a young child, Dr. Holmes gave his son small responsibilities like household chores. Now as a young adult, Dr. Holmes contributes his son’s successful transition into adulthood in part to the responsibilities that he was given at a young age. As a parent, Dr. Holmes can vouch for the potential success that the Let Me Help! Chores Program holds for transitioning children into adulthood.
References


Honda of America Manufacturing, Inc. (2009). *Honda of America Manufacturing, Inc.*:


Appendix A

The Children’s Center for Developmental Enrichment Organizational Chart
Appendix B

Interview with Lorie Merola

1. What is the purpose (mission and philosophy) of the organization?

2. What are some of the characteristics of population?

3. What are your funding sources?
   a. Where do you get grants?
   b. Are you a not-for-profit or a for-profit organization?
   c. Any costs for participating in programs?

4. What are the geographic boundaries of service?

5. What are eligibility factors for involvement in programs?

6. Are there any unmet service needs?
   a. Is there any available data to support? (discussions with clients or staff)
Appendix C

Interview with Dr. Rebecca Morrison

1. What are your funding sources?

2. Are there any programs that have not been successful in the past and why were they unsuccessful?

3. Do you have an organizational chart?

4. How do you seek out participants?

5. Are there any regulations or guidelines that need to be followed for programs?
Appendix D

Interview with Linda Lafyatis

1. Is there an unmet service need for the students at Oakstone?
Appendix E

Interview with Kris Kuhn

1. Is there an unmet service need for the students at Oakstone?
Appendix F

Interview with Deb Stanforth

1. Is there a service need for adolescents with intellectual/developmental disabilities?

2. Do you find a need for a chores program for children and adolescents with intellectual/developmental disabilities?
Dear Oakstone Parents:

My name is Kelli Barton and I am currently a third year occupational therapy doctoral student at the University of Toledo. This semester I am completing what is called the Capstone Semester with the Occupational Therapy Department at Oakstone. As part of my capstone, I am writing a proposal for the development of a program that focuses on the development of skills necessary to perform common household chores. Based upon my research, literature states that if children are given responsibilities at a young age, such as chores, the child will have a smoother transition into adulthood in the future.

As part of my development, I am very interested in receiving information about your child’s participation in chores at home. Attached is a simple, short survey that I am requesting of you.

Please complete and return the blue survey by Thursday, February 19, 2009. I appreciate you taking the time to complete this survey. If you have any questions, please contact me via email, kelli.barton@utoledo.edu.

Sincerely,

Kelli Barton
Occupational Therapy Doctoral Student
University of Toledo Health Science Campus
Household Chores Survey

Child’s name: ___________________________ What is your child’s age? ___________

Is your child on the autism spectrum? ______ Yes ______ No

How important is it to you that your child has chores?

______ Very important _______ Somewhat important _______ Not important

Why? __________________________________________________________

________________________________________________________________

Does your child have daily/weekly chores? ______ Yes ______ No

If yes,

What chores is your child responsible for? _______________________________

________________________________________________________________

If no,

Would you like your child to have chores? ______ Yes ______ No

Are there chores you want your child to learn? ______ Yes ______ No

What chores would you like them to learn? _______________________________

________________________________________________________________

Would you be interested in learning more about how to establish skills necessary to complete household chores? ______ Yes ______ No

If yes, please fill out the following information:

Parent’s name: _______________________________________________________

Phone number: __________________________ Email address: _______________________

What is the best way to contact you? _________________________________________

Thank you for completing this survey! ☺
Appendix H

Questions for Parents

1. What chores does your child currently complete?
2. How much assistance is required for your child to initiate and complete chores?
3. Do you want your child to learn more chores at this point?
   a. What chores would you like for your child to learn?
4. Do you implement a reward system?
   a. What is the reward system?
   b. Do you believe it is necessary to implement the reward system to motivate your child?
5. Are there any repercussions for not completing chores?
6. What is the biggest difficulty you face when teaching your child chores?
Appendix I

Registration Form

Let Me Help! Chores Program

Please fill out the following form and return prior to the start of the Let Me Help! Chores Program.

Child’s Name: ___________________________  Age: _____  Grade: _____

Parents’ Names: ___________________________

Street Address: ___________________________

City: ___________________________  State: _____  Zip Code: _______

What are your and your child’s goals during the Let Me Help! Chores Program?

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
Appendix J

Age Appropriate Chores

These are general guidelines that we hope you will find helpful. Keep in mind that not all children will be able to do the same chores at the same age. Let the children follow their skills and interests as much as possible. Give them feedback along the way to help their learning. Note what aspects they did well, share helpful hints, make it fun (turn on music or sing together when doing chores).

For some children their “helping out” may be more time consuming and more work for you. However remember you are laying the groundwork for children to experience “feeling good by helping” and an understanding that family members work together to help their household run smoothly.

2 years and up
- Carry groceries in from car (give child one light item or a small bag).
- Clean up what they drop after eating.
- Clear own dishes from table.
- Do simple errands (“Take this towel and put it in the hamper”, etc.).
- Dust with socks on their hands.
- Fill pet’s food dish.
- Hang clothes on hooks.
- Help make the bed (pull covers up).
- Help pick up the living room.
- Mop a small area.
- Pour from a small pitcher.
- Put books and magazines in a rack/shelf.
- Put clothes in hamper.
- Put toys away.
- Sort laundry (hand child clothes to put in appropriate piles).
- Water plants.
- Wipe spills.

3 years and up
- Bring in the newspaper.
- Carry boxed or canned goods from the grocery sacks to the proper shelf.
- Empty bathroom trash cans.
- Fix bowl of cereal.
- Get the mail.
- Help wash the car.
- Help set the table (put utensils and napkins on the table).
- Help with meal preparations (learn to measure, stir and use small appliances).
- Make thank you and birthday cards.
- Pick up bedroom.
- Put away clean utensils.
• Put dirty clothes in hamper.
• Put shoes away.
• Sort socks and fold socks.

4 years and up
• Clean table after meals.
• Dust the furniture.
• Feed the pets at scheduled times.
• Fold laundry and put it away.
• Help do the dishes (rinse items or put dishes in the dishwasher).
• Help with grocery shopping and compiling a grocery list.
• Make own bed.
• Place napkins, plates, and silverware on the table.
• Sort laundry with supervision.
• Take laundry to laundry room on laundry day.
• Vacuum/sweep.

5 years and up
• Choose clothes and get dressed/undressed.
• Help set the table (put utensils, napkins, plates, glasses, and condiments from the fridge on the table).
• Help sweep or rake outside
• Help with more difficult meal preparations (make frozen juice, crack and scramble eggs, cut with blunt knife).
• Help with younger siblings (bottle feeding, entertain while mom is out of the room, feed/dress toddler siblings).
• Make bed and clean room.
• Make own sandwich or simple breakfast and clean up.
• Set the table (put utensils, napkins, plates and glasses on the table).
• Take out the garbage.
• Water the garden and lawn.

Age 6 and Up
• Carry in the grocery sacks.
• Clean bathrooms (bathtub, sink and counters).
• Clean out/inside of car.
• Hang and fold laundry.
• Hang up own clothes in the closet.
• Help make breakfast and lunch
• Leave the bathroom in order.
• Prepare simple foods (sandwiches, salad, peel vegetables).
• Pull weeds.
• Rake leaves.
• Shovel snow.
• Sweep patio/deck area.
• Take care of pets.
• Train pets.
• Use the washer and dryer (sort, measure detergent, fold clean clothes and put away.)
• Vacuum, sweep and mop.
• Wash dog or cat.

8 - 10 years
At this pre-teen age children are capable of taking on more of the home operational tasks and are looking for independence. Give them tasks they can do on their own. You should also address any rewards and consequences of completing and not completing the tasks.
• Answer telephone and take messages.
• Change sheets and put dirty sheets in hamper.
• Clean up animal “messes” in the yard and house.
• Complete responsibility for their rooms on a daily basis (make bed, put clothes, toys and projects away and straighten dresser drawers and closet)
• Do more difficult cleaning projects (scrubbing kitchen floor, windows)
• Do simple ironing.
• Empty garbage pails in house.
• Fold blankets.
• Gather wood for the fireplace.
• Get items ready for BBQ (charcoal, hamburgers).
• Get own snacks
• Help others with their work when asked.
• Make more complex meals/snacks (pour and make tea, coffee, and instant drinks, beginning meal planning).
• Pack own suitcase.
• Paint fence or shelves.
• Prepare own school lunch.
• Put away groceries
• Summer jobs (lawn mowing, dog sitting, babysitting, odd jobs for vacationers).
• Take care of younger siblings with parent in house.
• Take pet(s) for walks.
• Wash and dry dishes or load/unload dishwasher.

11 - 12 years
• Help build things.
• Join outside organizations, do assignments, and attend.
• Mow lawn with supervision.
• Put siblings to bed and dress them.
• Schedule own time (studies, hobbies, sports).
• Sew, knit, or weave (even using a sewing machine).

Ages 13 and Up
• Anticipate needs of others and initiate the appropriate action.
• Bake cookies and cakes.
• Buy groceries using a list and learn comparative shopping.
• Change light bulbs.
• Clean out refrigerator.
• Clean stove and oven.
• Do unsupervised yard work (i.e., lawn mowing, edging, clean-up, gardening).
• Do volunteer work.
• Earn income doing chores for neighbors.
• Iron clothes.
• Make grocery lists.
• Wash windows.
• Prepare a meal.

Adapted from:
Appendix K

Children Helping Out: Responsibilities, Expectations, and Supports (CHORES)

Under each task check the “yes” or “no” box to indicate whether your child completes the task. If the “yes” box is checked, indicate whether your child does the task “on own initiative more than 50% of time,” “when asked,” “with supervision or monitoring,” “with some assistance,” or “with a lot of assistance.” If “no” box checked, indicate whether your “child cannot do task” or “do not expect this of my child.”

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<tr>
<td></td>
<td>On own initiative &gt;50% of time</td>
<td>With supervision or monitoring</td>
<td>With some assistance</td>
<td>With a lot of assistance</td>
<td>Child cannot do task</td>
<td>Do not expect this of my child</td>
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<td>Cleans up after own play</td>
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<td>Picks up own bedroom</td>
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<td>On own initiative</td>
<td>When asked</td>
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<td>With some assistance</td>
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<td>Child cannot</td>
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<td>Runs washer/dryer</td>
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<td>Dusts own room</td>
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<td>On own initiative &gt;50% of time</td>
<td>With supervision or monitoring</td>
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<td>Child cannot</td>
<td>Do not expect this of my child</td>
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<td>Organizes own belongings for after-school events</td>
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<td>Runs errand</td>
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Adapted from:
Appendix L

Occupational Therapist Job Description

The Let Me Help! Chores Program at Oakstone Academy will employ an occupational therapist that is registered and certified by the National Board of Certification of Occupational Therapists (NBCOT). The therapist must also be licensed to practice in the state of Ohio. The applicant must have a minimum of 2 years of experience working with the pediatric population. Additionally, the therapist must have a reliable vehicle for transportation to and from therapy sessions.

The occupational therapist will have a number of responsibilities. The therapist will assist in participant recruitment. The therapist will be required to determine and maintain personal schedules, such as meetings and intervention sessions held in the participants’ home. Intervention sessions are to include evaluations, development of chore routines, documentation, and program evaluations. The therapist will need to attend monthly occupational therapy meetings at Oakstone Academy. This position requires travel to participants home in Central Ohio.

The therapist will work approximately 4 hours per week. The occupational therapist will report to Lorie Merola, OTR/L, Lead Occupational Therapist. Performance review will be based upon program evaluations conducted at the conclusion of the Let Me Help! Chores Program sessions and by observations made by the Lead Occupational Therapist.
Are you looking for an opportunity to make a difference in a child’s world? This is the position that will give that to you! If you are motivated, outgoing, and organized individual that is excited about working with children, then we want to hear from you! The therapist will be responsible for running the newly developed Let Me Help! Chores Program at Oakstone Academy in Columbus, Ohio. The program is aimed at helping children with autism spectrum disorders to perform common household chores.

Please send resume to:
Wes Kremer
CCDE/Oakstone Academy
Human Resources Director
939 S. State Street
Westerville, OH 43081

Job Functions
- Recruit participants
- Administer evaluations
- Document progress
- Plan interventions

Benefits
- Medical, dental, and vision insurance
- 401K plan
- Disability
- Flexible scheduling
## Appendix N

Let Me Help! Chores Program Objectives Record

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<th>Number of Goals</th>
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Appendix O

Letter of Support

April 17, 2009

Dear Ms. Barton:

This letter supports the Let Me Help! Chores Program created for Oakstone Academy and Oakstone Community School in Columbus, Ohio. This program was developed with recognition of the need for children with autism spectrum disorders to develop the skills to perform common household tasks that will assist the individual to become involved actively within the family.

Presently, a need exists for children with autism spectrum disorders to become an active participant within their family. Under the guidance of an occupational therapist, the program proposes to guide children and their families in developing chore routines that promote successful engagement in household occupations. In addition, the program is supportive of Oakstone's Age Typical Experiences model and may well provide our students the opportunity to develop needed independent life skills for adulthood.

As an occupational therapist, I support the focus of the Let Me Help! Chores Program. The encouragement of participation in household chores as guided by an occupational therapy professional will be valuable to the participants and assist the Children's Center for Developmental Enrichment as it aims to meet the needs of children with autism spectrum disorders.

If you have any questions regarding this letter, please contact me. Thank you for your time.

Sincerely,

Lorie Merola, OTR/L
Occupational Therapist
OCDE Therapies
lmerola@ccde.org
(614)890-7854
Appendix P

Contact Information for Letters of Support

**Nancy Beck** – Occupational Therapist  
Wood County Educational Service Centers  
1867 N. Research Drive  
Bowling Green, OH 43402  
Phone: (419) 354-9010  
Fax: (419) 354-1146

**Thomas Fish** – Program Director  
Nisonger Center  
The Ohio State University  
257E McCampbell Hall  
1581 Dodd Drive  
Columbus, OH 43210-1257  
Phone: (614) 292-7550  
Fax: (614) 292-3727  
fish.1@osu.edu

**Jane Case-Smith** – Chair of Occupational Therapy Division  
The Ohio State University  
School of Allied Medical Professions  
453 W. Tenth Avenue  
Columbus, OH 43210  
Phone: (614) 292-5824  
Fax: (614) 292-0210  
jane.case-smith@osumc.edu

**Lorie Merola** – Occupational Therapist  
CCDE Therapies  
Oakstone Academy  
5747A Cleveland Avenue  
Columbus  
Phone: (614) 865-9643  
lmerola@ccde.org

**Clayton Holmes** – Chair of the Department of Physical Therapy, Parent Physical Therapy Department  
University of Toledo Health Science Campus  
3000 Arlington Avenue  
Toledo, OH 43614-2598  
Phone: (419) 383-3518  
clayton.holmes@utoledo.edu

**Deborah Stanforth** – Part-Time Instructor  
Owens Community College  
P.O. Box 10,000  
Toledo, OH 43699-1947  
Phone: (567) 661-5001  
deborah_stanforth@owens.edu
Appendix Q

Annotated Bibliography

Ben-Sasson, A., Cermak, S. A., Orsmond, G. I., Tager-Flusberg, H., Carter, A. S., Kadlec, M. B.,

This study examined the incidence of extreme sensory modulation behaviors in toddlers with autism spectrum disorders (ASD) and investigated the consistency of sensory information across measures. Parent report of sensory behaviors in 101 toddlers with ASD was compared with 100 toddlers who were typically developing matched on chronological age and 99 additional infants or toddlers matched on mental age. Measures included the Infant/Toddler Sensory Profile, Infant-Toddler Social Emotional Assessment, Autism Diagnostic Interview-Revised, and Autism Diagnostic Observation Schedule-Generic. Toddlers with ASD were most distinct from typically developing groups in their high frequency of under responsiveness and avoiding behaviors and their low frequency of seeking. Within the toddlers with ASD, there were significant associations across sensory parent report measures, but parent report was not correlated with clinical observation. Findings point to the early onset of extreme sensory behaviors to accurately identify the needs of toddlers with ASD.

During my time at Oakstone, I will spend two hours per week in the Two’s Program. The Two’s Program runs Monday thru Friday from 9:00am to noon. The children in this program are the age of 2 and are suspected to be on the autism spectrum. This early intervention program helps the children who have difficulties regulating their
sensory system many of the children are under responsive to auditory and oral stimuli. This is found through the Sensory Profile.


Adolescents with chronic conditions face unique challenges as they approach adulthood. Statistics on adults with disabilities indicate high rates of unemployment, few with college degrees, and limited options for community living. Until recently, efforts to facilitate successful transitions for adolescents with chronic conditions to adulthood have been limited. An awareness of some of the pertinent issues pertaining to adolescent transitions, especially those pertaining to health care, can assist the pediatric nurse in facilitating the transition to adult health care, career, employment, and community living.

This article demonstrates the need to better prepare children and adolescents with disabilities for adulthood. In particular it demonstrates the need to create responsibilities at a young age to facilitate the ability to maintain employment and to become an active member of the community. The Let Me Help! Chores Program will help the youth at Oakstone Academy and Oakstone Community School develop such responsibilities.


Occupational therapy practitioners are among the professionals who provide services to children and adults with autism spectrum disorder (ASD), embracing both leadership and supportive roles in service delivery. The study’s primary aims were as
follows: (1) to identify, evaluate, and synthesize the research literature on interventions for ASD of relevance to occupational therapy and (2) to interpret and apply the research literature to occupational therapy. A total of 49 articles met the authors’ criteria and were included in the review. Six categories of research topics were identified, the first 3 of which are most closely related to occupational therapy: (1) sensory integration and sensory-based interventions; (2) relationship-based, interactive interventions; (3) developmental skill-based programs; (4) social cognitive skill training; (5) parent-directed or parent-mediated approaches; and (6) intensive behavioral intervention. Under each category, themes supported by research evidence and applicable to occupational therapy were defined. The findings have implications for intervention methods, communication regarding efficacious practices to professionals and consumers, and future occupational therapy research.

Oakstone Academy is a school for children with ASD and as part of my Practicum course, I will assist with interventions. Therefore, this article gives suggestions for intervention strategies for this specific population specifically interventions addressing sensory-based interventions, developmental skill-based interventions, social cognitive skill training, and behavioral interventions.


Autism spectrum disorders (ASDs) affect 1 in 166 births. Although electroencephalogram (EEG) abnormalities and clinical seizures may play a role in
ASDs, the exact frequency of EEG abnormalities in an ASD population that has not had clinical seizures or prior abnormal EEGs is unknown. There is no current consensus on whether treatment of EEG abnormalities may influence development. This retrospective review of 24-hour ambulatory digital EEG data collected from 889 ASD patients presenting between 1996 and 2005 (with no known genetic conditions, brain malformations, prior medications, or clinical seizures) shows that 540 or 889 (60.7%) subjects had abnormal EEG epileptiform activity in sleep with no difference based on clinical regression. The most frequent sites of epileptiform abnormalities were localized over the right temporal region. Of 176 patients treated with valproic acid, 80 normalized on EEG and 30 more showed EEG improvement compared with the first EEG (average of 10.1 months to repeat EEG).

As of next school year, Dr. Becky Morrison is requiring all Oakstone students on the autism disorder spectrum to have this testing completed before entering kindergarten. To educate the parents, faculty, and staff, this article was distributed. This educated these individuals on the implications that epileptiform EEG abnormalities may have.


The CHORES (Children Helping Out: Responsibilities, Expectations, and Supports) is a clinical and research tool that measures school-aged children's participation in household tasks. Separate performance and assistance scores enable examination of changes in children's responsibilities for household tasks as they mature and the work of families to promote their participation. The Self-Care and Family-Care subscales afford
study of cultural aspects of household tasks that may influence children's participation and opportunities for learning. Thirty-two parents from diverse backgrounds participated in the first part of the study. Twenty-one of these parents participated in the test-retest study. The sample was culturally diverse and included parents of 6- to 11-year-old children with and without disabilities who have average or above intellect. Results from the psychometric analyses show that the CHORES has strong reliability and validity. The variance in children's task performance and overall levels of assistance supports the utility of this measure for capturing differences among children in the extent of their participation. Stability of parents' responses over time is strong both for performance (ICC, $r=0.88$) and for assistance (ICC, $r=0.92$) scores. The validity of the CHORES is supported by the parents' judgments of the importance of involving their children in household tasks. The CHORES is easy to complete, considers the parent's perspective, and provides a way to collect information on children's participation in household tasks. The CHORES provides a mechanism to learn more about factors that influence children's participation in household tasks, changes in their responsibilities over time, and outcomes from their participation in these tasks.

The CHORES is the only known assessment tool for common household tasks. The CHORES will be used in my proposed household chores program as an assessment and evaluation tool. On the CHORES, it asks the caregiver to check a box indicating the level of assistance of each chore completed by the child as well as why certain chores are not completed by the child.
The Sensory Profile is a caregiver questionnaire which measures children’s responses to sensory events in everyday life for children 3-10 years of age. There are 125 items in the profile, and there is a short version which contains 38 items for screening and research programs. Caregivers complete the questionnaire by reporting how frequently their children respond in the way described by each item; they use a 5 point Likert scale (nearly never, seldom, occasionally, frequently, almost always). The Sensory Profile contains sections corresponding to each sensory system, sections which indicate the modulation of sensory input across sensory systems, and sections which indicate behavioral and emotional responses that are associated with sensory processing. Additionally, professionals can calculate scores from a factor structure which reflects children’s responsiveness to sensory input across sensory systems. Using national samples of more than 1,000 children, the author calculated cut scores which indicate when a child’s scores are significantly different from their peers’ responses. Studies with children who have various disabilities, including autism, Asperger syndrome, and Attention Deficit Hyperactivity disorder, have shown that children with these disabilities have significantly different patterns of sensory processing from their peers and from children in other disability groups. Findings thus far suggest that sensory processing patterns may inform both the diagnosis of disorders and provide guidance for intervention planning.

Often times at Oakstone Academy, the occupational therapists will administer the Sensory Profile. As part of the Practicum course, I will administer, score, and
interpret this assessment. Therefore, this manual will teach me the necessary information in order to do so accurately.


The purpose of this study was to determine which factors on the Sensory Profile, a measure of children's responses to commonly occurring sensory experiences, best discriminate among children with autism or pervasive developmental disorder (PDD), children with attention deficit hyperactivity disorder (ADHD), and children without disabilities. Data for three groups of children 3 to 15 years of age were used: 38 children with autism or PDD, 61 with ADHD, and 1,075 without disabilities. The researchers conducted a discriminate analysis on the three groups, using group membership as the dependent variable and the nine factors of the Sensory Profile as independent variables. The analysis yielded two discriminant functions: one that differentiated children with disabilities from children without disabilities and another that differentiated the two groups of children with disabilities from each other. Nearly 90% of the cases were correctly classified with these two functions. The Sensory Profile is useful for discriminating certain groups of children with disabilities. Children with disabilities are accurately classified into disability categories with the factors described by previous authors. This suggests that patterns of behavior associated with certain developmental disorders are reflected in populations of children without disabilities. It may be the frequency or intensity of certain behaviors that differentiate the groups.
As mentioned previously, the Sensory Profile will be administered, scored, and interpreted as part of my Practicum course; therefore, this information is useful when utilizing this assessment.


Self-determination has recently become an important concept in special education and disability services. The concept of self-determination is defined and component skills delineated. Some of the component skills of self-determination may pose particular challenges to people with autism and other developmental disabilities due to the difficulties in communication skills and social relationships experienced by many people in this population. Family involvement is an important variable affecting the development and expression of self-determination in people with autism and other developmental disabilities. Strategies to promote and support parental involvement in self-determination instruction are discussed.

This article stresses the importance of promoting family involvement, such as completing chores, for children with disabilities. It also demonstrates the need to promote self-determination. It is vital to the success of the Let Me Help! Chores Program that the children are motivated and desire to take part of the family. Therefore, this article will assist me in understanding how to create a successful environment.

This article provides a historic review of the movement toward integrated classroom placements as well as the characteristics of full-inclusion classrooms relevant to occupational therapy school-based practice. A full-inclusion model adopted by the Moorpark Unified School District is described. This model incorporates occupational therapy as a vital and integral component of the school’s inclusive education efforts.

This article introduces an inclusive school-based programming for young children with disabilities. This model is similar to the model developed and utilized by Oakstone Academy. This allows me to understand the effects of such a model have on the children with and without ASD.


Millions of dollars are spent each year on school-based therapy services, yet little is known about whether these services improve the educationally relevant, functional outcomes of children with special needs. This program evaluation study used goal attainment scaling to examine whether 50 children with special needs (ranging in age from 5 to 12 years) attained their therapy goals in the real-world, functional areas of communication, school productivity, or mobility. Sixteen children received speech-language therapy for communication difficulties; 21 received occupational therapy for
classroom productivity difficulties; and 13 received physical therapy services for mobility
difficulties at school. The service delivery model incorporated direct therapy,
monitoring, and collaborative consultation between therapists, teachers, and parents. In
addition to goal attainment scaling, standardized measures of functional status were used
to examine changes in the function of children from pretest to posttest and at a five- to
six-month follow-up. Measures of parent and teacher satisfaction with the services also
were employed. The findings suggest that therapy services targeting communication,
productivity, and mobility make a difference in how children with special needs function
in the school setting. Children showed statistically and often clinically significant change
in their outcomes over the intervention period, with these improved outcomes lasting at
the five- to six-month follow-up.

Because my Capstone takes place within a school-based occupational therapy
setting, this article is relevant. This article states the success of occupational therapy with
the school setting. This article allows me to understand my role as an occupational
therapist within the school system.

83-99.

Critics of the United States educational system point out many contemporary
problems and offer solutions based on what they perceive as the fundamental issues.
How teachers measure student progress and define mastery rarely receive attention. The
use of standard units of measurement and standard graphical display has allowed
Precision Teachers to uncover important features of learning. One such discovery,
performance standards, has demonstrated that students can retain skills over significant amounts of time, perform at high rates with little performance decrement, and apply “element” skills to more sophisticated “compound” skills. Performance standards discovered by Precision Teachers allow a behavioral determination of fluency, or mastery. The recognition of Precision Teaching methods and results in regard to measuring behavior and determining mastery contributes to one of the most significant social issues in American society, education.

This article was co-written by the founder of Oakstone Academy. This article discusses some of the issues seen within school systems as well as at Oakstone.


Twenty-two activities that support transition to adulthood previously published by Blomquist et al. 1998) were explored in a focus group with parents of successful young adults with disabilities. Parents rated these activities on a 5-point Likert scale, and comments were gathered about the activities parents felt were essential for transition to adulthood. Parents rated the activities high with highest agreement being: "Do not do for them what they can do for themselves," "Assign appropriate household chores," and "Help children interact with others in varied settings." The lowest agreement ratings involved issues about school to work transitions, vocational programs within schools, and strategies assuring continuity of care with adult health care providers. Parents offered insights into the daily activities in school, home, and community that support transition to adulthood. Through review and understanding of these transition activities, health care
professionals gain insight into the activities fostering a child's independence throughout their development.

This study indicates the need of health care professionals to teach children with disabilities the developmental occupations that promote the skills of independence, self-care, and self-determination. Failure to address at an early age, the issues of self-care, education, employment, and independent living sends a subtle message that the child will not be able to make the transition to adulthood and to adult care providers. This article demonstrates the need for a household chores program to be implemented for children at an early age.


Research supports the difficulties that students with Asperger’s Syndrome (AS) and High-Functioning Autism (HFA) have in developing successful interpersonal relationships. While they want to establish friendships, students with AS fail to recognize and accurately interpret social cues, verbal and nonverbal behavior. Social situations become even more complex and confusing as the AS student enters into adolescence. Adolescents with AS learn that unspoken social “rules” vary within different environments, situations, and cultures and become frustrated by their inability to navigate the system. Thus, building social skills and eventually developing social competence is critical for future success in independence, friendships, employment, and mental health. The Oakstone Challenge is multi-dimensional approach that combines the
use of contextual self-monitoring and community building to teach and promote the
generalization of social skills and in adolescent students with AS.

This is an article written by the founder of Oakstone Academy. This article
discusses the social barriers that many adolescents with autism spectrum disorders,
especially those with Asperger’s Syndrome, face. I often have interaction with these
individuals at the middle/high school at Oakstone. This will allow me to have positive
social interactions with these students

Morrison, R. S., Sainato, D. M., Benchabban, D., & Endo, S. (2002). Increasing play skills of
children with autism using activity schedules and correspondence training. *Journal of
Early Intervention, 25,* 58-72.

Play is a critical component of preschool children's development. For children
with autism, restricted play skills eliminate common tools needed to build independent
performance and peer relationships. The purpose of this study was to investigate a
strategy to improve the independent performance of preschoolers with autism during
playtime in an inclusive setting. A multiple-baseline design across subjects was
employed to determine the effectiveness of correspondence training and activity
schedules on the on-task and play correspondence behavior of 4 preschoolers with autism.
Partial-interval recording was used to measure on-task behavior and experimenter
prompts, whereas a frequency count was used for on-schedule behavior. Procedural
integrity and social validity were also measured. Results of the study indicated that all 4
participants' on-task and play correspondence behavior increased, while experimenter
prompts gradually decreased.
This article was written by the founder of Oakstone Academy. Each classroom utilizes activity schedules to keep the students on task throughout their day. This article directly relates to a strategy utilized at Oakstone. Oakstone also utilizes PECS to promote positive communication. Learning about these strategies allows me to understand this technique.


The purpose of this study was to examine whether children with Asperger Syndrome and children with autism exhibit different sensory profiles. The Sensory Profile, completed on 86 individuals with Asperger Syndrome and 86 persons with autism matched for age, revealed differences in three of 23 areas evaluated: (a) Emotional/Social Responses, (b) Emotional Reactivity, and (c) Inattention/Distractibility. Implications regarding these similarities and differences in profile are discussed.

At Oakstone Academy, many of the students have the diagnosis of Asperger’s Syndrome. Many of these students’ parents have received a Sensory Profile from the occupational therapist. I will administer, score, and interpret the Sensory Profile determining the probable and definite sensory differences.

After approximately two decades of occupational therapy in the schools, updated information is needed on performance of roles, functions, and tasks for educators to use in updating content in occupational therapy professional education. A survey was sent to occupational therapists practicing in Michigan schools to gather information upon which curricular content decisions could be based. One hundred thirty-six therapists (59% of the population sampled) responded to the survey. The following intervention areas were performed most by respondents in the sample and, therefore, are needed in educational programs: sensorimotor, object manipulation, perception, biomechanics, dressing, feeding use of adaptive and assistive devices, content related to positioning, seating, and wheelchair use, and play and leisure skills. Neurophysiological approaches and assessment of students in schools were viewed by respondents as the most needed by current students in educational programs. Current needs of practitioner for continuing education focused on neurophysiological approaches; respondents reported that information about these approaches was also most needed when beginning to practice. More instruction in time management and techniques for dealing with large caseloads were noted to be important areas to address in the preparation of practitioners in schools.

Because my Capstone takes place within a school-based occupational therapy setting, this article is relevant. This article states what information and skills are necessary to know in order to be successful within this setting. It additionally illustrates occupational therapy’s role in the school system.

This research focused on two questions. First, how does the play of children with autism differ from that of normally developing children? Second, what are the relationships between play performance and adaptive abilities? Nine children with autism and nine children without dysfunction were matched by mental age, gender, and socioeconomic status. Play performance was determined from videotapes of children playing in their homes. Parents provided information on children’s adaptive abilities. The children with autism differed from their peers on the total play score and the participation dimension of the Preschool Play Scale. Communication as measured by the Vineland Adaptive Behavior Scales, was the adaptive ability most highly associated with play performance of the children with autism. The results suggest that deficits in social development are a primary feature of autism. The findings support the use of play to evaluate and develop the interpersonal skills and habits of preschool children with this disorder.

Oakstone Academy focuses heavily on developing social skills. Additionally, occupational therapy often co-treats with speech therapy utilizing play during intervention with children with autism to develop social skills. It discussed how play is the primary occupation of children and that appropriate social interactions are facilitated during play. During intervention sessions at Oakstone, it is important to not only focus on the appropriate play but also the appropriate social skills.

Adolescents who have disabilities face unique challenges as they progress through the transitions necessary to achieve optimum functioning in adulthood. These youths often need professional assistance to successfully negotiate these important transitions. Our article describes processes for collaborating with these adolescents, their families, and other professionals to facilitate successful transitions to a more healthy, productive, and satisfying adulthood.

My Capstone focuses on preparing for the transition into adulthood at an earlier age to allow for a more successful transition. This article discusses the need for professional involvement to assist with this transition. As occupational therapists our profession must develop programs and interventions to address this raising need. The Let Me Help! Chores Program will be a new program that will help these children transition into adulthood.


Providing appropriate educational services to young children with autism may be one of the defining challenges of the 1990s and early 2000s for early childhood special education. The number of children with autism is increasing dramatically, the research literature is rich with evidence-based instructional strategies, and the Internet is
personnel, often working together but sometimes at odds, need to develop programs to meet the needs of these children. Project DATA (Developmental Appropriate Treatment for Autism) started as a federally funded model demonstration project for developing a school-based program for young children with autism that would be effective and acceptable to consumers (e.g., parents, school personnel). Project DATA consists of five components: a high-quality early childhood environment, extended instructional time, and transition support. In this article, we provide data demonstrating the effectiveness of this model and discuss the implications of this type of inclusive programming for young children with autism.

This article introduces an inclusive school-based programming for young children with autism. This model is similar to the model developed and utilized by Oakstone Academy. This article’s model focuses primarily on young children but Oakstone’s model is for preschool through high school students. This article helps me understand the effects that these types of models have on children with disabilities.


Recent literature indicates that there is an inconsistent use of theory to guide clinical actions by occupational therapist, including those working in pediatrics. The purpose of this study was to describe school-based therapists’ theory application by collecting information about what frames of reference they used and why. Of the 72 school-based therapists in the mid-Atlantic states who agreed to respond to a questionnaire, 51 (70.8%) returned the questionnaire. Information about demographics,
what frames of reference were used, and why they were used was obtained from the questionnaire. Respondents reported using a multitheoretical approach, with sensory integration theory and neurodevelopmental theory being the predominate frames of reference applied but no the only ones used. The frames of reference were used on the basis of several factors, including the children’s needs and the respondent’s education. Formal and continuing education seems to have a great effect on school-based occupational therapists as they develop their personal conceptual frameworks.

Because my Capstone takes place within a school-based occupational therapy setting, this article is relevant. This article states what information and skills are necessary to know in order to be successful within this setting. This article helps me understand the effects that these types of models have on children with disabilities.


This study examined the effects of Ayres’s sensory integration intervention on the behavior and task engagement of young children with autism spectrum disorders (ASD). Clinical observations and caregiver reports of behavior and engagement also were explored to help guide future investigations. This single-subject study used an ABAB design to compare the immediate effect of Ayres’s sensory integration and a play scenario on the undesired behavior and task engagement of 4 children with ASD. No clear patterns of change in undesired behavior on task management emerged through objective measurement. Subjective data suggested that each child exhibited positive
changes during and after intervention. When effects are measured immediately after intervention, short-term Ayres’s sensory integration does not have a substantially different effect than a play scenario on undesired behavior or engagement of young children with ASD. However, subjective data suggest that Ayres’s sensory integration may produce an effect that is evident during treatment sessions and in home environments.

This article relates to my Capstone because sensory integration is a major component for each child’s intervention. This article allows me to understand the effects of sensory-based interventions on the children with autism spectrum disorders. It also may be possible to incorporate sensory occupations into the Let Me Help! Chores Program.


Outcome data from children with connective tissue disease or other disabilities and how they function in adulthood continues to underscore the need for transition planning. This article addresses the components of transition and the barriers to its accomplishment along with the special issues adolescents with disabilities face in attaining the developmental tasks along the road to adulthood. Health care professionals can be catalyst in the transition process in their role as a consultant to young persons with disabilities and their families. It can be rewarding and challenging to be a catalyst for a successful transition process that results in a happy, meaningful life as an adult with a disability.
This article gives suggestions for creating a smoother transition into adulthood for adolescents with disabilities, such as routine chores. This article demonstrates a need for my proposed program.


Over the past 20 years, survival of youth with special health care needs, including youth with rheumatic diseases, has markedly improved. Over 90% will survive past their twentieth birthday and health care providers are recognizing a need for transition services to assist youth with disabilities to become successful adults. The barriers to, and the principles of, transition services are outlined. A discussion of available models and assessment tools for transition readiness and lessons learned on how to provide successful transition services is included.

This article demonstrates a need for programs and services, like my proposed household chores program, to help adolescents with a successful transition into adulthood.