The Play and Learn (P.A.L.) program for enhancing social participation and peer interaction for children with special needs: a program development plan

Kristy M. Bernard
The University of Toledo

Follow this and additional works at: http://utdr.utoledo.edu/graduate-projects

Kristy M. Bernard
Faculty Mentor: Melanie Criss, OTD, OTR/L
Site Mentors: Nancy Batterson, OTR/L & Jill Tonneman, OTR/L
Department of Rehabilitation Sciences
Occupational Therapy Doctorate Program
The University of Toledo

May 2013

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 doctoral 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. As such, the Capstone Dissemination is not formal research.
Table of Contents

Executive Summary ........................................................................................................ 4
Introduction ..................................................................................................................... 5
  Program Goal ............................................................................................................... 5
  Site of Program ............................................................................................................ 5
Investigating the Need for Program ............................................................................. 7
Literature Review ......................................................................................................... 13
  Occupation-Based Programming ............................................................................... 25
Programming ............................................................................................................... 25
  Model of Practice ...................................................................................................... 25
  Federal Initiatives and National Trends .................................................................... 26
Objectives ................................................................................................................... 29
  Program Goal ............................................................................................................ 29
  Objectives ................................................................................................................ 29
Marketing and Recruitment of Participants ............................................................... 31
  Marketing .................................................................................................................. 31
  Recruitment of Participants ..................................................................................... 35
Programming ............................................................................................................... 36
Budgeting and Staffing ............................................................................................... 46
  Budget ..................................................................................................................... 46
  Staffing .................................................................................................................... 47
Potential Funding Sources ......................................................................................... 48
  Barriers to Funding ................................................................................................. 54
  Self-Sufficiency Plan ............................................................................................... 55
Program Evaluation ................................................................................................... 55
Timeline ....................................................................................................................... 61
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letters of Support</td>
<td>61</td>
</tr>
<tr>
<td>References</td>
<td>63</td>
</tr>
<tr>
<td>Appendix A: Organizational Chart for YMCA, JCC of Greater Toledo</td>
<td>68</td>
</tr>
<tr>
<td>Appendix B: Semi-Structured Interview Questions</td>
<td>70</td>
</tr>
<tr>
<td>Appendix C: Survey/Questionnaire for Parents</td>
<td>78</td>
</tr>
<tr>
<td>Appendix D: Survey for Therapists and Teachers</td>
<td>81</td>
</tr>
<tr>
<td>Appendix E: Sample Flyer for P.A.L Group</td>
<td>83</td>
</tr>
<tr>
<td>Appendix F: Descriptive Data Questionnaire</td>
<td>85</td>
</tr>
<tr>
<td>Appendix G: Budget for P.A.L. Group</td>
<td>88</td>
</tr>
<tr>
<td>Appendix H: Occupational Therapist Job Description</td>
<td>93</td>
</tr>
<tr>
<td>Appendix I: Sample Advertisement for Occupational Therapist Position</td>
<td>95</td>
</tr>
<tr>
<td>Appendix J: Agency’s Personnel Evaluation of P.A.L. Group</td>
<td>97</td>
</tr>
<tr>
<td>Appendix K: Timeline</td>
<td>99</td>
</tr>
<tr>
<td>Appendix L: Letter of Support</td>
<td>101</td>
</tr>
<tr>
<td>Appendix M: Parent Resources</td>
<td>103</td>
</tr>
<tr>
<td>Appendix N: Perceptions of Parents and Teachers about Program</td>
<td>115</td>
</tr>
<tr>
<td>Appendix O: Perceptions of the Parents Educational Session</td>
<td>117</td>
</tr>
<tr>
<td>Appendix P: Flyer for Parent Focus Group</td>
<td>119</td>
</tr>
</tbody>
</table>
Executive Summary

Play is a vital and natural process of a child’s life. The absence of childhood play, or reduced opportunities for it, deprives children of an essential context for their optimal development, health, and learning. In general, children with disabilities are at risk for restricted participation. The prevalence of children with special needs has been slowly increasing for decades. The significance is that 1 in every 6 children has some type of disability. Through participation children acquire new skills, have increased physical, emotional and social well-being and enhanced quality of life. Children with special needs must be involved in something or with someone, they must feel a sense of inclusion, they must have a choice over what they are taking part in, and they must be working toward a goal or enhancing their quality of life in order to participate.

The goal of the Occupational Therapy P.A.L. (play and learn) Program, sponsored by Nationwide Children’s Hospital, is to enhance social participation and peer interaction with inclusion for children with special needs. Play groups will also support healthy, age appropriate development. Increasing children’s healthy development within the context of this program includes addressing interpersonal, communication, and socialization skills, constructive hands-on play, parent-child bond, and overall development and growth. Through play, these skills will be established and restored as play is an essential aspect of a child’s life. The program will cycle every summer and participants for each program will be between 10 and 12 children. The goal is to have 70% of the total number of participants be children with special needs with the other 30% of participants identified as typically developing children. All programming will be held at Nationwide Children’s Dublin Close to Home Center. Each program session will address four, 15 minute play-based stations. A variety of assessments will be used as a pre-post test, and follow-up to identify goals for each child. Differences in scores will evaluate the effectiveness of the program.
Introduction

Goal of P.A.L. Group

The goal of the Occupational Therapy P.A.L. (play and learn) Group Program, sponsored by Nationwide Children’s Hospital, is to enhance social participation and peer interaction with inclusion for children with special needs.

Play groups will be utilized for both typical, healthy peers and children with special needs. The play groups will be comprised of children (age 3-5) as they will be matched on age and level of ability for the purposes of appropriate play. Play groups will also support healthy, age appropriate development.

Site of the Program

Nationwide Children’s Hospital has been caring for sick and injured children and adolescents for more than 117 years. There has been a vast amount of change since the hospital was founded in 1892. In its first year, a six-member staff and seven other employees treated 70 patients. Today, Nationwide Children’s is the primary pediatric health care provider for 37 counties, with more than 950 medical staff members and 6,800 employees who provide expert care to children regardless of ability to pay. Nationwide Children’s Hospital has four outpatient facilities within its main campus, called Close To Home, which offers urgent care services (Nationwide Children’s, 2012). The Close To Home outpatient facilities are the primary locations for which the program development plan will be created.

Nationwide Children’s Hospital is a leading pediatric care facility. At Nationwide Children’s, they create the future of pediatric healthcare. They influence policies that change lives and they advocate for the rights of children across central Ohio and around the world. “Nationwide Children’s strives to provide patients with the most comprehensive and up-to-date knowledge so that they have the resources they need when making a decision for care”
(Nationwide Children’s, 2012). The future health and potential of all children is being shaped at Nationwide Children’s. They use research findings to impact how government officials develop laws protecting children and they work tirelessly to make sure children’s voices are heard. Nationwide Children’s offers the expertise to make sure the children’s needs are met. They are more than a hospital. They are 68 facilities extending out across Ohio and beyond.

Nationwide Children's believes that no child should be refused necessary care and attention for lack of ability to pay. Upon this fundamental belief, Nationwide Children's is committed to providing the highest quality. Their mission and philosophy consists of patient care, pediatric research, and outstanding services to accommodate the needs of patients and families. The purpose of patient care is to advocate for children and families in need. The intention of pediatric research is to educate patients, families, and future providers on the current information and data. They implement outstanding services to accommodate the needs of patients and families as their vision is to create optimal health for every child in their community. Therefore, I believe this fits with my specific area of assignment, play groups for children within an outpatient therapy setting, as play is a vital and natural process in children’s lives. When they care for a child at Nationwide Children’s, they also care for his or her family. I believe parents and/or caregivers are a critical aspect in children’s lives. My hope, throughout the development of this plan, is for parents to take home viable information about the importance of play and how they can play with their children in a more manageable way. So, my wish is to provide them with suggestions and inspirations since they do live busy lives.

Nationwide Children’s Hospital is family-centered. Their primary focus is fulfilling the needs of the patients and their families. Nationwide Children’s sees family participation as an important asset because they accept families of different cultures and economic status. They
want to provide the best resources for their families and offer support and encouragement throughout their stay at the hospital. Overall, Nationwide Children’s “policies are based upon family centered concepts that promote efficiency, flexibility, and quality care while honoring the family’s need for confidentiality and privacy” (Nationwide Children’s, 2012). Nationwide Children’s Hospital believes that “effective communication and coordination is crucial to family centered care” (Nationwide Children’s, 2012). In order to maintain a positive connection with families, Nationwide Children’s believes it is important to establish healthy relationships with the families, physicians, schools, and other services the hospital provides. According to Nationwide Children’s, “services are viewed as a means to promote and maintain health of the child in the context of the family and community with attention to physical, emotional, developmental and spiritual needs. Children’s acknowledges the diversity of their patients, families, visitors, staff and physicians” (Nationwide Children’s, 2012).

Within Nationwide Children’s organizational chart for clinical therapies, the position of the Occupational Therapist Program Manager falls under the Director and Program Managers section. The Occupational Therapist Clinical Leader fits under the Program Manager segment (see Appendix A for the organizational chart for Nationwide Children’s Clinical Therapies). More specifically, the occupational therapist leading the P.A.L. Group would fit under the supervision of both the program manager and the clinical leader OT because these staff members are program directors and clinical leaders within the outpatient facilities.

Investigating the Need for Programming

Several methods were used to investigate the need for the proposed program. The first method utilized was a semi-structured interview. According to Fazio (2008), semi-structured interviews can be used to gain information about community programming and are used to
collect qualitative data through a core set of open-ended questions with hopes of generating further questions. A semi-structured interview was given to explore the initial need for a program devoted to typically developing children and children with special needs. During semi-structured interviews with multiple occupational therapists (see Appendix B for semi-structured interview questions) that work within Nationwide Children’s, implementing an inclusive program (typically developing children and children with special needs) was discussed. Inclusion of typically developing children and children with special needs during play was explored along with potential intervention needs to be incorporated into the proposed program. Also discussed were some of the characteristics of the children (e.g. ages, abilities, interests, difficulties, needs, etc.) along with potential services children with and without special needs can benefit from. A play group program for typically developing children and children with special needs is a service they agreed children could benefit from. However, because a lot of children within this setting have varying diagnoses, illnesses and limitations it would be too complex to implement an open play group where everyone can play. This is because it would be too difficult to modify and adapt play activities to meet each child’s needs. Therefore, the group needs to be more cohesive in order for the group to be successful and it would be easier to meet each child’s goals.

As noted through the interviews, play is a critical aspect in a child’s developmental growth and expands a wide variety of skills. Based on the therapists’ general definition of play, it was concluded the overall outcome of a play-based program would be for increased social participation and peer interaction. Creating one unified goal, rather than a diverse set of goals is important for insurance purposes. Furthermore, although social participation and peer interaction are the ultimate goals of the group, it is also essential to incorporate other domains into the play groups such as the following: fine motor, sensory integration, gross motor, and
imaginative/dramatic play. Through these domains, the children are participating socially with their peers while building on other important developmental skills. By having different play-based stations, a variety of principles could be addressed through occupation-based programming. The intention is to have each station contain a different domain in order to address age appropriate skills children require for optimal growth and development. Through these occupation-based stations, integration of children with special needs is vital so they can feel included and experience participation through inclusive play. Therefore, play groups would be beneficial as it would teach children a lot of new skills and continue to work on refining current limitations. Play groups would also help children with turn taking, sharing, functional communication, and appropriate purposeful play skills. The occupational therapists agreed a play groups program would be a great example of an occupation-based program. Furthermore, younger children with developmental challenges cannot be expected to verbalize everything they are thinking or feeling. For that reason, play groups are a fun and interactive way for kids to express themselves.

Another area investigated through the interview process was ways parents could participate and possibly benefit from. The advantage of parents engaging in play with their children at home was discussed. Further, parents can acquire information through participating in educational sessions and reviewing relevant resources provided on the importance of play as well as a variety of different play ideas to incorporate at home. Education on the importance of play is essential as play is a natural part of childhood. It was noted that parents should participate in educational sessions at the same time their children are engaging in the play groups. This could be strategically planned to facilitate the development of play skills for both the typically developing children and children with special needs without the temptation for
parents to be the facilitators. However, it will be important to allow the parents to observe their children during the play groups to better understand the value of play as well as “typical” developmental milestones. Play groups involving typically developing children and children with special needs would be beneficial because parents may not understand or recognize the level at which their children are performing in comparison to their peers for healthy development and growth. Overall, involving the parents is critical as it will educate the parents on the reasons behind the importance of play and its benefits as well as how to implement and modify different play activities at home. Upon conclusion of the interviews, the therapists all stated that the organization could definitely benefit from a play groups program targeting typically developing children and children with special needs. Additionally, since the program will be developed in Nationwide Children’s outpatient centers, it would be feasible to start the program at one of the four outpatient centers (Close to Home). Out of the four, Dublin Close to Home center would be the site at which the programming would first be created. The Dublin outpatient center has more space compared to the other three outpatient centers. Before implementing the program at all four, it is important to note how beneficial the group is going to be prior to funding the program at all four centers. If the program proves to be successful then it would feasible to expand the program to more of the outpatient centers. Therefore, if the program was implemented the organization could potentially grow and reach out to help more children. The therapists believe that employees and administrators would be supportive of the possible program and they are all willing to help out in any way that they can as long as there is a plan established.

Potential needs of program participants identified by key stakeholders and as relevant to occupation-based therapy include:
• Need for inclusion of play groups for typical peers, including siblings, and children with special needs.
• Need for an enclosed (small room with dividing walls to diminish distractions) environment for successful social participation through peer interaction.
• Need to set up the environment through occupation-based stations by incorporating different domains (i.e. fine motor, sensory integration, gross motor, imaginative play).
• Need for including parents to participate in educational sessions and providing parents with educational resources on how to modify play activities at home.
• Need for play groups for preschool children age 3-5. As play is introduced at an earlier age, the skills and time spent interacting in the presence of other peers will advance to childhood.

In addition to the semi-structured interview with occupational therapists within Nationwide Children’s, a variety of teachers within different preschool environments were also interviewed. This allowed the opportunity to gain detail and clarification as it generated qualitative information. Overall, the teachers agreed a play-based group would be beneficial for the children they serve. As majority of children’s interests is playing, there are various ways to enhance children’s skills through different types of play (i.e. pretend play, art, music, free play) for increased socialization with peers. Another topic the teachers discussed was how environmental issues are effecting children’s early development. Many children have difficulty with play as they have limited toys and play time at home and spend many hours watching television, especially the children in adult oriented homes. Additionally, parental participation through an educational component is vital for parents to understand the importance of play for their children’s upbringing. The majority of their children also have limited opportunities for
large muscle play, inside or outside. This lack of quality affects their social, communication, and motor skills. Furthermore, it will affect their ability to succeed in the future both socially and academically. This is why establishing play opportunities is so critical for child development and growth. Through play-based groups, the teachers believe children within their programs would benefit, especially during the summer months when they are not enrolled in school, to receive more therapy intervention.

Other methods were taken to further investigate the need for the proposed program. The first additional method was through observation. Observation was used to identify how children interacted and engaged in his/her classroom or therapy environment. Observation was also utilized to distinguish between effective and ineffective behaviors and the organizational structures. This also minimized interruptions of the children’s classroom routine, individual or group occupations during therapy sessions. Lastly, observations were also used to generate qualitative information (Assessing Needs, n.d.). According to Lysack, Luborsky, and Dillaway (2006), observation allows the observer to come into contact with the targeted population to gain insights, understanding, and explanations about the social phenomenon. The goal of this method of gathering data is to gain insight about the children’s abilities, difficulties, interests, and appropriate play skills. This method is appropriate for the program because the problems or concerns the children encounter can also be applied into the interventions from the program.

The second additional method of investigating the need was the implementation of a survey/questionnaire for the therapists, teachers, and parents of typically developing children and children with special needs (see Appendix C and D for survey questions). The purpose behind the development of this particular open-ended survey/questionnaire was that it would be cost-
effective, easy to compile data, and it would generate both qualitative and quantitative information.

**Literature Review**

According to American Occupational Therapy Association’s (AOTA’s) Societal Statement on Play (AOTA, 2007), every child has the right to play. Childhood play is the context for children’s development and is fundamental to their growth and learning from infancy through adolescence, contributing to their physical, cognitive, social, and emotional development. The absence of childhood play, or reduced opportunities for it, deprives children of an essential context for their optimal development, health, and learning. AOTA recognizes play as a domain of occupational therapy practice applicable to people throughout the life span. Occupational therapy practitioners support, enhance, and defend children’s right to play by promoting recognition of play’s crucial role in children’s development, health, and well-being, establishing and restoring children’s skills needed to engage in play, adapting play materials, objects, and environments to facilitate optimal play experiences, and advocating for safe, inclusive play environment (AOTA, 2007). Therefore, AOTA provides support as to why play is an essential aspect of a child’s life, and these reasons are rationales for the purposes of developing a play groups program for children.

In addition, during the years of the occupational therapy profession, play was a highly visible aspect of occupational therapy programming, especially in occupational therapy for children. “In the Occupational Therapy Practice Framework (OTPF), play is one of seven overarching areas of occupation that are addressed by occupational therapists in practice” (Parham, 2008). OTPF specifies that engagement in occupation to support participation is the overarching outcome of the occupational therapy process (AOTA, 2002). Therefore, this implies
when working with young children, occupational therapists should address play not only as a means to attain therapeutic goals, but also as a primary outcome area as play is an integral part of a healthy lifestyle. Inclusion of participation of a child’s engagement in play is within the contexts of home, school, and community life (Parham, 2008), which are all applicable to the purposes of developing play groups within Nationwide Children’s outpatient centers. “For play to emerge and flourish, a child needs to feel physically and emotionally safe as well as having an adequate level of physiological stability and metabolic resources” (Parham, 2008, p. 29). Therefore, for the purposes of developing play groups for typical peers and children with special needs, it is important to make sure that these conditions are present.

Play has shown to be extremely sensitive to environmental conditions, such as hospitalization. Young children who experience extended hospitalization may have adverse effects on normal play development. Playfulness and the level of play development in children at home and children who are hospitalized were compared in a study by Kielhofner et al (1983). The authors found that certain features of the hospital environment appeared to have hindered the development of play. The findings from this study indicated that hospitalized children demonstrate less playfulness and play in a less developmentally mature fashion than their non-hospitalized peers. Further, variation of environments was shown to have an effect on the developmental level of the children’s play.

This study utilized three hospitalized children (i.e., children who had spent from 60 to 80 percent of their lives in the hospital) and three non-hospitalized children. However, these children were not chronically ill, nor did they exhibit any clinically observable cognitive deficits or emotional disturbances. The non-hospitalized children were matched to the hospitalized children for age and sex. Each of the subjects was videotaped while playing during separate
sessions in three different environments: (1) hospital playroom for the children who were hospitalized and the child’s typical play space in the home for the children who were non-hospitalized, (2) a standardized play environment where the caretaker was instructed to respond to the child but not to initiate any interaction or demonstration to the child, and (3) the same standardized play environment with the caretaker participating with the child in play. The children were video recorded, which allowed the raters to determine the developmental level of each child’s play in each setting and the degree of playfulness.

In the first standardized environment, parents or caretakers were present but instructed to be passive. The atypical compliance of the adult was apparently interpreted by the children as a sign that something was wrong. The non-hospitalized children vocalized their discomfort and actively sought to get their parent to remove them from the room. In contrast, the hospitalized children made no effort to seek escape from the room, but sought instead to sit on their caretaker's lap, withdrew into a corner, or passively agreed to what was obviously for them a less than comfortable situation. Their compliance to environmental conditions may be a reflection of a generalized feeling that they lack control. In play, children learn to master the environment and utilize its assets. When play is suppressed, children may be at risks for delayed play maturation. Overall, this article is relevant to developing play groups within a hospital type setting. The occupational therapist can fulfill an important and needed role as consultant to staff in planning and designing physical space that is conducive to play in hospital settings, and by conducting remedial play programs. The features of the hospital environment are important variables to consider in any attempts to remediate play. The implication is that the hospital environment, especially for those children who will spend significant amounts of time in the hospital, should be scrutinized and organized to facilitate the continuation and development of normal play. The
issue of hospitalization's effects on childhood play leads me to consider the ultimate effects of
suppressed playfulness and delayed play maturation on the child (Kielhofner et al., 1983).

Additionally, participation is essential to children’s development. According to the
authors, Hoogsteen and Woodgate (2010), children with disabilities and/or illnesses are at risk
for restricted participation. Through participation children acquire new skills, have increased
physical, emotional and social well-being and enhanced quality of life. Therefore, Hoogsteen and
Woodgate hoped that health care professionals can use this definition to address the limitation of
existing programs and develop measures to assess the attributes of participation. Participation
and socialization are viewed as essential to quality of life and healthy development for children,
including those with disabilities. Hoogsteen and Woodgate concluded that in order to participate,
children with disabilities must be involved in something or with someone, they must feel a sense
of inclusion, they must have a choice over what they are taking part in, and they must be working
toward a goal or enhancing their quality of life (Hoogsteen & Woodgate, 2010).

The consequences of participation are extremely meaningful to children with disabilities.
Occupational therapists, physical therapists, and other health care professionals need to be aware
of what could be lacking in the lives of children if they are unable to participate, which is a
rationale for developing play groups for the inclusion of typically developing peers and children
with special needs. As the authors exclaimed the criticalness for children with special needs to be
involved with something or someone, engaging in play groups with other peers will allow them
to feel a sense of inclusion and enhance their quality of life (Hoogsteen & Woodgate, 2010). The
focus of the play groups program is not only on children with special needs but typical children
as well. I believe these benefits will also be advantageous for typical peers as they learn more
about inclusion, socialization, disabilities, and accepting others for who they are. They are also
working toward a goal and enhancing quality of life and continuous healthy development by guiding health care professionals in classifying gaps in existing service areas and determine priorities in the development of services they provide. Service providers may be able to identify specific strategies to promote participation among children with disabilities and typically developing children, including areas of access, adaptation of programs and facilities, and transportation which may be lacking in existing programs (Hoogsteen & Woodgate, 2010).

Furthermore, a study explored the perspectives of children with disabilities regarding the concept of inclusion in physical activity (Spencer-Cavaliere & Watkinson, 2010). The purpose of this study was to explore children with disabilities’ perspectives on inclusion in physical activity settings. Participants were children with disabilities, including cerebral palsy, motor delays, developmental coordination disorder, muscular dystrophy, nemaline myopathy, brachial plexus injury, and severe asthma. Children’s perspectives on inclusion in physical activity (e.g., sports, games, and play) were explored through semi-structured interviews. Three themes emerged from the data: gaining entry to play, feeling like a legitimate participant, and having friends. These themes were associated with feeling included to varying degrees in sports, games, and play. In essence, it was the actions of others that were the prominent features identified by children that contributed to feeling more or less included in physical activity contexts; in relation to inclusion in physical education, recreation, and unstructured free play (Spencer-Cavaliere & Watkinson, 2010). This is relevant for the purposes of a play groups program designed for the inclusion of typical children and children with special needs. Thus, it is important to understand the children’s feelings of inclusion in various occupational contexts. The inclusion of children who are typically developing and children with special needs should be a concern and central importance to professionals in the community.
Researchers from the Centers for Disease Control and Prevention (CDC), in collaboration with researchers from the Health Resources and Services Administration (HRSA), conducted a study analyzing the prevalence of developmental disabilities in the United States from 1997-2008. The researchers asked parents or legal guardians if their children had any of the following developmental disabilities: Attention Deficit Hyperactivity Disorder (ADHD), autism, cerebral palsy, intellectual disability, learning disorders, stuttering/stammering, and other developmental delay. The study conducted involved 119,367 children between the ages of 3 and 17. The results from the study showed that the prevalence of developmental disability had increased from 12.84% to 15.04% during the 12-year span. The significance is that nearly 1 in every 6 children has a developmental disability. Nationwide Children’s provides services for children with various disabilities and illnesses, and it can be inferred that many of these children could benefit from the implementation of a play groups program (Boyle, 2011).

Furthermore, the Centers for Disease Control and Prevention created a network to monitor autism and other developmental disabilities in the year 2000. According to this fact sheet released by this network of the CDC, approximately 1 in every 110 children in the United States has an autism spectrum disorder (ASD). The authors then stated that ASDs occur in all racial, ethnic, and socioeconomic groups, but are four times more likely to occur in boys than in girls. The research studying the prevalence of ASDs in the United States shows that there is an increasing number of ASDs being seen throughout the United States. In addition, the U.S. Census Bureau, 2011 American Community Survey provides a table that depicts official counts of the population by disability, age group, and gender within Franklin County. The estimated count for children with a disability under 5 years of age is 59,913. Therefore, due to the increasing prevalence of ASDs and children under 5 years of age with a disability in the United
States, it is reasonable to infer that there are many of children who could benefit from a play groups program (United States Department of Health and Human Services, n.d.).

According to Ginsburg (2007), play is essential to childhood development. Play contributes to the cognitive, physical, social, and emotional well-being of children. Play is also critical as it provides an opportunity for parents to engage fully with their children. There have been a variety of factors that have reduced play, including chaotic and busy lifestyles, changes in family structure, and increased attention “to academics and enrichment activities at the expense of recess or free child-centered play” (Ginsburg, 2007, p. 182). This article is important as it offers support and guidelines on how to advocate for children by helping families, school systems, and communities to consider how to ensure that play is defended along with seeking balance in children’s lives to create optimal developmental milestones (Ginsburg, 2007).

The United Nations High Commissioner for Human Rights (1989) recognizes play as a vital part to healthy child development and as a right of every child. However, this “inheritance is challenged by the limited resources available to children living in poverty and are not receiving the full benefits of play” (Ginsburg, 2007, p. 182). According to Ginsburg, children need some free unscheduled time for creative growth, self-reflection, and decompression. Therefore, children would profit from child-driven play as it provides unique developmental benefits. Overall, the Ginsburg article is essential to the demographics of play and why play is beneficial for childhood development. This article documents multiple forces that are interacting with reducing the ability of children to obtain the benefits of play. Also, for the purposes of developing play groups, this article provides reasons why and how play is a cherished part of childhood as it offers children important developmental benefits and parents the opportunity to fully engage with their children (Ginsburg, 2007).
A study on play deprivation discussed the importance of how free play experiences are vital for the normal growth and development of all children. In this article, children with physical disabilities who are deprived of normal play opportunities were viewed as having a second disability that hinders their potential for independent behavior and performance. Physical, social, personal, and environmental barriers were found to limit the play experiences of children with physical disabilities. Within this article, free play has been proposed as a vitalizing element in the development of the whole child. Children who are restricted by physical limitations who are not given adequate opportunities to engage in free play may be acquiring secondary disabilities, including: diminished motivation, imagination, creativity, poorly developed social skills and increased dependence. Therefore, occupational therapists may be able to prevent some of these secondary problems by enhancing play opportunities, which is relevant to the importance of play groups and implications for occupational therapy (Missiuna & Pollock, 1991).

Furthermore, the effects of peer-play examined play in one dyad condition through a baseline phase; whereby the participant was paired with a developmentally higher or lower level peer playmate. The study looked at differences in initiation and response exhibited by preschool-aged children with social-play delays when participating in free-play with peers of differing developmental levels. The results of this study indicated that for preschoolers with developmental play skill delays, play with familiar peers who had higher-level skills generally resulted in higher levels of both initiation and response. By highlighting the effect of peer playmates with both higher and lower skills on these behaviors, the results of this study have the potential to impact the way in which occupational therapy interventions for preschool children with developmental play delays are developed and implemented. The data from this research suggest that pairing a preschool child with a developmentally higher peer may facilitate the
emergence of initiation and response and/or increase the frequency of these behaviors. Therefore, there is more initiation and response to initiation during play with higher level peers. Also, occupational therapists should consider pairing the child with play delays with a child who has higher play skills to advance play skills (Tanta, 2005). Hence, the rationale for the need of including both typical peers and children with special needs in a play groups program. One of the limitations of this study was the small sample size (N=5), the participation of children from only one university laboratory school, and the inclusion of children with mean play age less than 4.4 years.

According to Susan Esdaile and Judith Olson (2004), play is the medium by which children develop, and it is important at every stage of life. The authors state that play is a life task and it relates to the growth of self-knowledge and creativity. “Play is a distinguishing human characteristic that fosters cultural creativity and learning, and is therefore essential to human survival” (Esdaile & Olson, 2004, p. 97). The authors discuss the importance of play and the certain development-related areas, which include: (1) the adaptive function of play that emphasizes the practice of behaviors needed for survival, (2) social learning through play and its relationship to the practice of skills for later life, (3) the mastery and enjoyment of play elements that are expressed through play that contribute to cognition, learning, creativity, problem-solving and the ability to manipulate ideas, and (4) physically active and exploratory play that enhances neuromuscular coordination and perceptual motor skills that can be applied to purposeful occupations (Esdaile & Olson, 2004). Overall, this textbook is relevant for the purposes and needs of developing play groups for typical peers and children with special needs based on the need of integrating play. The authors stated certain goals for play groups, which are parallel to the purposes of this program development, that include: (1) distributing information about child
development informally, (2) assisting parents in learning their own skills and finding resources, (3) facilitating socialization within a group, (4) enhancing child development through play and age-appropriate materials, and (5) encouraging parents and/or caregivers to become familiar with and use available community resources (Esdaile & Olson, 2004).

According to Parham and Fazio, play in childhood is important because it prepares the child for the student role. Play is significant because it is an effective way to develop other functions, such as sensory, integrative, motor, social, cognitive, self-care, and work skills (Parham & Fazio, 2008). In relation, Case-Smith states that play is the ground for the development of sensory integration, physical abilities, cognitive and language skills as well as interpersonal relationships. In addition, Case-Smith discusses play as a primary and purposeful occupation that results in mental and emotional experiences (Case-Smith, 2005). During play, children practice adult and cultural roles and learn to become productive members of society (Bergen, 1998; Levy, 1978; Reilly, 1974). Play promotes health and quality of life because it is an “active ingredient of a healthy lifestyle in the present” (Parham & Fazio, 2008, p. 24).

According to Parham and Fazio, occupational therapists are unique in the perspective of play as an occupation. Occupational therapists use play as a means to create therapeutic goals so clients can practice new skills and behaviors. Play is essential for communication and growth of children. Case-Smith (2005) discusses how Mary Reilly was instrumental in bringing play into the forefront of occupational therapy in the late 1960s. Mary Reilly described play along a continuum that she called occupational behavior (Reilly, 1974). Through play, children learn skills and develop interests that later affect one’s choices and successes.

The occupational therapy literature provides numerous rationales for the use of play in evaluation and intervention in occupational therapy practice. According to Crepeau, Cohn, and
Boyt-Schell (2009), play is used to address impairments in a client’s body function and structure as well as limitations in their performance skills. The authors state that practitioners use play occupations to facilitate clients’ achievement of intervention goals. “Survey results indicated that 100% of 212 occupational therapists working with preschool-aged children used play as a therapeutic modality to enhance motor, sensory, or psychosocial outcomes; 92% indicated this use in over 50% of their caseload (Crepeau, Cohn, Boyt-Schell, 2009, p. 641). Therefore, these results cohere with occupational therapy literature in which play needs to be used as a means to facilitate children’s developmental milestones. The authors affirm this need of play and the significance of occupational therapists in providing opportunities for children to practice play in a positive and safe environment while experiencing fun and enjoyment during their participation (Crepeau, Cohn, Boyt-Schell, 2009).

From review of literature, it is clear that there is a substantial need for a play groups program within Nationwide Children’s outpatient centers. According to the authors, Hoogsteen and Woodgate (2010), children with disabilities are at risk for restricted participation. Through participation children acquire new skills, have increased physical, emotional and social well-being and enhanced quality of life. Participation and socialization are viewed as essential to quality of life and healthy development for children, including those with disabilities. Hoogsteen and Woodgate concluded that in order to participate, children with disabilities must be involved in something or with someone, they must feel a sense of inclusion, they must have a choice over what they are taking part in, and they must be working toward a goal or enhancing their quality of life (Hoogsteen & Woodgate, 2010). The consequences of participation are extremely meaningful to children with disabilities. It was concluded that there is a need for typically developing children and children with special needs to play together. The need is greatest for
younger children, between the ages of 3-5, as play develops early on. Acquiring essential skills for appropriate development and growth will advance into early childhood the earlier play is introduced. The inclusion of typically developing children and children with special needs will promote healthy, age appropriate development, appropriate play skills, and social participation through peer interaction. Furthermore, the appropriateness for occupational therapy to work with children with and without special needs has been supported through the literature review. The literature also provides evidence for the effectiveness of OT intervention in the area of play among this population. Occupational therapists, physical therapists, and other health care professionals need to be aware of what could be lacking in the lives of children if they are unable to participate, which gives reason for developing a play groups program for the inclusion of children with special needs.

This is significant to the profession of occupational therapy as occupational therapy focuses on helping children achieve independence in all areas of their lives. In summary, the extensive literature review showed that play is a natural and vital process of a child’s life and is critical for development and growth. Occupational therapy can help children with various needs to improve their cognitive, physical, and motor skills and enhance their self-esteem and sense of accomplishment. A child’s main occupation is playing and learning and occupational therapists can evaluate children’s skills for playing and functional performance and evaluate them with what is developmentally appropriate for a specific age group. Through the process of play, occupational therapists can address physiological, social, and environmental factors that can affect functioning in different ways. Play provides a way for children to express their experiences and feelings through a natural process. Since children communicate through play, this process is important as children learn about and grow to accept themselves and others.
Occupation-based Programming

According to Kielhofner (2009), a central role in health and wellness is engagement in occupation. Meaningful occupations contribute to development, connect individuals to their social and cultural environment, and provide opportunities for physical and mental engagement (Kielhofner, 2009). Due to the nature of occupational therapy and the impact that engaging in meaningful occupations has on individuals, all interventions within this program will be occupation-based. Occupational therapists are highly trained and skillful in implementing occupation-based interventions and incorporating meaning and purpose into occupations; therefore, an occupational therapist will lead all programming. The proposed program will consist of play-based stations targeting social participation through peer interaction with incorporation of other domains necessary for healthy, age appropriate development. The program will be supported by occupation-based, interactive, and constructive hands-on play.

Model of Practice

The model of practice I will be using during this program is the Play Model of Practice (Parham & Fazio, 2008). The program will pursue the following principles as identified in the Play Model of Practice.

1. Participation and active engagement (with peer models).
2. Inclusion during group play
3. Constructive hands-on play
4. Enhance interpersonal skills
5. Enhance or maintain optimal growth and development
6. Enhance learning and functional play skills
7. Enhance socialization and communication skills through peer-play, and
8. Improve the parent-child bond and interactions.

The above principles will be applied throughout the entire 12 week summer program (divided into two 6 week sessions to match children on age and level of appropriateness). All program interventions will encourage active engagement and participation of participants. The environment throughout the program will be conducive to enjoyable play occupations. The environment will be designed to influence and promote healthy development, social participation through peer interaction, and appropriate play performance of the occupations implemented during the play groups. The environment is intended to have an impact on occupational performance.

Federal Initiatives and National Trends

In 2001, World Health Organization (WHO) made a major revision to the International Classification of Functioning, Disability and Health (ICIDH-2), which is a revision of the original International Classification of Impairments, Disabilities, and Handicaps (ICIDH). The International Classification of Functioning (ICF), Disability and Health became the newest and current framework. The domains are now classified as “body functions and structures” and “activities and participation” (World Health Organization, 2002). It recognizes the relevance of everyday activities to health and that “participation in everyday life by persons with disabilities results from the interaction between person and environment” (World Health Organization, 2002).

The latest addition to the ICF is the ICF for Children and Youth (ICF-CY). Published in 2004, the ICF-CY is designed to be specific to the unique and growing characteristics of children as the ICF for children and youth has evolved over time. ICF recognizes disability as a “universal human experience.” Their focal point is to understand the impact disability has on
one’s health. Furthermore, they look at the social characteristics of having a disability, rather than viewing a disability as a medical abnormality. They also consider the impact of the environment on a person’s functioning. Therefore, ICF has improved “body functions and structures, activities, participation and environments” to manage the growth and development of “infants, toddlers, children and adolescents” (World Health Organization, 2002).

Field trial findings and research applications have provided support for the comprehensiveness of the ICF-CY for use in administrative, clinical and research settings with children of different ages and health conditions. Validation of the content of the ICF-CY has taken the form of clinical research studies to demonstrate its effectiveness in assessment and classification of childhood disability (Simeonsson, R.J., Leonardi, M., Bjorck-Akesson, E., Hollenweger, J., Lollar, D., Martinuzzi, A. & TenNapel, H., 2006). Furthermore, International Functioning Classification (ICF) does not measure disability. Instead, it describes individual’s functional abilities in various domains. In relation to the Occupational Therapy Play Groups Program, the purposes of play groups for typical children and children with special needs are to describe the functional skills of the children, while encouraging inclusion to enhance social participation through peer interaction while supporting healthy development; in relation to participation and activities, which are two domains included within the ICF (World Health Organization, 2002).

According to International Classification of Functioning, Disability and Health, the most important aspect under activities and participation is that there are a range of activities going from basic to complex that describe an individual’s abilities to be independent and to be integrated into the community. This relates to the idea of a play groups program as there will be stations set up utilizing this concept to discover and facilitate children’s play skills, abilities as a
whole person, and inclusion within one’s own community. The stations will exploit some of the classifications of activities and participation within the ICF. These include: (1) interpersonal interactions, (2) community, social, and civic life, and (3) communication (World Health Organization, 2002). The International Classification of Functioning, Disability and Health define disability as an umbrella term for impairments, activity limitations and participation restrictions. Disability is the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome and depression) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports) (World Health Organization, 2011).

A government initiative, Healthy People 2020, focuses on promoting the health and well-being of people with disabilities. Disability is part of human life, and an impairment or condition does not define an individual, their health, or their abilities and limitations. People with disabilities play an essential and valued role in the community. People with disabilities need the opportunity to engage in important daily occupations, which add to a person’s growth, development, fulfillment, and community contribution. The Disability and Health objectives highlight areas for improvement and opportunities for people with disabilities to (Healthy People 2020, 2012):

- Be included in public health occupations
- Receive well-timed interventions and services
- Interact with their environment without barriers
- Participate in everyday life occupations

Therefore, without these opportunities, children with disabilities will continue to experience health disparities, compared to the typical, healthy population. According to Healthy People
2020, there are many social, physical, and environmental factors that influence the health of children with disabilities. There were three areas identified for public health action, using the International Classification of Functioning, Disability, and Health and the World Health Organization (WHO) principles of action for addressing health determinants. The following, which are relevant for the purposes of developing a play groups program, include: (1) address the unequal distribution of resources among children with disabilities and those without disabilities by increasing education and social participation and (2) expand the knowledge base and raise awareness about determinants of health for children with disabilities by increasing the inclusion of individuals with disabilities in health promotion occupations, such as play (Healthy People 2020, 2012). Overall, for the purposes of a play groups program, it is vital to include children with special needs in the community through health promotion efforts and occupations, such as play groups, by removing barriers to participate and provide appropriate services and programming needs.

**Objectives**

**Goal of P.A.L. Group**

The goal of the Occupational Therapy P.A.L. (play and learn) Group Program, sponsored by Nationwide Children’s Hospital, is to enhance social participation and peer interaction with inclusion for children with special needs.

**Objectives for each six-week program (only children with special needs will be assessed as the typically developing children are integrated as peer models):**

- Objective 1: Participants will demonstrate improvements in active engagement during play as evidenced by at least a 2 point increase from pre-test to post-test on the ‘actively engaged’ item of the Test of Playfulness(TOP).
Objective 2: Participants will demonstrate improvements in engagement in activity for pleasure of it as evidenced by at least a 2 point increase from pretest to posttest on the ‘engages in activity for the sheer pleasure of it (process) rather than primarily for the end product’ item of the Test of Playfulness (TOP).

Objective 3: Participants will demonstrate improvements in social play skills as evidenced by at least a 2 point increase from pretest to posttest on the ‘engages in social play’ item of the Test of Playfulness (TOP).

Objective 4: Participants will demonstrate improvements in initiation of play with others as evidenced by at least a 2 point increase from pretest to posttest on the ‘initiates play with others’ item of the Test of Playfulness (TOP).

Objective 5: Participants will demonstrate improvements in pretend play as evidenced by at least a 2 point increase from pretest to posttest on the ‘pretends (to be someone else; to do something else; that an object is something else; that something else is happening)’ item of the Test of Playfulness (TOP).

Objective 6: Participants will demonstrate improvements in sharing with peers as evidenced by at least a 2 point increase from pretest to posttest on the ‘shares (toys, equipment, friends, ideas)’ item of the Test of Playfulness (TOP).

Objective 7: Participants will demonstrate improvements in communication skills during play as evidenced by at least a 2 point increase from pretest to posttest on the ‘gives readily understandable cues (facial, verbal, body)’ item of the Test of Playfulness (TOP).

Objective 8: The parent/caregiver will demonstrate improvements in promoting play activities and opportunities for their children as evidenced by at least a 2 point increase
from pretest to posttest on the caregiver items of the Test of Environmental Supportiveness (TOES).

One additional objective is that participants will maintain and/or increase post-test scores on at least five out of the seven items (categories) of the Test of Playfulness (TOP) at follow-up one month after the conclusion of the program.

Marketing and Recruitment of Participants

Marketing

It is important to approach a variety of stakeholders in the marketing campaign for recruitment of participants. First, Nationwide Children’s Dublin Close to Home will be approached because it will be the site at which all programming will be held, potential participants will be developed, and it is important for the organization to support and promote the program. The therapists within Nationwide Children’s outpatient centers will be asked for recommendations on appropriate children they think would benefit from the play-based group. The clinical directors and leaders will be contacted and asked to collaborate with the therapists in the marketing campaign to support and promote the play groups program. It will also be important to post flyers at the outpatient centers in addition to giving the flyers to families so they are aware of this great opportunity. Additionally, it would be important to advertise the program on Nationwide Children’s website by producing a summary of the program’s purpose and principles. It needs to be highly visible in order to give the program publicity and easy access. Second, preschool education programs (schools) will be approached in the marketing campaign. Schools are facilities in which potential participants outside of Nationwide Children’s will be contracted. These facilities will be asked to display appropriate marking materials, such as flyers, to the community. Teachers at the preschool programs will be contacted and asked to
help promote this program by posting and displaying flyers. Teachers will be asked to discuss with parents the possibility of posting flyers as well. There will also be an advertisement for the P.A.L. group on the Franklin County Special Needs Preschools website. It will consist of a summary of the program's purpose and principles along with contact information. Parents of the typically developing children and children with special needs can help support and promote the play groups program by posting flyers provided by the teachers throughout the community.

The plan for marketing materials is displaying a flyer (see Appendix E) in addition to using a script when encountering individuals face to face. The flyer simply explains the principles of programming, which are the outcomes of the play groups program for children with special needs. Although the program will initially be created at the Dublin Close to Home, flyers will be posted at each outpatient center for equal opportunities in support of children and families. Flyers will also be posted at various preschools within Franklin County. The clinical leaders, therapists, and affiliates within Nationwide Children’s outpatient centers that will be involved with promotion of the play groups program will display the flyers within their organization. The teachers and affiliates in the preschool facilities (within Franklin County) that will be involved with promotion of the play groups program will display the flyers within the community as well as programs within their organization. The teachers will explain to the parents where to display the flyers and what the flyer contains for the purposes of promoting the program. Another important strategy to utilize is face to face (word of mouth). By getting the word out to people in an attractive and succinct way, a script will be used. The source of potential participants includes typically developing children and children with special needs between the ages of three and five. The children can be of any gender or ethnicity who are
currently patients at Nationwide Children’s outpatient centers or enrolled in preschool programs within Franklin County.

The inclusion criteria of play groups for typically developing children and children with special needs include:

- Children between the ages of 3-5
- Patients within Nationwide Children’s outpatient centers
- Children with special needs in preschool programs (within Franklin County).
- Typically developing preschool children
  - Can be siblings of patients/children with special needs
- Children who need more social opportunities (specific skills will be required for entry)
  - Can the children: (Note: as a precursor, at least half of these questions need to be “yes”)
    - Participate in parallel play?
    - Participate for 10 minutes?
    - Separate from parent/guardian without crying?
    - Able to follow simple commands?
    - Beginning conversation skills?
    - Able to transition between activities with little protest?

The exclusion criteria of play groups are:

- Children under the age of 3 and above the age of 5.
- Medically fragile children
- Children with uncontrolled seizures
• Children with severe visual impairments
• Children with severe behavioral disorders
• Children with severe physical disabilities

P.A.L is a cohesive play group due to the varying diagnoses and disabilities Nationwide Children’s treats. Therefore, it is important to list what is expected of the children and what specific skills are required for the group. It is not appropriate or ethical to separate by specific diagnoses as it is considered discrimination. Limiting the group by including specific skills to participate in the group helps figure out the target population and goals with narrow perimeters.

The expectation for the children is that they can participate and contribute to a group without maximal adult support.

The purpose of this program is to enhance children’s social participation through peer interaction and play as well as inclusion for children with special needs. The targeted and expected number of participants in the first Play Group session is between 10 and 12 children. The goal is to have 70% of the total number of children to be children with special needs with the other 30% to be typically developing children. For example, if there are 10 total children there will be seven children with special needs and three typically developing children. There will be two six week sessions during the summer (starting in June and ending in August) with the play groups being held twice a week. The play groups will be held on Mondays and Thursdays from 10:30-11:30 AM. As the program continues and is proven effective, it is expected that more participants will take interest and complete the program. Also, if the program is a success by the end of each six week session, the program can be continued every summer.

In addition to the inclusion criteria, demographic data for each participant will be collected via a descriptive demographic questionnaire upon entrance into the program (see
Appendix F). This will be used as a precursor for screening evaluation. The parents of both the typically developing children and children with special needs will be filling out the demographic form. Demographics that will be collected include: age, gender, yes/no questions regarding specific skills required for group (as stated under the inclusion criteria), some of the child’s play interests, and difficulties the child experiences. After the descriptive data questionnaires are completed, data will be calculated and recorded.

**Recruitment**

The first method of participant recruitment is posting the flyer describing the principles of the program, where it is held, what time, and when, within Nationwide Children’s outpatient centers as well as schools within Franklin County. The flyer will be posted at the organizations and around the community five weeks prior to start of the program for recruitment. The second recruitment method is by word of mouth. A script will be prepared and utilized when encountering individuals within the community face to face. This recruitment method will begin five weeks prior to the start of the program for recruitment. Potential interested participants will contact Kristy Bernard to inquire about the program. Upon a phone call/e-mail, parents of the children interested will be given a quick interview to see if they meet the inclusion criteria. If participants meet eligibility criteria, their contact information will be taken for further notice of programming.

After recruitment for participants, the occupational therapist directing the program will organize individual meetings with each child and his or her parents, in which a welcoming packet (a folder with various resources pertinent to play) will be given to participants’ parents and the demographic questionnaire will be administered. Within the welcoming packet, the first document will be an introductory letter introducing the occupational therapist and welcoming the
participants to the program. The second document that will be included is an informational sheet describing the purposes of the play groups and the intended outcomes. The third document will contain information on each session along with the times of programming. A fourth document that will be included is a list of resources and contact information that the parents of the children can utilize throughout the community. Finally, another document that will be included is the descriptive data questionnaire, which the parents of both thetypically developing children and children with special needs will be required to fill out during the meeting and submit to the occupational therapist. The final documents that will be included in the packet are the assessments that will be administered in order to measure the children’s progress while participating in play groups. The assessments include: (1) Test of Playfulness (Bundy, 2008); and (2) Test of Environmental Supportiveness [TOES], (Bundy, 2008).

**Programming**

Throughout programming, different play stations will be implemented based on a theme, all which center on the enhancement of social participation and peer interaction with inclusion for children with special needs. They will also support healthy, age appropriate development. Interventions were formulated from a review of literature and information obtained from the needs assessment. The earlier on play is introduced, the more likely that the skills and time spent interacting in the presence of other peers will advance into early childhood. Hoogsteen and Woodgate (2010) stated that children with disabilities are at risk for restricted participation, in general. The definition of participation remains vague but according to Hoogsteen and Woodgate (2010), through participation children acquire new skills, have increased physical, emotional and social well-being and enhanced quality of life. Hoogsteen and Woodgate concluded that in order
to participate, children with disabilities must be involved in something or with someone, they must feel a sense of inclusion, they must have a choice over what they are taking part in, and they must be working toward a goal or enhancing their quality of life (Hoogsteen & Woodgate, 2010). Participation and socialization are viewed as essential to quality of life and healthy development for children, including those with disabilities. The benefits of participation are extremely meaningful to children with disabilities.

According to AOTA’s Societal Statement on Play (American Occupational Therapy Association, 2007), every child has the right to play. Childhood play is the environment for children’s development and is fundamental to their growth and learning from infancy through adolescence. This contributes to their physical, cognitive, social, and emotional development. The absence of childhood play, or reduced opportunities for it, deprives children of an essential framework for their optimal development, health, and learning. AOTA recognizes play as a domain of occupational therapy practice applicable to people throughout the life span. Occupational therapy practitioners support, enhance, and defend children’s right to play by promoting recognition of play’s crucial role in children’s development, health, and well-being; establishing and restoring children’s skills needed to engage in play; designing play materials, objects, and environments to facilitate optimal play experiences; and advocating for safe, inclusive play environment (AOTA, 2007).

Results from the literature review also show that occupational therapists, physical therapists, and other health care professionals need to be aware of what could be lacking in the lives of children if they are unable to participate in play (Hoogsteen & Woodgate, 2010). In the current program, different play-based stations will address age appropriate play skills children
require for optimal growth and development, within a safe atmosphere. By providing a variety of stations that focus primarily on engagement in play, the occupational therapist can evaluate children’s skills during play while evaluating their ability to perform tasks that are developmentally appropriate for this specific age group (3-5). Through these stations, some physical activity (movement) must be integrated within the occupation-based sessions so children can feel included and experience participation through play. Encouraging parents to attend educational sessions as well as giving them the opportunity to observe their children during the play-based stations will help enhance the parent-child interaction and bond in the home environment (Hoogsteen & Woodgate, 2010). This will also be helpful in providing parents with educational resources to further advance their understanding and bond with their child and/or children with special needs. In summary, the literature supports the idea that play is a natural and vital process of a child’s life and is critical for development and growth. Occupational therapy can help children with various needs to improve their cognitive, physical, and motor skills and enhance their self-esteem and sense of accomplishment as a child’s main occupation is playing and learning.

The identified model of practice that will be used in guiding Play Groups is the Play Model of Practice (Parham & Fazio, 2008). Given this, the program will follow the following principles as identified in the Play Model of Practice. They include: (1) enhance participation and active engagement in play with peers, (2) enhance inclusion during group play, (3) enhance constructive hands-on play, (4) develop interpersonal skills, (5) enhance growth and development, (6) enhance learning and play skills, (7) develop socialization and communication skills through peer-play, and (8) enhance parent-child bond and interactions.
The above principles will be applied throughout the entire 12 week summer program (divided into two six week sessions). All program interventions will encourage active engagement and participation of participants. The environment throughout the program will be conducive to enjoyable play occupations. The environment will be designed to influence and promote healthy development, participation, and appropriate play performance of the occupations implemented during the play groups. The environment is thought to have an impact on occupational performance. Given this, the environment will be constructed to meet the needs of the population being served. Another principle that will be used to guide programming is the use of therapeutic reasoning. Therapeutic reasoning will be implemented to address the identified needs of the participants. Therapeutic strategies that will be used throughout this program include: identifying, giving feedback, structuring, and encouraging.

Again, Play Groups is designed to enhance social participation and peer interaction through inclusion for children with special needs. Several assessments will be administered with each child. (Note: the assessments will only be administered for the children with special needs). The assessments will be given the first day of the program, at the end of the six week program, and four weeks after the end of the program. The assessments that will be used are: (1) Test of Playfulness [TOP], (Bundy, 2008); and (2) Test of Environmental Supportiveness [TOES], (Bundy, 2008). The TOP is an assessment designed for measuring the play of individuals between the ages of 6 months and 18 years. It has been recommended that the TOP is most reliable when completed after play sessions that are 15 minutes in length. The TOP highlights the interactions between the child, activity and environment, and illustrates the child's strengths in his/her role as a player. Lastly, TOES assesses the extent to which the environment supports an individual's play. It looks at the environment, play, safety, and support. For the purposes of this
program, support will primarily be in the form of support from the parents. These scores are based on the caregiver’s (parents) supportiveness of their child’s play. All of the assessments will be used as a pre- and post-test. The assessments will be used as a post-test during the four week follow-up for each participant.

The proposed program will consist of occupationally based play stations, with each station involving participation and engagement in support of the children’s needs. Each station will also be planned around a theme for each week. The identified needs were formulated from the conclusion of the needs assessments and relevant literature reviews. The play-based sessions and the parent educational sessions will be organized and led by a registered occupational therapist and all sessions will be held at the Dublin Close to Home Center. Therapy aides or volunteers from the community will help assist with the play-based stations so an adult is sitting at each station guiding the children during the occupation. All financial obligations, including supplies for occupations and payment for the occupational therapist for the program will be covered by Nationwide Children’s, which will receive grants, donations, and plan fundraising events specific for this program.

The program will be held twice a week for 12 weeks (two six week sessions) during the summer (June-August) on Mondays and Thursdays from 10:30 a.m. -11:30 a.m. There will be a week break in between the two summer sessions. The rationale for the summer time frame is that parents are often seeking opportunities for their children to participate in during the summer months to keep them active. To ease the issue of child care for parents, free childcare will be provided on site with the help of therapy aides and/or volunteers. Play stations, based on the theme for the week, will be set up around the room (with wall dividers separating each station for minimal distractions) for the children with special needs and typically developing children to
engage in. There will be a separate room (i.e. office or conference room) for the parents to attend the educational sessions during the time their children are playing. There will also be a table in the parent room with parent educational resources (see Appendix M for parent resources) in relation to the purposes and benefits of play groups as well as information about the stations (interventions) implemented for that particular day.

A total of six sessions will be implemented for each group (12 total). The sessions are based on the needs of the participants. To make the sessions more enjoyable and attractive to the children, there will be a theme for every week. The themes are: (1) Musical Madness, (2) Animal Wilderness, (3) Dr. Seuss, (4) Transportation Toddlers, (5) Nature Walk, and (6) Space Jam. (See Table 1 for an example of sessions and interventions for one of the two days per week). The children can come dressed up to the theme if they choose. The stations will be implemented in relation to the particular theme. The parents will attend the first 15 minutes of the first session for an introduction to the program. The occupational therapist will give a brief introduction (5 minutes) explaining a little about his/her background. There will be an introduction explaining the agenda for interventions and general programming (10 minutes). After these announcements, the parents will attend the educational session in a separate room while the children play. There will be time for an ice breaker that will last approximately 15 minutes. The ice breaker, Animal Groups, consists of index cards with an animal sound written on them. There will be six different animals, with at least three to four cards with the same animal written on them. Some good choices for animals for this game are dog, cat, lion, and horse. As the children enter the meeting space, the therapists will hand each of them an index card with the name of an animal on it. (Please note that the therapists and therapy aides will be there to guide the children in reading the animal name and helping them throughout the ice breaker). Once everyone is present, the
children must find the other children in their animal group by only making the noise of that animal without talking. The first group to find all of their members wins. The goal of the ice breaker is to help participants get to know one another. Hopefully this warm-up will allow the children to feel more comfortable within the environment and begin opening up to one another while engaging in meaningful social occupations.

Table 1. Example of Sessions and Interventions for One of the Two Days Per Week.

<table>
<thead>
<tr>
<th>Week</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td><strong>Musical Madness</strong></td>
</tr>
<tr>
<td></td>
<td>Play stations:</td>
</tr>
<tr>
<td></td>
<td>- Make musical instruments (tambourines, shakers, drums)</td>
</tr>
<tr>
<td></td>
<td>- Dance and sing along to any kids CD while playing homemade instrument</td>
</tr>
<tr>
<td></td>
<td>- Interactive story time (<em>The Jungle Book</em> and its audiotape)</td>
</tr>
<tr>
<td></td>
<td>- Free-play/snack</td>
</tr>
<tr>
<td>Week 2</td>
<td><strong>Animal Wilderness</strong></td>
</tr>
<tr>
<td></td>
<td>Play stations:</td>
</tr>
<tr>
<td></td>
<td>- Feed-the-Animal fine motor games</td>
</tr>
<tr>
<td></td>
<td>- <em>Find the Animals</em> game (Old McDonald’s animals ran away and the children have to find them (therapist hides animals inside or outside). Two teams, first team to put animals back in their home (box) wins.</td>
</tr>
<tr>
<td></td>
<td>- <em>We’re Going on a Bear Hunt</em> (interactive story time and CD rhyme)</td>
</tr>
<tr>
<td></td>
<td>- Free-play/snack</td>
</tr>
<tr>
<td>Week 3</td>
<td><strong>Dr. Seuss</strong></td>
</tr>
<tr>
<td></td>
<td>Play stations:</td>
</tr>
<tr>
<td></td>
<td>- Make a “Cat Hat” out of red and white construction paper (after reading <em>Cat in the Hat</em>)</td>
</tr>
<tr>
<td></td>
<td>- After reading <em>One Fish, Two Fish make Fish Prints</em> (cut out fish shapes from sponges and have children dip sponges in paint to create their own sponge-painted fish)</td>
</tr>
<tr>
<td></td>
<td>- Puppet play put on by the children.</td>
</tr>
<tr>
<td></td>
<td>- Free-play/snack</td>
</tr>
<tr>
<td>Week 4</td>
<td>Transportation Preschoolers</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 5</th>
<th>Nature Walk</th>
<th>Play stations:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>➢ Weather permitting, take a nature walk and collect leaves. Then place white computer paper over leaves and have children color over them to make a leaf print.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Make bird feeders or plant flowers (pine cones, bird seeds, and peanut butter) (Please note, before using peanut butter make sure none of the children have a peanut allergy).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Nature scavenger hunt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Free-play/snack</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 6</th>
<th>Space Jam</th>
<th>Play stations:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>➢ Make planets out of Styrofoam balls and other materials such as pipe cleaners (have model for children to look at).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Play the game <em>Moon Rock Throw</em> (crumble paper up into balls and divide children into two teams. Line them up 2-4 feet apart. Children will toss the rocks (crumbled paper) from end to the other without dropping it. If they drop it they start from first person tossing again). *Demonstrate first.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Play <em>Astronaut, Astronaut, Alien</em> (play just like duck, duck goose).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Free-play/snack</td>
</tr>
</tbody>
</table>
After the completion of the ice breaker, the children will engage in the play stations that are implemented. Each week has a different theme for the sessions. The different play stations will last 15 minutes each. The last 15 minutes of each session will include snack and free-play. *(Note: The first session will contain only two 10 minute play stations due to the limited amount of time because of the initial introduction and ice breaker activity). This will give the children the opportunity to choose any occupation of play they prefer. This will also allow the therapist to observe the children’s imaginative play as well as other interaction and play skills with peers. The literature states that the children must have a choice over what they are taking part in, must take part in something or someone, they must have a sense of inclusion, and control over what they are taking part in (Hoogsteen & Woodgate, 2010) to be working toward obtaining a goal or enhanced quality of life.

Please note that Table 1 is a general plan for the program. Since the participants have not been recruited yet, the content could change. The occupations may need to be graded up or down depending on the children’s needs as well as their disability. Furthermore, after the last station on the final day, the remaining time will be used for conclusion and wrap-up of the programming. The last 15 minutes, the children will engage in free-play while the therapist wraps-up the program with the parents. Parents will receive their final educational resources as well as a document that includes all the stations (sessions) from the program along with directions and purposes. This will be a helpful tool for parents to utilize in order to incorporate fun ideas at home. The therapist will also go over assessment information gathered during the six week program. Four weeks after completion of the program, participants will be asked to come back for one more one hour play group. In order for better re-assessment results, the group will be divided into two groups so the therapist can re-evaluate a smaller group (depending on the total
number of participants). One group will attend a morning session from 10:00-11:00 and the second group will attend the afternoon session from 1:00-2:00 p.m. The therapist will use the same assessments used earlier in the six week program. The therapist will observe, evaluate and compare the results to the outcomes from the six week program. This will determine if the summer program was beneficial and if the children’s scores were maintained or improved. It is anticipated that the results will provide evidence that the program enhanced social participation and peer interaction with inclusion for children with special needs as well as supported healthy, age appropriate development. After this final assessment is received, participants will have successfully completed the program.

Participation in this program will also have an indirect effect on the parents of the children with special needs and typically developing children. It is the hope of the program to enhance social participation and peer interaction with inclusion for children with special needs in support of healthy, age appropriate development. Also, by providing educational sessions for parents, parent-child bonding may be enhanced. If the parents continue to utilize play at home and use the resources given, play may enhance the parent-child bond as well as the child’s overall healthy development.

Throughout the program, the occupational therapist will have a role in care coordination of participants. Other disciplines (physical therapist, speech therapist, nurse, physicians, and teachers) that the children receive services from, the program site affiliates, and parents will work together throughout the program. The occupational therapist will communicate with the above individuals about the progress of the children in the program. The occupational therapist will send weekly progress notes to the above individuals. They will be encouraged to make suggestions and ask questions as the program progresses. The parents will also be encouraged to
report with any problems they see at home. Furthermore, since half of the populations being served are children with special needs, the occupational therapist can make referrals, provide educational resources, and coordinate communication as needed for participants.

Various forms of documentation will be kept on file throughout programming. This includes all descriptive data questionnaires, each individual’s assessments, all summaries of effectiveness of programming and progress notes (provided by care coordinator), and self-reports by parents. A summary of parent reports, reflections of observation, and progress notes for the children in the group written by the therapist after each weekly session will be typed and documented by the occupational therapist. All documents will be kept in a locked filing cabinet.

**Budgeting and Staffing**

**Budget**

A budget had been developed and provided (see Appendix G for the budget of the P.A.L. Group). The budget was created for one summer of funding the P.A.L Group. The budget provided gives a detailed summary of the required cost to implement this program successfully. Costs are divided into two categories, personnel and supplies and equipment, along with in-kind contributions given by Nationwide Children’s. The estimated hours and wage for the occupational therapist are given. The therapist’s wage is based on the median hourly wage reported by the American Occupational Therapy Association’s 2010 *Occupational Therapy Compensation and Workforce Study*. Since the occupational therapist position will be part-time status, no fringe benefits will be allotted.

A variety of supplies and equipment will also be required in order to successfully carry out this program. These items are also detailed in the appended budget. Costs were obtained from Walmart.com and Dollar General and the quantity of each item is an estimation of the
amount needed for the entire summer program. A locked filing cabinet will be kept in the occupational therapist office space. Each participant will have his/her own file folder to keep documents (assessments) and other relevant materials that may have been printed. In addition to these materials, the cost of the assessment evaluation tools is included in the budget. In-kind costs include computer, desk, chair, printer/copier/ scanner, office supplies, tables, toys, books, outdoor play equipment, air conditioning, and internet.

**Staffing**

The program director of the P.A.L. Group will be an occupational therapist, registered by the National Board of Certification and licensed by the state of Ohio. The occupational therapist must have experience in conducting group interventions. A second occupational therapist will be hired on part-time to direct the parent educational sessions. The program director of the P.A.L group will assist the occupational therapist in what to implement during the parent educational sessions, based on the play stations, as the program director is the primary staff member for the P.A.L. group. The occupational therapists will be hired to work part-time, averaging 32 hours per summer program (for each six week session). The program director (occupational therapist) will have several job duties to fill this time (see Appendix H for occupational therapist job description and Appendix I for sample advertisement). The program director will be in charge of planning and implementing the occupationally-based program. The program director will develop marketing materials to recruit participants and gather the materials needed to create the welcoming packet. When participants are accepted into the program, it is the responsibility of the program director to organize a meeting time with each participant (child and parents) to hand out the welcoming packet and administer the demographic questionnaire before the program starts. The program director will also inquire therapy aides for childcare via word of mouth and by
asking therapists for recommendations. It may also be appropriate to post flyers within Nationwide Children’s outpatient centers to request therapy aides help with childcare. Volunteers can help assist at each play-based station. Ideally, these volunteers would be a student in occupational therapy or occupational therapy assistant programs. The occupational therapist will recruit volunteers from The Ohio State University through emailing the chair of the department of education at The Ohio State University asking to forward email to students as well as posting flyers at the university requesting student volunteers. Once the program starts, the program director (occupational therapist) will deliver and facilitate the designed program to children with special needs and typically developing children and the other occupational therapist will facilitate the educational session for the parents. Four weeks post-program, the program director will be required to re-asses all the participants during a one hour play group on the assessments utilized throughout programming and interpret the findings to test the effectiveness of the program.

**Potential Funding Sources**

The goal of the Occupational Therapy P.A.L. (play and learn) Group Program, sponsored by Nationwide Children’s Hospital, is to enhance social participation and peer interaction with inclusion for children with special needs. A funding source has been identified to possibly fund the P.A.L. Group. The primary funding source is United Way of Central Ohio (2012), which is a leadership and support organization where they envision “all individuals and families achieve their human potential through education, income stability, and healthy lives (United Way, 2012). United Ways ultimate goal is to improve individual’s quality of life and strengthen the community. Their vision is to “build a community in which everyone has the aspirations, resources, and opportunities to reach their fullest potential.” United Way of Central Ohio was
created to help people in need and make their community a better place for everyone. They create opportunities for a better life for all. United Ways work is more than raising and giving money. They want to create long-lasting change by addressing underlying causes of problems in order to create a brighter future for everyone. Their focus is to identify the best, most cost effective ways to respond to problems. Then they influence partnerships, government funding, and support grants and donations to embark upon the problems. Therefore, as they want to enhance the quality of life of the community and families within Central Ohio, it is of interest of United Way to fund new programs dedicated to meet the rising needs of the community (which is the purpose of the P.A.L. Group for children with and without special needs) or to fund the extension of existing successful programs.

The rationale for this funding source is due to the geographical proximity as it is a local foundation. Nationwide Children’s Hospital is family-centered. Their primary focus is fulfilling the needs of the patients and their families. Nationwide Children’s sees family participation as an important asset because they accept families of different cultures and economic status. They want to provide the best resources for their families and offer support and encouragement throughout their stay at the hospital. Overall, Nationwide Children’s “policies are based upon family centered concepts that promote efficiency, flexibility, and quality care while honoring the family’s need for confidentiality and privacy” (Nationwide Children’s, 2012). Nationwide Children’s mission and philosophy consists of patient care, pediatric research, and outstanding services to accommodate the needs of patients and families. They implement outstanding services to accommodate the needs of patients and families as their vision is to create optimal health for every child in their community. The proposed program’s goal is to enhance social participation and peer interaction with inclusion for children with special needs with support of
healthy, age appropriate development. This goal is associated with the funding agency’s goal because the program will provide the means for children with special needs and typically developing children to enhance their overall social participation and healthy development through inclusive play. Therefore, the goal of the P.A.L. Group is associated to the agency’s goal and mission with their comprehensive, holistic approach on improving the quality of lives and long-term conditions to reach their fullest potential through interconnected areas of “education, income, health and home” (United Way, 2012). Furthermore, they want children to succeed and families to benefit from positive results for a stronger community as they want to make people’s lives better. United Way of Central Ohio emphasizes programs that create safe and positive learning environments, facilitate families to develop the skills and resources to support and foster each member of their family, and support the growth of individuals to achieve their fullest potential. They focus on programs that work and make an impact on a person’s daily life for a better future. The P.A.L. Groups goal is consistent with the reason United Way is in existence: to enhance the quality of life of individuals in the community.

Through United Way of Central Ohio, one has to apply for the Neighborhood Partnership Grant (NPG). The NPG program is designed to provide resources to support organizations and to provide quality of life in areas of Franklin County. The first step in the grant application process is developing a proposal. The first part of the proposal includes the purpose of the group as well as the need of the program. The applicant must indicate the project name, funding amount, what institution will be served, and geographic boundaries. This section includes the goals and objectives of the program, the targeted population, and the identifications of the needs that will be addressed (have to explain who, what, where, when, how)? The next portion of the proposal is the explanations of the implementation of the program, including a summary of the plans and
timelines for implementation of the program. This section should identify individual(s) who will be responsible for managing the program and a description of their qualifications. In addition to the proposal, three letters of support (one page each) involved in the project, a complete budget and narrative form, and an IRS letter of designation to confirm Section 501(c)(3) of the Internal Revenue Service code status needs to be included. The proposal must be received electronically by Friday, January 25, 2013 using the online proposal form. The program accepts requests up to $10,000. In 2012, grants ranged from $500-$8,000. The average grant awarded in 2012 was $3,409. Agencies and institutions within Franklin County are eligible for grants.

For eligibility criteria the project must:

- Show potential for capacity building at the institution.
- Be specific to a geographical area.
- Be submitted by residents of an area, but can be partnered.
- Show collaboration, partnership and/or commitment from others.
- Appear to be financially sound and responsible.
- Demonstrate short-term results and contribute to long-term impact.
- Demonstrate sustainability.
- Show a demonstrated need in community requesting funds.
- Demonstrate activities in one of the following areas: education, healthy for quality of life, income, and home.

The second identified funding source is the Corning Incorporated Foundation (Corning Incorporated, 2011). Corning Incorporated is a private foundation offering grants to organizations that are dedicated to improve the quality of life of the community’s citizens. The Corning Incorporated Foundation takes an interest in and supports educational, cultural,
community service, national and matching gifts programs. Within the area of community service, the Corning Incorporated Foundation has supported a wide range of organizations that serve the community, including, hospitals, community foundations, youth and women’s centers, YMCA’s, and local youth organizations. The proposed program would fall under the category of hospitals, an area of interest in which the foundation supports. The Corning Incorporated Foundation offers grants to organizations dedicated to increasing the quality of life of their residents, which is consistent with the program’s goal of enhancing social development through peer interaction with inclusion of children with special needs as well as supporting healthy development.

To make a request to the Corning Incorporated Foundation, grant seekers must submit a two-to-three page letter of inquiry. All requests must be submitted in writing and must be signed by the senior administrative officer of the organization. The first item in the letter of inquiry must include a project description. Within the description, goals and objectives must be stated as well as specific methods that will be implemented to accomplish the goals and objectives. The description also has to include the amount of money sought and the dates when funds will be needed along with an itemized project budget showing sources of committed proposed income and expenses. Finally, the project description also must include a timeline for the program, criteria for evaluating the program, an explanation of how the request meets the foundation’s program interest, and demonstration of how the program promotes cooperation among existing organizations in the field. Other items that must be included with the letter of inquiry includes: a description of the sponsoring organization and a list of officers and directors, the organizations budget with courses of income and expenses, and a long-range plan for generating other funding. The amount of dollars awarded through this foundation varies. In addition, a copy of the organizations last audited financial statement and a copy of the organizations Internal Revenue
Service letter indicating the organization is tax-exempt under Section 501(c)(3) and 509 (a) of the Internal Revenue Code need to be attached with the proposal. There are no deadlines specific for this granting opportunity. When the proposal is finalized, the document with attachments should be mailed to:

Ms. Karen C. Martin  
Associate Director  
Corning Incorporated Foundation  
MP-BH-07  
Corning, New York 14831

Lastly, the Ford Foundation is another funding source that funds program developments. Moreover, the Ford Foundation funds organizations that increase human achievement and social change. The Ford Foundation funds organizations that increase human achievement and social change. Program development is one of the type of categories that the foundation funds. The Ford Foundation has a broad mission to accept a variety of funding opportunities that would make an effective impact on society. Criteria for the Ford Foundation to fund an organization are the services that would be provided to women and disadvantaged groups through the grant. This could be a potential funding source, especially for the children with special needs as they would be considered a disadvantaged group. The P.A.L. Group program is directed toward helping the disadvantaged group of children with special needs (Ford Foundation, 2010). However, the P.A.L. Group is about inclusion; including children with and without special needs. The Ford Foundation also provides funding opportunities for women. Yet, the P.A.L Group focuses on including parents for the opportunity to enhance the parent-child bond/interaction, but not for
women in general. For these reasons, the United Way of Central Ohio is a much better fit for the purposes of the P.A.L. Group program in comparison to the Ford Foundation.

**Barriers to Funding**

Several barriers to obtaining funding have been identified in the search for granting opportunities. The first barrier is the student’s inexperience in handling grants. This leaves the student more vulnerable to common mistakes that can impede the program from being awarded funding, and/or from obtaining continual support. Errors might include choosing a grant for which the applicant is not eligible, using a wrong application format, missing a deadline, writing weak methodology for goals, objectives, and/or methods, or applying for a grant whose culture does not coincide with the culture or goals of the applicant’s organization.

The United Way of Central Ohio provides funding for only one year, which presents a second barrier. Overall, it is expected that the budget of this program will be highest in the first summer, due to the purchase of assessments and in-kind contributions (office supplies, outdoor equipment, etc.). These costs will not be needed in subsequent summers, so it should be possible to reduce the budget after the first summer. Still, the P.A.L. Group will require the continued employment of an occupational therapist. Theoretically, it should be easier to obtain funds if a lesser amount is being requested; however, continual funding sources will still need to be identified.

Furthermore, the primary funding source, the United Way of Central Ohio, stated the range of how much funding might be awarded but one might apply for the grant with a funding request that may be higher than what the supporting organization can provide, and thus get denied funding. A final barrier may be the lack of evidence available in support of the effectiveness of occupational therapy intervention. Not having a sound foundation of evidence
could lead funders to feel that they are taking a chance by funding a program type that has not already been proven effective. While some funders prioritize new, innovation programming, others may not view this as a wise investment of their money.

**Self-Sufficiency Plan**

After the first summer of grant funding for the P.A.L Group, further methods will be taken to ensure financial support to continue the program. Once the initial supplies are bought for the program, the costs for programming will decrease. The most significant cost of this program is for the salary of the occupational therapists. This is the main aspect of the budget requiring continual yearly funding. The nature of the course requires the therapist to conduct and analyze assessments for children with special needs, so an OTR/L must be on staff. It is important for an occupational therapist to oversee the program. However, it is possible to reduce the hours needed by an occupational therapist by requiring him/her to only conduct and analyze the initial, midterm, and final evaluations. The sessions could then be run by an occupational therapy assistant, reducing the overall budget for staffing. The therapist’s and assistant’s salary would ideally be covered by additional grants. If grants were not awarded, the cost would need to be covered by financial contributions from donors of the organization. Furthermore, if agency personnel see the P.A.L Group program as valuable and it matches their mission then they will adopt the program. It may also be necessary to charge participants a small contribution ($10.00 per person) for attending the P.A.L Group program as Nationwide Children’s will take on the rest of the cost.

**Program Evaluation**

Evaluating the P.A.L. (play and learn) Group program is essential to demonstrate the program’s success and effectiveness. Evaluation of the program is also important to ensure future
financial support of the program. Several measures will be used to evaluate the effectiveness of the program, including formative, summative, and process evaluations. Evaluation measures will be taken at the beginning, at the end of the program, and 4 weeks upon conclusion of the program. Each objective will be evaluated and measured as well as overall effectiveness of programming. The evaluation of each objective is described below.

1. Objective 1: Participants will demonstrate improvements in active engagement during play as evidenced by at least a 2 point increase from pretest to posttest on the ‘actively engaged’ item of the Test of Playfulness (TOP).

   The above objective will measured by a pre-test, post-test measure. The Test of Playfulness (TOP) will be administered to each participant by the occupational therapist on the first and last day of the program, as the children engage in the play-based stations. The scores will then be calculated and compared to demonstrate any improvements with each participant. At the 4 week follow up, each participant will be scored on this same assessment. The occupational therapist will compare each participant’s scores from the last day of the program to the 4 week follow up to demonstrate further improvements and effectiveness of the program for each participant.

2. Objective 2: Participants will demonstrate improvements in engagement in activity for pleasure of it as evidenced by at least a 2 point increase from pretest to posttest on the ‘engages in activity for the sheer pleasure of it (process) rather than primarily for the end product’ item of the Test of Playfulness (TOP).

   The Test of Playfulness (TOP) will be administered to each participant by the occupational therapist on the first and last day of the program. Scores will then be calculated and compared to demonstrate any improvements with each participant. At the 4 week follow up, each
participant will be scored on this same assessment. The occupational therapist will compare each participant’s scores from the last day of the program to the 4 week follow up to demonstrate further improvements and effectiveness of the program for each participant.

3. Objective 3: Participants will demonstrate improvements in social play skills as evidenced by at least a 2 point increase from pretest to posttest on the ‘engages in social play’ item of the Test of Playfulness (TOP).

The Test of Playfulness (TOP) will be administered to each participant by the occupational therapist on the first and last day of the program. Scores will then be calculated and compared to demonstrate any improvements with each participant. At the 4 week follow up, each participant will be scored on this same assessment. The occupational therapist will compare each participant’s scores from the last day of the program to the 4 week follow up to demonstrate further improvements and effectiveness of the program for each participant.

4. Objective 4: Participants will demonstrate improvements in initiation of play with others as evidenced by at least a 2 point increase from pretest to posttest on the ‘initiates play with others’ item of the Test of Playfulness (TOP).

The Test of Playfulness (TOP) will be administered to each participant by the occupational therapist on the first and last day of the program. Scores will then be calculated and compared to demonstrate any improvements with each participant. At the 4 week follow up, each participant will be scored on this same assessment. The occupational therapist will compare each participant’s scores from the last day of the program to the 4 week follow up to demonstrate further improvements and effectiveness of the program for each participant.

5. Objective 5: Participants will demonstrate improvements in pretend play as evidenced by at least a 2 point increase from pretest to posttest on the ‘pretends (to be someone else; to do
something else; that an object is something else; that something else is happening)’ item of the Test of Playfulness (TOP).

The Test of Playfulness (TOP) will be administered to each participant by the occupational therapist on the first and last day of the program. Scores will then be calculated and compared to demonstrate any improvements with each participant. At the 4 week follow up, each participant will be scored on this same assessment. The occupational therapist will compare each participant’s scores from the last day of the program to the 4 week follow up to demonstrate further improvements and effectiveness of the program for each participant.

6. Objective 6: Participants will demonstrate improvements in sharing with peers as evidenced by at least a 2 point increase from pretest to posttest on the ‘shares (toys, equipment, friends, ideas)’ item of the Test of Playfulness (TOP).

The Test of Playfulness (TOP) will be administered to each participant by the occupational therapist on the first and last day of the program. Scores will then be calculated and compared to demonstrate any improvements with each participant. At the 4 week follow up, each participant will be scored on this same assessment. The occupational therapist will compare each participant’s scores from the last day of the program to the 4 week follow up to demonstrate further improvements and effectiveness of the program for each participant.

7. Objective 7: Participants will demonstrate improvements in communication skills during play as evidenced by at least a 2 point increase from pretest to posttest on the ‘gives readily understandable cues (facial, verbal, body)’ item of the Test of Playfulness (TOP).

The Test of Playfulness (TOP) will be administered to each participant by the occupational therapist on the first and last day of the program. Scores will then be calculated and compared to demonstrate any improvements with each participant. At the 4 week follow up, each
participant will be scored on this same assessment. The occupational therapist will compare each participant’s scores from the last day of the program to the 4 week follow up to demonstrate further improvements and effectiveness of the program for each participant.

8. Objective 8: The parent/caregiver will demonstrate improvements in promoting play activities and opportunities for their children as evidenced by at least a 2 point increase from pretest to posttest on the caregiver items of the Test of Environmental Supportiveness (TOES).

The Test of Environmental Supportiveness (TOES) will be administered to each parent by the occupational therapist on the first and last day of the program. Scores will then be calculated and compared to demonstrate any improvements in the parent-child bond. At the 4 week follow up, each parent will be scored on this same assessment. The occupational therapist will compare each participant’s scores from the last day of the program to the 4 week follow up to demonstrate further improvements and effectiveness of the program for each participant.

In addition to the above summative measures, another summative measure will be used to evaluate the parents and teachers satisfaction of the program (see Appendix N for perceptions of parents and teachers about program). This summative measure will be six questions typed on a single sheet asking the parents and teachers if they are pleased with the interventions implemented, if they felt the children benefited from the program, if they felt personally respected throughout programming, if they would refer other parents and their children to the program, if there are any major changes needed to the program, and if there are any additional comments they may have. They will circle yes, somewhat or no. This evaluation measure will be mailed to the parents and teachers after the 4 week follow-up session for completion and return. There will also be a summative measure to evaluate the parent’s satisfaction of the parent educational sessions (see Appendix O for perceptions of the parents educational session). This
will consist of six questions typed on a single sheet asking the parents if they were happy with the topics and content addressed in the sessions, if they enjoyed attending the program, if the information they received was relevant and important, if they see any major changes needed, if they have any additional questions or information, and if they have any additional comments to make the program better. The first four questions they will circle yes, somewhat, or no.

To also ensure efficiency of the program, process evaluation measures will also be implemented at the beginning and throughout the course of the program. To measure delivery of the program, there will be a weekly sign-in sheet to take attendance of participants. Delivery will also be measured by noting whether or not the handouts and assessments were given and/or distributed on time and in a timely manner. Since this is an occupation-based program, a third measurement of delivery includes investigating if the program director that was hired to implement the P.A.L. Group is a registered and licensed occupational therapist. Received process evaluation measures will also be used throughout intervention sessions. Received evaluation measures will be assessing whether participants actively participated and engaged in the play-based stations. This will be done during intervention sessions through reports by the student volunteers who are helping at each play-based station. An enactment process evaluation measure will also be used throughout each intervention session. Enactment evaluation measures will be evaluated through observations and completion of each occupation-based intervention.

Informal interim checks will be held by the occupational therapist to inquire of the parents and volunteers (who are helping at each play-based station) about the program. The occupational therapist will ask these stakeholders questions, after each session, in regard to how the program is going as well as their thoughts on the play-based stations implemented. Such questions may include:
1. Should the program be re-formed?
2. Do you have any suggestions or changes?
3. What are things do you like about the program?

The stakeholders will be encouraged to give their honest opinions and recommendations. If the participants complete each play-based station while actively participating and engaging with peers, the principles of programming (objectives) will be supported and optimistically enhanced. To conclude the evaluation measures of the P.A.L. Group, key stakeholders and agency personnel at Nationwide Children’s Dublin Close to Home Center will also be targeted in regards to effectiveness of the program. Each agency personnel (e.g., Jill Tonneman and Nancy Batterson), the teachers and parents of the typically developing children and children with special needs will be given an evaluation to assess their satisfaction and effectiveness of the P.A.L Group program (see Appendix I for agency personnel’s evaluation).

**Timeline**

A timeline had been developed for the P.A.L. Group, illustrating the times when things should be done (see Appendix K for timeline). *Note:* The timeline represents only the first six week session (June-July). The timeline will be the same for the second six week session (starting end of July-August).

**Letter of Support**

It is important to have a variety of stakeholders support the proposed program. One letter of support has been completed by Nancy Batterson and Jill Tonneman, Occupational Therapy Clinical Leaders, as they are skills professionals in the pediatric area (see Appendix L for letter of support). Two other key stakeholders have been identified who can be asked to write letters to support this program as well. These key stakeholders include a preschool special needs
classroom teacher as well as an involved parent. The main classroom teacher is appropriate because she teaches and observes the children every day as her job. An involved parent is suitable to write a letter of support because they live with their child and know what their child’s needs are. Parents know their child more than anyone as they have been helping and guiding their child through growth and development.
References


http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf.
Appendix A

Organizational Chart for Nationwide Children’s
Appendix B

Semi-Structured Interview Questions
KEY INFORMANT SEMI-STRUCTURED INTERVIEWS WITH SELECTED NATIONWIDE CHILDREN’S AGENCY PERSONNEL

INTRODUCTION TO INTERVIEW

- Introduce myself
- Quiet space for interview
- Obtain permission to take notes
- Statement of confidentiality
- Are they familiar with OT? Explain what OT is and the services we can provide (CFTO)

The interviewees knew what occupational therapy is as they are current practicing occupational therapists. They obviously understood that occupational therapy is client-centered and the focus of interventions are on the client’s interests and what is meaningful to them and that interventions are occupation-based, which means doing something with not just meaning but purpose as well; anything a person does voluntarily. The main outcome is to enhance a person’s quality of life and to enhance their function and improve their overall health and well-being.

Purpose of Interview

- To discuss the importance of social participation and peer interaction through play and how play groups can positively affect the developmental growth of children.

Interview Questions

1) Can you start by telling me a little about what you do and your program(s)?

I am an Occupational Therapist with Nationwide Children’s. I work with children between the ages of 0-18 years of age with varying diagnoses, abilities, and limitations. There are a variety of different areas within the hospital we can work (i.e. rehab, neuro, NICU, developmental). I don’t hold group sessions, only individual (one on one) therapy. There are multiple programs offered at Nationwide Children’s throughout the entire year. There is a handwriting group, yoga, how does your engine run (OT sensory group), and social groups (OT and speech). During the
summer, we offer intensive sensory integration (individual sessions.) I evaluate each child on my caseload, write goals and a plan of care.

2) What is the purpose of your organization (mission and philosophy)?
Nationwide Children's believes that no child should be refused necessary care and attention for lack of ability to pay. Upon this fundamental belief, Nationwide Children's is committed to providing the highest quality patient care (advocacy for children and families), pediatric research (education of patients, families and future providers), outstanding services to accommodate the needs of patients and families, and their vision is to provide optimal health for every child in the community.

3) What kinds of programming (that is, treatment, prevention, group, individuals, and so on) do you offer?
I work within the outpatient center and treat children individually. Treatments are dependent on the child’s diagnosis, needs, and abilities. Every child I treat is different and there are a variety of diagnoses I work with as well as age ranges.

There are other programs/groups offered as I mentioned in question number 1. We are in the process of developing a peer group for fine motor skills to implement this summer. There are a ton of programs offered during throughout the year (as listed in question number 1) as well as summer groups (also listed in question number 1).

4) What are your funding sources? Are you a for-profit organization, or is your organization not-for-profit? Most funding sources include different types of insurance such as: Medicaid, Bureau for Children with Medical Handicaps (BCMH), private insurance, and group billing codes. In the past, we also offered a small fee for service, which is out of pocket.
5) What is the targeted population that your organization/program(s) serve? What are some common diagnoses, if any, or life situations?

The targeted population we serve is all across the board. We serve children with varying diagnoses and illnesses. For example, developmental delay, Autism, Cerebral Palsy, Down Dyndrome, adults with Sensory Defensiveness, Neuro (TBI, childhood strokes), medically fragile, and so much more.

6) What are some of the characteristics of the population served? (e.g. ages, abilities, needs, etc.)

The ages of children accepted here at Nationwide Children’s is between 0-21 years of age. However, if the child is over the age of 18 we usually refer out to an adult facility but there are certain circumstances where care for those up to 21 years of age. Again, the abilities and needs of the children vary tremendously due to the wide variety of diagnoses and illnesses we work with.

7) What are some of the children’s interests?

It all depends on the child and his or her age. The biggest interest I think that fits all the children is exploration because it is age appropriate and all children learn through exploration. I think another interest of the children is to be able to voice what they want out of therapy instead of going by what parent’s want them to do. Another key word is success as well as being as independent as possible. Play is another key interest of all children. Children love to engage in play and that is why as OT’s, we need to make therapy fun through games. Children on the spectrum have decreased purposeful play with more repetitive activities where as other children
only want to play and not engage in therapy. Play is a critical aspect in all children’s growth and development and to incorporate therapeutic activities through play will keep a child’s interest.

8) What occupations do children have difficulty with? What are they best or what do they enjoy most?

The occupations children I work with have most difficulty with ODL’s, sleep, motor skills to help them accomplish an activity, which also stimulates intellectually. Again, depending on disability and age will vary on difficulty levels of each child. When things get hard, most children tend to give up. Participation as a whole, school occupations, and some play aspects are also difficult for some children.

Most children enjoy watching television, attending the group activities offered within the hospital setting, and most of all they enjoy success. When they are successful they want to engage in more tasks, which will help become even more successful. Sometimes, it all depends on the day and how the children are feeling to understand what they enjoy the most.

9) Do you think parents are involved at home? Do you think play at home is a critical aspect for developmental growth?

I think it is 50/50 when it comes to whether or not parents are involved at home; depends on family environment.

Yes, I believe play at home is a critical aspect for developmental growth. A lot of children who have decreased skills are due to the lack of exposure in their environment.

10) Do you think there are any unmet programming needs that you might be able to consider?
Most therapists believe they cover the basis at Nationwide Children’s. However, they see more programming ideas for older children such as ODL groups (i.e. cooking), social groups for children to become independent, and parent support groups as well as educational sessions for parents. Bringing kids and parents together is important. Teaching parent’s how to play is also essential as most parents don’t understand or know the types of interventions to implement at home. Parental involvement is important for adapting needs at home and using cheap materials as it becomes less stressful and less of a financial burden. All children will benefit from play so there is always a need for more play opportunities as well.

11) What are some other services that you think the children can benefit from?

Other services children can benefit from are peer/social participation groups, especially an inclusive group. Other services that could be beneficial include: transitioning programs for older children (i.e. accessing things in their environment, money, grocery shopping, bus system), and community based programming (receiving therapy in the home if they are unable to come to the outpatient centers).

12) An occupation-based program that can benefit and enhance the lives of children through play is currently being drafted. Within this program, an OT can offer a variety of services, such as child development knowledge, comprise occupations dependent on developmental needs (of child and environment), advocacy efforts of therapeutic play groups for children resulting in positive psychological, physiological, and behavioral outcomes, as well as enhanced communication and social interactions with peers. Lastly, play groups give children a chance to speak clearly through play, since some children have difficulty putting their thoughts into words.

Do you think children within your programs would benefit from a program like this? Why or why not?
Yes, a lot of kids have issues with social skills, participation, and reciprocity, especially due to their lack of exposure. Play is a very vital aspect for all children. Most kids I work with are missing interactive play too. Play groups would teach a lot of new skills such as turn taking, sharing and functional communication.

Due to the complexity of diagnoses and illnesses we serve, a cohesive play group would be more appropriate in this type of setting. Not necessarily excluding certain diagnoses but looking for specific skills you want in a play group in order for the children to be successful. To me, play is more about social participation and peer interaction. There are a variety of other domains you can include in the group, but the overall outcome or goal would be to increase their social skills and participation as a whole while working on fine motor, sensory, gross motor, imaginative play, etc.

13) What age group of children do you see more of a need for? Why? (e.g. 2-4, 3-5, 4-6)

Looking at more functional play schemes and participation, preschool age (3-5) would be more beneficial. At this age, children have more imaginative play, they are more mature, can follow directions better, starting to interact with peers (more reciprocal play vs. parallel play), have more abstract thinking, and children at this age tend to have similar interests. Children age 2-4 tend to be more moody, have some behavior/attitude issues, and don’t fully understand the concept of purposeful play. They also engage in more parallel play.
14) Do you believe this program would be feasible?
Yes, absolutely. The space may be a problem but ideally if there could be a play-based group set up at each outpatient center (4 close to home centers) then it would be more feasible. Some areas will do better than others due to different demographics and socioeconomics.

15) Do you think the staff and administrators would be supportive to this program?
Yes, the staff and administrators are good with supporting other programs and groups as long as there is a clear plan established.

16) What methods would you suggest I use to find out about participants’ perceptions of needs? Parents/caregivers?
Other than parents and/or caregivers, therapists and teachers would also be beneficial to receive pertinent information. Attending parent support groups to understand their backgrounds and what outcome they would like to see from the play-based groups.

17) Are there resources that you have available for families?
Yes, we have handouts on typical developmental milestones, appropriate play activity suggestions, toys for each age level. We also send out brochures about group offered during the summer.

18) Do you have any additional resources you think would be beneficial to review on the topic of play and children?
The only other things I can think of right now are: review floortime techniques, looking at the different dynamics of groups, connect with parents, observe other play-based therapy we offer, and looking up literature on *Helping Very Young Children Interact with their Environment*. 
Appendix C

Survey/Questionnaire for Parent’s
SURVEY/QUESTIONNAIRE FOR PARENT’S

Occupational Profile Questions

Parents

Please fill out the following questions:

1. What does play mean to you? Do you believe play is an important aspect of a child’s developmental growth?

2. What are your concerns relative to your child’s ability to explore and participate in appropriate play, leisure, and social participation activities?

3. What are your child’s and families hopes regarding play, leisure, and social participation?

4. What do you see as your child’s strengths and weaknesses during play, leisure, and social participation activities?

5. What contexts support your child’s engagement in exploration and participation in appropriate play, leisure, and social participation, and what contexts inhibit engagement?
6. How do you and your child engage in play together at home?

7. How often do you play with your child?

8. What are your priorities and desired outcomes as parents?

9. Which age range do you think would benefit more from a play based group-A) 2-4, B) 4-6, or C) 6-8? Do you believe your child would benefit from an inclusive play group (typically developing children and children with special needs)? Why?

10. Do you have any suggestions or recommendations on how to set up the program (i.e. duration, structured, open (all free play), mix of structure and free play)?

Thank you for your time😊
Appendix D

Survey for Therapists and Teachers
Survey/Questionnaire

1. Do you feel play is an important aspect of a child’s developmental growth? Yes or No?

2. On a scale of 1 to 10 (1 being least, 10 being most), how beneficial do you think a play-based summer program would be for children?

   1           2               3              4               5              6               7              8              9             10

3. Which age range do you think would benefit more from a play based group-A) 2-4, B) 4-6, or C) 6-8?

4. Do you believe it should be an open group where everyone can play? (Therefore, no families or children are denied the right to play). Yes or No?

5. On a scale of 1-10 (1 being least, 10 being most) how would you rate the feasibility of a play-based program?

   1           2               3              4               5              6               7              8              9             10

6. If you have any other comments or suggestions please share!

Thank you for your time ☺
Appendix E

Sample Flyer for P.A.L. Group
P.A.L. Group: An Occupational Therapy Program (Play and Learn Group for Typically Developing Children and Children with Special Needs)

Principles of Programming:
- Participation and active engagement in play
- Inclusion during group play
- Constructive hands-on play
- Enhance interpersonal skills
- Enhance or maintain optimal growth and development
- Enhance learning and play skills

Kristy Bernard, OT/S
Phone: 937-441-3309
Email: kristy.bernard@rockets.utoledo.edu

This group will be held on Mondays and Thursdays (June-August)
Time: 10:30-11:30 A.M.
Where: Nationwide Children's Dublin Close to Home Center.
Appendix F

Descriptive Data Questionnaire
Descriptive Data Questionnaire

Directions: Please complete all sections

Participant Name: ____________________________

Age of Participant: ________ Gender: _____ Male _____ Female

Number of children with special needs within the household and ages:

________________________________________________________________________

Number of typically developing children within the household and ages:

________________________________________________________________________

Does your child with special needs participate in parallel play? Yes or No?

________________________________________________________________________

Does your child with special needs participate in play for at least 5-10 minutes? Yes or No?

________________________________________________________________________

Does your child with special needs separate from parent/guardian without crying? Yes or No?

________________________________________________________________________

Does your child with special needs follow simple commands? Yes or No?

________________________________________________________________________

Does your child transition with little protest? Yes or No?

________________________________________________________________________
What are your child’s main interests?

___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________

What difficulties does your child experience?

___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________
Appendix G

Budget for P.A.L. Group
Budget

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Position</th>
<th>Hours per Summer Program</th>
<th>Wage</th>
<th>Fringe Benefits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Occupational Therapist (running play group)</td>
<td>32 (for each six week session)</td>
<td>$35.35/hour*</td>
<td>N/A</td>
<td>$1,131.20</td>
</tr>
<tr>
<td></td>
<td>Occupational Therapist (running parent educational sessions)</td>
<td>24 (for each six week session)</td>
<td>$35.35/hour*</td>
<td>N/A</td>
<td>$848.40</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$1,979.60</strong></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Program Supplies and Equipment</th>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>Cost per Item</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Test of Playfulness (manual with reproducible assessment forms)</td>
<td>Assessment used to measure objectives</td>
<td>1</td>
<td>$64.78</td>
<td>$64.78</td>
</tr>
<tr>
<td></td>
<td>Test of Environmental Supportiveness (TOES) (manual with reproducible assessment forms)</td>
<td>Assessment used to measure objectives</td>
<td>1</td>
<td>$53.30</td>
<td>$53.30</td>
</tr>
<tr>
<td></td>
<td>Hanging File Folders</td>
<td>15 folders/pack; Necessary to keep documentation and records of each individual in the locked filing cabinet</td>
<td>2</td>
<td>$12.54</td>
<td>$25.08</td>
</tr>
<tr>
<td></td>
<td>Folders</td>
<td>10 folders/pack; necessary organize information used welcoming packet distributed to each participant</td>
<td>2</td>
<td>$4.79</td>
<td>$9.58</td>
</tr>
<tr>
<td></td>
<td>All-purpose Envelopes</td>
<td>500/pack; necessary to mail out follow-up evaluation form</td>
<td>1</td>
<td>$8.29</td>
<td>$8.29</td>
</tr>
<tr>
<td></td>
<td>Stamps</td>
<td>Necessary to mail out follow-up evaluation form</td>
<td>15</td>
<td>$.44</td>
<td>$6.60</td>
</tr>
<tr>
<td></td>
<td>Copy Costs</td>
<td>Needed materials will be printed once then copied for any additional materials</td>
<td>Allotted amount set aside</td>
<td>$.05</td>
<td>$30 (allotted amount set)</td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td>Quantity</td>
<td>Unit Price</td>
<td>Total Price</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------</td>
<td>------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>Pens</td>
<td>12/pack; necessary for occupations with participants and parent resources</td>
<td>1</td>
<td>$2.99</td>
<td>$2.99</td>
<td></td>
</tr>
<tr>
<td>Index cards, 3” x 5”, 5 pack</td>
<td>Necessary for ice breaker occupation with participants</td>
<td>1</td>
<td>$3.00</td>
<td>$3.00</td>
<td></td>
</tr>
<tr>
<td>Paper plates</td>
<td>100/pack; necessary for musical madness occupation during programming</td>
<td>1</td>
<td>$9.29</td>
<td>$9.29</td>
<td></td>
</tr>
<tr>
<td>Dixie drink cups</td>
<td>20/pack; necessary for musical madness occupation during programming</td>
<td>1</td>
<td>$4.49</td>
<td>$4.49</td>
<td></td>
</tr>
<tr>
<td>The Jungle Book (Book and Tape)</td>
<td>Necessary for musical madness occupation during programming</td>
<td>1</td>
<td>$20.99</td>
<td>$20.99</td>
<td></td>
</tr>
<tr>
<td>Cotton balls</td>
<td>100 ct.; Necessary for animal wilderness occupation during programming</td>
<td>2</td>
<td>$1.00</td>
<td>$2.00</td>
<td></td>
</tr>
<tr>
<td>Construction paper</td>
<td>50 sheets; necessary for animal wilderness occupation during programming</td>
<td>1</td>
<td>$1.99</td>
<td>$1.99</td>
<td></td>
</tr>
<tr>
<td>Washable Glue</td>
<td>Necessary for animal wilderness occupation during programming</td>
<td>2</td>
<td>$2.88</td>
<td>$5.76</td>
<td></td>
</tr>
<tr>
<td>Plastic Farm Animals</td>
<td>Set of 60; necessary for animal wilderness occupation during programming</td>
<td>1</td>
<td>$22.99</td>
<td>$22.99</td>
<td></td>
</tr>
<tr>
<td>We’re Going on a Bear Hunt (Book and CD-ROM)</td>
<td>Necessary for animal wilderness occupation during programming</td>
<td>1</td>
<td>$47.13</td>
<td>$47.13</td>
<td></td>
</tr>
<tr>
<td>Cat in the Hat and One Fish Two Fish (books)</td>
<td>Necessary for Dr. Seuss occupation during programming</td>
<td>1</td>
<td>$3.75 (used)</td>
<td>$7.50</td>
<td></td>
</tr>
<tr>
<td>Washable Tempra Paint, 16 oz.</td>
<td>Pack of 6; necessary for Dr. Seuss and Transportation Toddlers occupation during programming</td>
<td>1</td>
<td>$13.00</td>
<td>$13.00</td>
<td></td>
</tr>
<tr>
<td>Yellow cellulose sponges</td>
<td>Pack of 6; necessary for Dr. Seuss occupation during programming</td>
<td>3</td>
<td>$5.74</td>
<td>$17.22</td>
<td></td>
</tr>
<tr>
<td>Puppet Friends Kit</td>
<td>Necessary for Dr. Seuss occupation during programming</td>
<td>1</td>
<td>$6.88</td>
<td>$6.88</td>
<td></td>
</tr>
<tr>
<td>Foil pie pans</td>
<td>Necessary for Transportation</td>
<td>2</td>
<td>$1.00</td>
<td>$2.00</td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td>Quantity</td>
<td>Cost per Item</td>
<td>Total Cost</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------------------------------------------------------</td>
<td>----------</td>
<td>---------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>White paper table cover</td>
<td>Necessary for Transportation</td>
<td>1 roll</td>
<td>$13.92</td>
<td>$13.92</td>
<td></td>
</tr>
<tr>
<td>Bucket</td>
<td>Necessary for Transportation</td>
<td>1</td>
<td>$2.49</td>
<td>$2.49</td>
<td></td>
</tr>
<tr>
<td>Colored Pencils</td>
<td>24 count; Necessary for Nature Walk occupation</td>
<td>1</td>
<td>$2.84</td>
<td>$2.84</td>
<td></td>
</tr>
<tr>
<td>Tissue paper</td>
<td>20/pkg; necessary for bird feeder occupation</td>
<td>1</td>
<td>$2.09</td>
<td>$2.09</td>
<td></td>
</tr>
<tr>
<td>Bird seed</td>
<td>16 oz.; Necessary for bird feeder occupation</td>
<td>1</td>
<td>$2.25</td>
<td>$2.25</td>
<td></td>
</tr>
<tr>
<td>Peanut butter</td>
<td>16 oz.; Necessary for bird feeder occupation</td>
<td>1</td>
<td>$4.00</td>
<td>$4.00</td>
<td></td>
</tr>
<tr>
<td>Yarn</td>
<td>1 skein; necessary for bird feeder occupation</td>
<td>1</td>
<td>$2.50</td>
<td>$2.50</td>
<td></td>
</tr>
<tr>
<td>Styrofoam balls</td>
<td>6” diameter; Necessary for space jam occupation</td>
<td>15</td>
<td>$4.69</td>
<td>$70.35</td>
<td></td>
</tr>
<tr>
<td>Pipe cleaners</td>
<td>100/pkg; Necessary for space jam occupation</td>
<td>1</td>
<td>$2.95</td>
<td>$2.95</td>
<td></td>
</tr>
<tr>
<td>Paper Towels</td>
<td>2/package; Necessary for clean up</td>
<td>1</td>
<td>$3.92</td>
<td>$3.92</td>
<td></td>
</tr>
</tbody>
</table>

**Total program supplies and equipment:** $472.17

### In-Kind Program Supplies and Equipment

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>Cost per Item</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer</td>
<td>Necessary for creation of marketing materials and documentation</td>
<td>1</td>
<td>$500.00</td>
<td>$500.00</td>
</tr>
<tr>
<td>Desk</td>
<td>Necessary for occupational therapist to assume a workspace</td>
<td>1</td>
<td>$200.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Chair</td>
<td>Necessary for occupational therapist to assume a workspace</td>
<td>1</td>
<td>$60.00</td>
<td>$60.00</td>
</tr>
<tr>
<td>HP Deskjet 3050; Ink-Jet Printer, Copier, and Scanner</td>
<td>Necessary to print associated materials (one of everything will</td>
<td>1</td>
<td>$59.99</td>
<td>$59.99</td>
</tr>
</tbody>
</table>
be printed then copied on copy machine, scanner will be used to scan documents

<table>
<thead>
<tr>
<th>Office Supplies</th>
<th>Common supplies needed within an office setting (Paper, stapler, paperclips, highlighters, ink cartridges, as needed)</th>
<th>As needed</th>
<th>$50.00</th>
<th>$50.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>6’ Tables</td>
<td>Needed for table-top occupations</td>
<td>4</td>
<td>$75.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>Toys/books/outdoor play equipment</td>
<td>Necessary for free-play and play stations throughout programming</td>
<td>Various equipment and objects</td>
<td>$300.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>Recycled craft supplies (from home)</td>
<td>Necessary for all play-based occupations during programming</td>
<td>Various supplies needed</td>
<td>$10.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>Parent educational resources</td>
<td>Necessary for handouts to parents as a resource</td>
<td>As required</td>
<td>$40.00 (max)</td>
<td>$40.00</td>
</tr>
</tbody>
</table>

**Total of In-Kind Support**  
$1,519.99

**Grand Totals:**

**Total of Personnel, Supplies and Equipment**  
$2,451.77

**Total of Personnel, Supplies/Equipment, and In-Kind Contributions**  
$3,971.76

*No indirect costs will be requested; Nationwide Children’s is willing to provide in-kind support for this program.*
Appendix H

Occupational Therapist Job Description

Position Description - Occupational Therapist

**Position Title:** Occupational Therapist, P.A.L. Group Program Director

**Professional Qualifications:**
- Licensed in the State of Ohio
- Registered by the National Board for Certification in Occupational Therapy
- Minimum of a Bachelor degree in occupational therapy
New graduates welcome to apply
Preferred minimum of one year of experience in a community-based setting
Preferred minimum of one year of experience in a pediatric setting

Reports to: Nancy Batterson or Jill Tonneman, Clinical Leaders of Nationwide Children’s, Columbus, Ohio

Duties and Responsibilities:
- Administer the Needs Assessment
- Administer and score the Children’s Assessment of Participation and Enjoyment (CAPE) assessment.
- Administer and score the Child Behaviors Inventory of Playfulness (CBI) assessment.
- Administer and score the Test of Playfulness assessment.
- Administer and score the Test of Environmental Supportiveness (TOES) assessment.
- Review participants demographic information
- Review participants filing folders
- Plan and organize play-based sessions
- Create group interventions
- Purchase supplies and make model for play-based station occupation
- Create relevant educational handouts for parents
- Schedule two one hour play-based session with participants after completion of the program (4 week follow-up)
- Document evaluations, progress notes, and program evaluations
- Communicate weekly with case manager
- Comply with the occupational therapy licensure and certification regulations
- Attend relevant continuing education programs

Skills and Specifications:
- Effective teaching skills
- Effective interpersonal and communication skills with facility staff and participants
- Strong decision making and problem solving skills
- Attention to detail
- Strong organizational skills
- Able to work independently
- Strong documentation skills

Working Conditions:
Work is performed mainly at Nationwide Children’s Dublin Close to Home Center and on-site office settings.
Appendix I

Sample Advertisement for Occupational Therapist Position

Occupational Therapist
Part-Time
Nationwide Children’s Dublin Close to Home
P.A.L. (play and learn) Group Program Director

Nationwide Children’s Hospital is a leading pediatric care facility where they advocate for the rights of children across central Ohio and around the world. Nationwide Children’s mission and philosophy consists of patient care, pediatric research, and outstanding services to accommodate the needs of patients and families. They implement outstanding services to accommodate the needs of patients and families as their vision is to create optimal health for every child in their community.

We have an immediate opening for a grant-funded occupational therapist to direct a program to help typically developing children and children with special needs develop necessary play skills. This will contribute to the enhancement of social participation and peer interaction with inclusion for children with special needs.

QUALIFICATIONS
Licensed in the state of Ohio
Registration by NBCOT
New grads welcome to apply!

SEND RESUME TO:
Nancy Batterson, Clinical Leader
Nationwide Children’s
700 Children’s Dr.
Columbus, OH 43205
Appendix J

Agency Personnel’s Evaluation of P.A.L. Group

Personnel Name: _____________________________   Date: _____________
Job Position: ________________________________
1. Overall, I think that the P.A.L. program was effective.

2. I have noted an increase in active participation and engagement during play of children with and without special needs who participated in the program.

3. I have noted an increase in inclusion during group play.

4. I have noted an increase in interpersonal, communication and socialization skills through peer-play.

5. I have noted an enhancement in constructive hands-on play.

6. I have noted an enhancement in play skills and overall development and growth.

7. I have noted an improvement in the parent-child bond/interaction.

8. Overall, I believe that the P.A.L. Group was an effective program to target play needs of typically developing children and children with special needs.

**Please comment on your overall impression of the P.A.L. Group:**

________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
## Appendix K

### Timeline

<table>
<thead>
<tr>
<th>Task</th>
<th>Month/Week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>Prior to start of program</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Complete Needs Assessment</td>
<td>X</td>
</tr>
<tr>
<td>Assume Office Space</td>
<td>X</td>
</tr>
<tr>
<td>Purchase supplies</td>
<td>X</td>
</tr>
<tr>
<td>Marketing Communications</td>
<td>X</td>
</tr>
<tr>
<td>Recruit participants</td>
<td>X</td>
</tr>
<tr>
<td>Recruit volunteers from The Ohio State University for childcare</td>
<td>X</td>
</tr>
<tr>
<td>Recruit therapy aides to help with the play-based stations</td>
<td>X</td>
</tr>
<tr>
<td>Compile packets to be given to each participant</td>
<td>X</td>
</tr>
<tr>
<td>Conduct assessments to measure objectives</td>
<td>X</td>
</tr>
<tr>
<td>Implement and conduct group play-based stations</td>
<td>X</td>
</tr>
<tr>
<td>Development of formative, summative and process evaluations</td>
<td>X</td>
</tr>
<tr>
<td>Conduct formative evaluation</td>
<td>X</td>
</tr>
<tr>
<td>Implement process evaluation procedures</td>
<td>X</td>
</tr>
<tr>
<td>Conduct summative Evaluations</td>
<td>X</td>
</tr>
</tbody>
</table>

*Note: June and July tasks refer to only Mondays and Thursdays of that week/month. August tasks refer to the four week follow-up to be completed after the conclusion of the program (second week of the month).*
Appendix L

Letter of Support from Nancy Batterson & Jill Tonneman, Occupational Therapy Clinical Leaders

****PUT ON NATIONWIDE CHILDREN’S STATIONARY****

April 1, 2013
Dear Kristy,

This letter is written to express our support for the P.A.L. program, which will establish occupational therapy services to enhance social participation and peer interaction with inclusion for children with special needs.

In our experiences with child development and play and the increasing number of children with disabilities, we've seen there is a great need for inclusive play interventions within Nationwide Children’s outpatient settings and surrounding communities. Children who have special needs tend to have limited participation. As play is a crucial part of a child’s life, it can address a variety of skills that are essential for healthy development and growth. With full-time working parents, children may not have the appropriate bond with their mothers and fathers. Therefore, including and encouraging parents of the children with and without special needs to participate in educational sessions may help increase the parent-child relationship. The P.A.L. program will address these issues through play to enhance the lives of children with and without special needs.

Nationwide Children’s as well as other areas within the community would greatly benefit from the P.A.L. Group program.

Sincerely,

Nancy Batterson and Jill Tonneman
Occupational Therapy Clinical Leaders
Nationwide Children’s, Columbus, Ohio
Appendix M

Parent Resources

Developmental milestones: Ages 3 through 5
Knowing what to expect as your child grows can reassure you that your child is on track with his peers or alert you to potential concerns. Below are some milestones to watch for during the preschool years.

By Joyce Destefanis, M.A., Nancy Firchow, M.L.S.

Milestones: 3-Year-Olds

Motor Development: Gross Motor Skills

- walks with an agile, almost adult style
- runs around obstacles
- catches large balls and throws overhead
- climbs ladders; uses slide independently
- rides a tricycle
- alternates feet when climbing stairs

Motor Development: Fine Motor Skills

- assembles simple puzzles
- manipulates clay; finger paints
- copies simple shapes, such as a cross or circle
- stacks blocks up to nine high

Language and Thinking Development

- understands most of what is said and 75 percent of speech is understandable
- speaks in complete sentences of three to five words
- matches pictures to objects
- learns by doing and through the senses
- understands concepts of "now," "soon," and "later"
- begins to recognize cause-and-effect relationships

Social and Emotional Development

- follows simple directions; enjoys helping with household tasks
- begins to recognize own limits — asks for help
- likes to play alone, but near other children
- does not cooperate or share well
- able to make choices between two things
- begins to notice other people's moods and feelings

Tips for Parenting 3-Year-Olds

No longer a toddler, your 3-year-old takes in knowledge about himself and the world around him.
• Transitions are difficult at this age. Provide warning of changes so your child has time to shift gears: "We're leaving in 10 minutes."
• Rituals are important. Household routines and schedules give your 3-year-old a sense of security.
• Point out colors and numbers in the course of everyday conversation: "You're wearing your blue shirt" or "We made six cupcakes."
• Encourage independent activity to build self-reliance.
• Provide lots of sensory experiences for learning and developing coordination — sand, mud, finger paints, puzzles.

Milestones: 4-Year-Olds

Motor Development: Gross Motor Skills

• running is more controlled; can start, stop, and turn
• turns somersaults; hops on one foot; gallops
• can easily catch, throw, and bounce a ball
• can brush teeth, comb hair, wash, and dress with little assistance

Motor Development: Fine Motor Skills

• copies crosses and squares
• prints some letters
• uses table utensils skillfully
• cuts on a line

Language and Thinking Development

• uses a 1,500-word vocabulary; speaks in relatively complex sentences ("Mommy opened the door and the dog ran out.")
• understands words that relate one idea to another — if, why, when
• continues to learn through experience and the senses
• understands, mostly, the difference between fantasy and reality
• understands number and space concepts — more, less, bigger, in, under, behind
• thinks literally; starting to develop logical thinking
• begins to grasp that pictures and symbols can represent real objects
• starts to recognize patterns among objects — round things, soft things, animals
• grasps the concepts of past, present, and future but does not understand the duration of time

Social and Emotional Development

• takes turns, shares, and cooperates
• expresses anger verbally rather than physically
• can feel jealousy
• may sometimes lie to protect herself, but understands the concept of lying
• enjoys pretending and has a vivid imagination
Tips for Parenting 4-Year-Olds

Silly, imaginative, and energetic, your child loves to try new words and new activities.

- 4-year-olds crave adult approval. Provide lots of positive encouragement.
- Display calendars and analog clocks to help your child visualize the concept of time.
- Play word games to develop his growing vocabulary; overlook his fascination with bad words.
- Offer opportunities for sorting, matching, counting, and comparing.
- Provide lots of play space and occasions to play with other kids.

Milestones: 5-Year-Olds

Motor Development: Gross Motor Skills

- runs in an adult manner
- walks on tiptoe, broad jumps
- walks on a balance beam
- skates and jumps rope

Motor Development: Fine Motor Skills

- hand preference is established
- laces (but cannot tie) shoes
- grasps pencil like an adult
- colors within lines
- cuts and pastes simple shapes

Language and Thinking Development

- speaks fluently; correctly uses plurals, pronouns, tenses
- very interested in words and language; seeks knowledge
- understands and names opposites
- uses complex language
- still confuses fantasy and reality at times
- thinking is still naïve; doesn't use adult logic

Social and Emotional Development

- distinguishes right from wrong, honest from dishonest, but does not recognize intent
- plays make-believe and dresses up
- mimics adults and seeks praise
- seeks to play rather than be alone; friends are important
- plays with both boys and girls but prefers the same sex
- wants to conform; may criticize those who do not

Tips for Parenting 5-Year-Olds

Your cooperative, easy-going 5-year-old loves to play and that's how he learns.
Join in activities that develop coordination and balance — skipping and hopping, walking on the curb or crack in the sidewalk, or climbing trees.

Encourage fine motor skills by letting your child cut pictures out of magazines, string beads, or play with take-apart, put-together toys.

Take advantage of his interest in numbers by counting anything and everything; teach simple addition and subtraction by using objects, not numerals.

Let your child know what to expect from an upcoming event or activity so he can prepare. Avoid springing things on him.

Help him recognize his emotions by using words to describe them: "I see you're angry at me right now."

A "Snapshot" of Two 5-Year-Olds

This story of Jimmy and Maria illustrates the range of skills, interests, and abilities considered typical development for this age.

Jimmy pressed his forehead against the window as he watched his neighbor Maria drive away in the car with her mother on their way to her first day of kindergarten. He sighed and waved. He hoped Maria would see him, yet he didn't want to go outside to make sure.

Jimmy felt sad and disappointed that he wasn't going, too. At the same time he was glad that he could stay home.

Motor Activity

Jimmy had asked his mother why he wasn't going to school. He was going to be five soon, just like Maria. He could do all kinds of things. He was good at running, jumping, and climbing. He could roller skate and ride a tricycle. Maria could do some of those things, too, but not like Jimmy.

Maria couldn't really climb a tree, but Jimmy was the best tree climber ever. He didn't tell his mom, but he had climbed the tall tree in Maria's back yard. She didn't even try to climb it. She just yelled at him to come down. She thought he was going to hurt himself.

"Girls! Maybe it's a good thing that Maria is going to school," Jimmy thought. "It's better to play with boys anyway. Boys do more fun things. Girls like to sit and color and write and play house and cut out paper dolls and all those yucky things." But Jimmy had to admit that Maria liked to play ball and chase and run, too.

If only Billy lived closer! But mom said he's too young to walk all the way over to Billy's by himself.

Readiness Skills

"Young, heck! That's what Mom told me about school — I'm too young to go to kindergarten. I'm going to be five in two weeks! That's not too young," Jimmy had told his mother.
She replied that she wasn't talking about being just five years old. She said that he was a "young five."

"Whatever that is!" thought Jimmy.

Mom explained that there were things he still needed to learn before he went to school.

"What things?" asked Jimmy.

"Like sit and listen," said Mom.

"I can sit and listen when I want to. Why do you have to sit and listen to something you don't like anyway?" Jimmy wondered.

Mom had said it was OK to stay home and just go to preschool until kindergarten. She told him that not all five-year olds do everything at the same time. Maria can draw and write numbers and letters and cut with scissors, but Jimmy was just beginning to do those things.

He told her that he could run, jump, and stand on his head better than Maria could. Mom said that was great, but in school they want you to sit in a chair and write and cut and paste. That made him very, very sad, and he cried a little. Mom hugged him and told him that he was just fine and soon he'd be able to do all the things that Maria could do.

"Look at all the wonderful things you can do," she said. "You build great castles in the sand and amazing objects with Legos. You tell wonderful stories, and you listen very carefully when I read books to you. And you're a super joke teller." Mom always laughs and laughs at Jimmy's funny jokes.

She told him that next year would be a fun year, and he would grow and learn a lot. In preschool, she called it pre-kindergarten to make him feel better, he'd learn all those things that he'll need to know for kindergarten. She said she would help him with the alphabet and numbers and writing at home. She said he already knew his colors and shapes and that he uses grown-up words when he talks.

"Mom is always telling me all the things I can do. That makes me feel good. I know she really loves me!"

Remember that these milestones represent averages, not rigid developmental deadlines. Children move through these changes at varying rates, some sooner, others later. You're the best judge of your child's development and what is "normal" for him, but if you have any concerns, discuss them with your child's pediatrician. Just when you think you've figured out your child, something changes. Today he demands constant attention; six months from now he may be pushing you away. You may find strategies that once worked no longer have any impact on him. Don't worry, this is normal!

Resource:
How important is play in preschool?

As preschools strengthen their academic focus, play maintains a vital role.
Play is work for preschoolers

Children are playful by nature. Their earliest experiences exploring with their senses lead them to play, first by themselves and eventually with others. The National Association for the Education of Young Children (NAEYC) has included play as a criterion in its accreditation process for programs for young children. "They call it their work," says Peter Pizzolongo, associate director for professional development at NAEYC. "When they're learning and playing with joy, then it's a positive experience. They develop a positive approach to learning."

As children develop, their play becomes more sophisticated. Up until the age of 2, a child plays by himself and has little interaction with others. Soon after, he starts watching other children play but may not join in. This is particularly relevant to kids in multi-age settings where younger children can watch and learn from older preschoolers playing nearby.

Around 2½ to 3 years, a preschooler starts to play sitting next to another child, often someone with similar interests. This naturally shifts, through the use of language, to the beginnings of cooperative play. An adult can facilitate this process by setting up a space for two or more small bodies and helping children find the words to express their questions or needs.

Between 4 and 5 years, preschoolers discover they share similar interests and seek out kids like them. They discuss, negotiate and strategize to create elaborate play scenes; take turns; and work together toward mutual goals.

The preschool teacher's role in the development of play is critical. "Parents should look to see that the teacher has organized the environment," says Pizzolongo, "and is using her curriculum in a way that guides her to plan for how the children are going to be engaged in play. It really is a structured way of learning. It just looks like a different structure than what you would see in fourth grade."

Types of play

Children's play can be divided into categories, but the types of play often overlap.
• **Dramatic** — Fantasy-directed play with dressing up in costumes, assuming roles as characters, using toys to represent characters in stories, creating imaginary settings, and pretending to take on the roles of adults.

• **Manipulative** — Holding and handling small toys often used to build objects but also found in puzzles, characters, beads, etc.

• **Physical** — Using the whole body in activities with bikes, balls, jump ropes, hoops, play structures, etc.

• **Creative** — Using art materials such as paint, clay, markers, pencils, glue, etc. The play takes place in the process of using the materials, not in the end product.

### Benefits of play

Through play, children develop skills they'll use in their school years.

#### Physical

Both gross and fine motor development occur through play. When kids play outdoors, if they feel comfortable and supported, they'll push themselves to new challenges and build motor skills. Developing fine motor skills, such as handling small objects, is a way for children to practice using their hands and fingers, which in turn builds the strength and coordination critical for writing skills. "When you're a preschooler or toddler, your attention comes out in a different way," explains Pizzolongo. "Your attention works best if your body is involved, as many parts of it as possible. So children learning to play where they're physically engaged with materials and interacting with each other would work best."

#### Language

Children build language skills through cooperative play. Their success depends on their ability and patience in explaining themselves. Teachers repeat the words children say to help others understand. They also teach words about the objects the kids are interested in handling. Students may talk to themselves while playing side by side with other children and then begin to repeat what they hear or start talking to each other. This develops into back-and-forth communication about play, becoming increasingly sophisticated by age 4. Children will now set rules, have specific roles, express their interests or objections, and chatter about funny situations that occur in the course of play.

#### Self-concept

Play builds a strong sense of self-confidence. Trying to do a certain trick on a play structure or build with blocks is hard work for a preschooler. Teachers acknowledge these experiences by articulating what they observe and letting the preschooler absorb these accomplishments again. There are also therapeutic benefits to play that help all children. For example, understanding that a parent is going to work and will come back at pick-up time can be reinforced through a play scenario.
Social development

Listening, negotiating, and compromising are challenging for 4- and 5-year-olds. Though children at this age are still egocentric, or unable to think beyond their own needs, working with others helps them develop an awareness of differences in people around them. These experiences in preschool provide a foundation for learning how to solve problems and communicate with peers. Play also helps build positive leadership qualities for children who are naturally inclined to direct but must learn how to control their impulses.

Loss of play later

For many school-age kids, their time outside of school will include solitary time spent plugged into video games and computers, so it is especially critical for preschoolers to have the opportunity to develop naturally in their play.

Julie Nicholson, an early-childhood instructor at the Mills College School of Education in Oakland, Calif., notes, "We know from decades of research that young children's play is very beneficial for their development, so we have to look at such immensely important topics as the decrease in children's outdoor play, the loss of extended periods of unstructured time for children to engage in imaginative play, and the toys being marketed to children that are increasingly violent, sexualized, and closed-ended."

Resource:

THE IMPORTANCE OF PLAY- 
ACTIVITIES FOR CHILDREN

Every child has the right to play. Childhood play is the context for children’s development and is fundamental to their growth and learning from infancy through adolescence, contributing to their physical, cognitive, social, and emotional development. The absence of childhood play, or reduced opportunities for it, deprives children of an essential context for their optimal development, health, and learning.

Play is special for children. Not only is it fun, but it is also important for healthy development. It is their “work” and their way of learning about the world. Through play, children try out new skills, explore their imagination and creativity, and develop relationships with other people in their lives. Play can be an especially powerful bonding time for you, as a parent or caregiver. The beauty of this learning and growing time is that the motivation for a young child to play is already there – it is enjoyable!

How Parents Can Support Play
Parents and caregivers should provide a safe environment that offers a variety of play materials to meet the different developmental skill levels and support the creative interests of children. It is also important to maintain a structured daily routine that includes rest, meals/snacks, active play and quiet activities.

Select toys that meet the interests of children during different stages of growth and development. You may want to help initiate play activities and then play with the children when asked to join in the activity. Children love it when you are “silly” with them in play, and learn social skills by modeling your behavior.

Stages of Play
Children’s behavior in play develops in stages. Play allows children to explore new things at their own pace, master physical agility, learn new skills and figure things out in their own way. During play with others, children learn leadership skills by directing the action or by following a leader. The following are common stages of play:

• Onlooker Behavior: Watching what other children are doing, but not joining in the play
• Solitary Play: Playing alone without regard for others; being involved in independent activities like art or playing with blocks or other materials
• Parallel Play: Playing near others but not interacting, even when using the same play materials
• **Associative Play:** Playing in small groups with no definite rules or assigned roles
• **Cooperative Play:** Deciding to work together to complete a building project or pretend play with assigned roles for all of the members of the group

**Preschool Activities**

At this stage of development, children enjoy making their own choices. They experiment with new materials and discover creative ways of using toys or recycled containers. According to Janice Beatty in Pre-school Appropriate Practices (1992), preschool-age children learn manipulation, mastery and the meaning of objects. Manipulation is the process children use as they try to figure out how different objects work and what they can do with them. Then, with some control over these objects, they progress to mastery and repeat actions as a way of practicing what they have learned. Children assign meaning to their play experiences when they can use materials in new and creative ways.

Children benefit from playing in the following areas:

• **Blocks** allow children to experiment with construction techniques while learning the vocabulary of spatial concepts like “inside,” “outside,” “next to” or “on top of.” In addition, blocks help children express ideas and feelings, interpret what they have observed and learn cooperation and planning.
• **Pretend Play** with household equipment, adult clothes and other materials, let children experience role-playing with their own family life or other people they encounter. With the right props, children can become firefighters, grocery clerks, truck drivers, postal workers, or any other role they want to explore. Creativity flows as children express their feelings, imagination and ideas.
• **Art/Craft Materials** include a variety of paper, crayons, paint supplies, pens, scissors, markers, collage materials, tape, a hole punch, glue, glitter and any other items that allow children to explore, experience their five senses and enjoy the freedom of creativity.
• **Sensory Play** can include containers of water, sand, dirt, birdseed, rice, cornmeal, or any other texture that encourages experimentation and other skills. Using measuring cups, water wheels, sifters, spoons and recycled containers, children can pour from one container to another. These activities stimulate a child’s sense of touch and are calming for children who need to relax or spend time alone.
• **Puzzles and Manipulatives** like small blocks, Legos, stringing beads, pegs and pegboards on tabletops or on the floor encourage children to develop their creativity, small muscles and hand-eye coordination. Watch out for small pieces around younger children.
• **Music and Movement** can be encouraged with recorded music, musical instruments (made or purchased), songs, and other items such as scarves, ribbons or streamers. These activities offer a change of pace, an opportunity to express feelings, release tension and provide fun.
• **Cooking** provides an opportunity for children to experiment with different materials and tools. It also encourages them to follow directions, build vocabulary and try new foods.
• **Books and Storytelling** offer a different world to children. Visits to the library or reading to your child at home gives children a chance to find books on their favorite subjects and discover new things they would like to explore.

---

**Recipe for Fun**

**Puff Paint**
1 ½ cups shaving cream
1/4 cup white glue
Food color or liquid water color
Mix glue and shaving cream together in a bowl, until it looks like thick whipped cream. Divide into separate cups and add different colors to each one. Let the children apply it with paintbrushes, q-tips or spoons into piles or spread thin. Use cardboard or paper plates. Let it dry for 24 to 48 hours.

**Playdough**
2 cups flour
1 cup salt
4 teaspoons cream of tartar
2 tablespoons vegetable oil
2 cups water with food coloring
Mix all ingredients in a pan over medium heat until it pulls away from the sides of the pan. Turn out on wax paper. Knead when cool enough to handle.
Appendix N

Perceptions of Parents and Teachers about Program
Please circle your answer:

1. I am pleased with the interventions implemented in the program.
   
   YES               SOMEWHAT              NO

2. I believe my child/children benefited from the program.
   
   YES               SOMEWHAT              NO

3. I felt personally respected throughout the program.
   
   YES               SOMEWHAT              NO

4. I would refer other parents and children to the program.
   
   YES               NO

5. No major changes are needed to this program.
   
   AGREE             NEITHER AGREE      DISAGREE
                     NOR DISAGREE

6. Please provide any additional comments that will contribute to this program:
Appendix O

Perceptions of the Parents Educational Session
Perceptions of the Parents Educational Session

Please circle your answer:

1. Are you happy with topics and content addressed in the sessions?
   - YES
   - SOMEWHAT
   - NO

2. Did you like attending the program?
   - YES
   - SOMEWHAT
   - NO

3. Do you think the information you received is relevant and important?
   - YES
   - SOMEWHAT
   - NO

4. No major changes are needed to this program.
   - AGREE
   - NEITHER AGREE
   - DISAGREE
   - NOR DISAGREE

5. Do you have any questions that you need more information on? Please list any questions or comments:

6. Additional comments to make this program better:
Appendix P

Flyer for Parent Focus Group
Parent Focus Group

Please join an interactive group of parents to share your perceptions, opinions, and beliefs towards an inclusive play group for your children!

An occupation-based program that can benefit and enhance the lives of children through play is currently being drafted. Within this program, an OT can offer a variety of services, such as child development knowledge, comprise occupations dependent on developmental needs (of child and environment), advocacy efforts of therapeutic play groups for children resulting in positive psychological, physiological, and behavioral outcomes, as well as enhanced communication and social interactions with peers. Lastly, play groups give children a chance to speak clearly through play, since some children have difficulty putting their thoughts into words.

Please contact if interested!

Kristy Bernard
Occupational Therapy Student

Phone: (937)-441-3309
E-mail: kristy.bernard@rockets.utoledo.edu

Little Explorers
Developmental Playgroups