



The Bell Center is dedicated to maximizing the potential of children from birth to three years of age who are at risk for developmental delay

Each year, hundreds of babies in the central Alabama area are born prematurely, or with spina bifida, cerebral palsy, Down syndrome, and a variety of other genetic disorders. These disorders are often accompanied by physical and mental challenges that jeopardize the health and development of these children.

The Bell Center offers treatment as soon as a child is diagnosed, often within a few days or weeks after birth. Parents often feel a sense of helplessness when they discover their child has special needs; however, the Bell Center staff and volunteers are able to provide them with specific information and encouragement allowing parents to move from a sense of confusion, to a deep pride in their children's accomplishments and optimism for the future.

Programs at The Bell Center are designed to promote growth in gross and fine motor skills, as well as language, cognition, self-help, and play skills. Each child is evaluated annually, and goals are tailored specifically to the child's needs. Trained volunteers carry out these individually prescribed programs under the close supervision of a team of fully qualified professional staff members including physically and occupational therapists, speech language pathologists, special educators, and a nutritionist.

For more than 20 years, The Bell Center for Early Intervention Programs has provided treatment for children with special needs through its therapy programs. The program has provided dramatic results for the more than 600 children who have participated since its inception.



Programs

All About Me

Toddlers in All About Me groups come to The Bell Center either twice or four times a week. Each toddler is assigned a specific volunteer who provides one-on-one direction as the toddler works on his or her individual goals. Led by a professional team which includes a special education teacher, a speech therapist and an occupational therapist, All About Me groups have circle time with stories and songs, snack time to concentrate on feeding and language skills, group art projects and time for work on individual gross and fine motor skills. In addition to the professional team, a physical therapist and classroom aide are assigned to the group, and a nutritionist is available on a consultative basis. The four-day All About Me groups also have a weekly creative movement class led by Children's Dance Foundation. And every All About Me group participates in animal assisted therapy with Hand-in-Paw.

Bright Beginnings

Infants come to The Bell Center twice a week for an hour at a time and receive services in a one-on-one format with members of the professional staff. Because it is critical for parents to become active partners in their children's learning, parents and other family members are encouraged to stay during the session to receive training so that they are able to continue essential therapies at home.

A separate, high risk infant therapy room is available to infants whose premature birth and/or medical conditions put them at increased risk to illness. While parents are encouraged to sit in on the session for training purposes, other family members are requested to stay in a nearby waiting area to reduce needless exposure to the medically fragile child.

Early Eaters

Originally known as Bell Center Feeding Clinic, a revamped Early Eaters program will be unveiled later this year. Early Eaters program objectives are to 1) identify the feeding problem; 2) incorporate appropriate intervention to be included in the child's Bell Center program; 3) collaborate with parent in appropriate interventions at home; 4) communicate with other agencies or practitioners providing services to the child's feeding problems; and 5) document outcomes.

Explore Everyday

Toddlers in Explore Every Day participate in center-based activities that are designed to promote independence in a structured therapeutic environment. A team of therapists lead children, and their typically developing "friends" through preschool routines and activities. Activities are modified accordingly to provide opportunities for children to work on individual therapeutic goals while becoming more independent in a preschool environment.

Kindermusik

The core belief of the Kindermusik approach is that all children are musical and that the parent is the child's most important teacher. Every class offers a delightful mix of songs and activities, while each lesson is also thoughtfully designed to nurture specific learning and developmental goals. This program will meet once a week for one hour. Parents will accompany their child to this class lead by Trish Cohen, a certified Kindermusik instructor. A team of Bell Center therapists, who also participate in the class, ensure that children target their therapy goals throughout each activity.

- Kindermusik Village, 0-18 months
- Kindermusik Our Time, 19 months-3 years

Learn to Learn

This unique program allows children and their caregivers to learn and grow together as they participate in therapist-led activities. It is an extension of our All About Me, Little Leaps and Bright Beginnings programs. During two sessions per week, caregivers will assist, encourage and engage their child in an environment created for learning. A team of therapists will guide caregivers and their children through disciplined focused activities designed to promote developmental gains in all areas of development.

Little Leaps

Children with special needs grow and flourish in group settings, learning from their peers, just as their typical counterparts do. For that reason, as an infant grows toward toddler-hood, the child is transitioned into the group format he or she will likely experience in later preschool and elementary school years. In Little Leaps, small groups of five to six children meet for one hour twice a week and receive early intervention services in a one-on-one setting with members of the professional staff and with volunteers.

My Friends

This program is designed for children with sensory, social and communication challenges. The small My Friends group has one-to-two ratio of peer model children to children with challenges. Some but not all children who participate in the program have a diagnosis of Autism. A team of professionals including a Speech and Language Pathologist, Physical Therapist, Occupational Therapist and Early Childhood Special Education Teacher work with the children to address their early intervention needs. The class meets for 2 hours, four days a week and through adapted typical preschool activities children are challenged to successfully participate in classroom routines, interact with peers and tolerate various sensory experiences. The team uses a variety of developmentally appropriate practices to target the children's therapy goals and also collaborates with other professionals in the community that are helping families address their child's challenges. Parents have the opportunity to observe their child's class and the team of professionals meets with the family regularly to update and provide support.

Out and About Playgroup

Join a team of therapists once a week for an hour and fifteen minutes of guided play that target your child's therapy goals in a therapeutic playgroup. The playgroup will meet at a variety of

locations in Birmingham area and offer families the opportunity to meet and get to know other Bell Center families. Previously offered during the summer months this program was so successful we are now offering it to toddlers during the school year beginning in Fall 2010. Parents should plan on attending playgroup with their child.



Sensory and Skills

Pre-literacy skills and a variety of sensory experiences will be the focus of this one hour and thirty minute class that meets once a week. Small group instruction will be based on the preschool Hand Writing Without Tears curriculum and will also include movement and sensory activities. Parents will be given an informational hand out each week regarding the carryover of skills into the home environment. There are prerequisites for participating in this program; please meet with your child's team to determine if this program is developmentally appropriate for your child.



Stay and Say Playtime

Join a team of therapists once a week for an hour and a half of guided play and conversations on topics related to raising a child with special needs. The session will begin with playtime led by a team of therapists that targets individual therapeutic goals. After 45 minutes, parents will break away with one therapist and/or speaker to engage in a discussion on predetermined topics. We will provide the necessary staff to carefully watch over the children as they continue to participate in play activities. Parents participating are encouraged to suggest topics. We believe that, as parents, you are the best experts about caring for your own children. Sharing your experiences will be helpful to other parents. Topics for discussion might include proper diet and feeding, discipline, toilet training etc.



Summer Steps

This transitional program is designed to prepare graduates for their future preschool placement. Families will have the opportunity to participate three days per week. A team of therapists will lead center- based activities designed to promote independence in a structured therapeutic environment. Typical preschool routines and activities will be modified accordingly to provide opportunities for children to continue to work on individual therapeutic goals in all areas of development while becoming more independent in a preschool environment. For this reason, one-to-one instruction will not be offered in the Summer Steps program.



This symbolizes summer programs only.

General Information

What do I wear?

- Comfortable clothes
- Socks, no shoes (ask a staff member if you forget yours, we have a few extra pairs but please place in hamper to be washed before leaving)
- Blue smocks and nametags
- Please do not wear perfumes or scented lotions.

What can I do to keep germs away from The Bell Center?

- Wipe tray tables off after use
- Spray changing pad after use (gloves are available if needed)
- Place diapers in Diaper Genie
- Wipe children's noses as needed but PLEASE throw away Kleenex before returning smocks so they don't end up in the washing machine

What will our day be like?

- Arrive on time – please park on the side of the building, or in OLS upper deck
- Place your shoes in your child's cubby and get their chart. Read over it to check for any new items. Be ready to greet your child and begin your day.
- If a parent and child come in and their worker isn't here yet, please greet them and take the child to start playing or reading. It is very important that each family feels comfortable as they enter as well as make the transition from parent to worker as soon as possible.
- Please help clean up as you leave an area
- Remember as you leave to complete the chart and place it back in your child's cubby

How do I complete the child's chart?

- A child's clipboard has all of their information in the areas of fine motor, gross motor, speech and cognitive
- Look it over when you arrive and check for any changes or comments
- Complete both pages – checklist and comments
- Sign sheets with your first initial and full last name for documentation purposes
- Please don't worry if you don't get to everything ~ just mark appropriately
- Never leave without filling out your child's chart and signing



Team List - 2011-2012

Team A

Amy Fisher, early childhood special education teacher
Jane Lamb, speech and language pathologist
Mary Laura Day, occupational therapist
Andrea Belue, physical therapist

Team B

Angela Nardecchia, early childhood special education teacher
Lydia Arndt, speech and language pathologist
Jennifer Wolfe, occupational therapist
Mary Beth Moses, physical therapist

Team C

Lacey Viner, early childhood special education teacher
Stacey Shipman, speech therapist
Anna Ruth McCalley, occupational therapist
Holley Steele, physical therapist

Early Eaters:

Jan Rowe, occupational therapist
Harriet Cloud, nutritionist

Transdisciplinary Model

What does transdisciplinary mean?

Transdisciplinary is an approach to providing therapy that focuses on the whole child and the family. In this model team members share responsibilities and information to the extent that one team member can assume the role of another. Children's therapy goals are embedded in meaningful ways into a single plan and implemented throughout the day in the preschool classroom.

Why do we use this model?

- In the field of early intervention, different perspectives result in better decision making, and no one person can do everything.
- Team members abilities to provide services are enhanced as well as volunteers
- Creates a fun way to address therapy goals that are engaging and motivating for children
- Prepares children for learning in future preschool placements and the world outside The Bell Center
- Allows for the generalization of new skills into daily living

Tips for embedding goals in our All About Me program:

- Arrive on time (10 minutes before class) and become familiar with your child's goal sheet before they arrive for class
- Read the comments on the back page of the goal sheet for some tips on what has been successful for the child on previous days
- During classroom activities challenge yourself to work on goals that are not obvious and directly targeted by staff.
- If you are not sure how to target a go, please ask for suggestions from the team

Early Childhood Special Education

What do we do?

- Work to develop children’s thinking, remembering, and problem-solving skills, as well as facilitate social interactions with others
- Determine the developmental level of the child and create goals to help them learn and progress in their development
- Work with families to target goals and skills that are important to them
- Work closely with other therapists (PT, OT, Speech, etc.) to provide a rich educational experience
- Adapt materials and situations so that all children can participate
- Tailor instruction to meet each child’s individual needs while participating in the class as a whole

Things to remember

- We’re here to support you! Please do not hesitate to ask if you’re not sure how to work on goals, need other materials, help with a child’s behavior, etc.
- Make learning fun! Get to know the child, find out what motivates them, and give them choices when appropriate.
- Be familiar with your child’s goals and look for other opportunities throughout the class to target the goals—be creative!
- Follow the child’s lead when possible. If they’re very interested in an activity, look for ways to bring in other goals to that activity.
- Be sure to give children enough time to do what you ask them. Sometimes children need more time to process information. We want the children to be as independent as possible with your support.
- Please be aware of the noise level in the classroom and keep side conversations to a minimum. Some of our children get distracted very easily.
- Talk to and interact with the kids! When we model our thought processes while solving problems, it helps our children internalize the language and actions that we want them to learn.
- We love to hear from you! Please give us input, especially if you find things that work for your child, things that don’t work, or have any creative ideas on how to integrate goals into activities.

Occupational Therapy

What is occupational therapy (OT)?

Occupation is the chosen meaningful and purposeful activity we do during the day. For children, this most likely includes playing, eating, toileting, dressing, and other areas of self-care, and the fine motor skills that lead to academics. These are all areas we address at The Bell Center.

How do delays in this area present in our children?

A child with delayed development may not show behaviors and abilities that are typical of the child's age. A child may have difficulty swallowing, sucking, and chewing; developing coordinated tongue movements; achieving independence in feeding, dressing, and using the bathroom; integrating their sensory system; developing appropriate fine motor skills.

Primary focus areas of OT at The Bell Center:

- *Fine motor skills* – pincer grasp (picking up Cheerios), two-handed tasks (stringing beads, cutting), hand strengthening (tearing paper, cutting, manipulating play-doh), pre-writing (imitating horizontal, vertical and circular strokes), visual motor (pegboard, stacking blocks, stringing beads).
- *Sensory* – vestibular system (swinging, jumping), tactile sense (beans, finger-paint, sand, play-doh, water), proprioceptive system*(jumping, obstacle course, wearing a weighted vest).
*The ability to know where your body is in space. The activities are designed to help our kids be more in tune with their body or improve body awareness.
- *Self care* – feeding (pincer grasp, scooping with spoon, drinking from a cup, biting and chewing, tolerating textures), toileting (pushing down/pulling up pants, sitting on the potty), hygiene (washing hands, brushing teeth, wiping mouth).
- *Dressing* – (fastening/unfastening snaps, buttons, zippers, Velcro, undressing/dressing upper and lower extremities).

Physical Therapy

Primary focus areas of Physical Therapy:

- Mobility - Assist the child in using their highest level of function to get from one classroom activity to the next activity.
- Positioning/Body Alignment - Providing the child with the best body alignment in lying, sitting, or standing to complete the task. Sometimes a child may need extra trunk support or special hip and foot placement to maintain sitting and participate best in their little circle chair, snack and craft time, fine motor, and gross motor activities. This may include the use of hip pants, braces, and shoe inserts.
- Gross Motor Skills - Facilitating rolling, sitting, crawling, pulling to stand, cruising, and walking

Muscle Tone:

- **Children with low muscle tone** – Are children who feel floppy when you pick them up. It takes more effort and they expend more energy even just to sit or to move. An example of a child who has low tone would be a child with Down Syndrome.

Precaution: Protect joints with proper handling. (Don't pick up by arms to move them or carry them.)

- Hip Helpers
- Foot Pronation/Knee Hyperextension
- Problems with shoes/braces (report if not wearing them, not fitting, hurting, red marks on feet)
- **Children with high muscle tone** – Are children who feel stiff and appear more restricted in their movement. An example of a child who has high muscle tone would be a child with Cerebral Palsy.
 - Positioning in trunk and hip flexion to break tone
 - Problems with shoes/braces

Some children have a combination of low and high muscle tone.

Things to Remember:

Report what caregiver reports to the PT

Always feel free to report any concerns you have or any redness, bumps, or bruises which you notice.

Your body biomechanics—Always Protect Yourself

- Get on the floor! On your knees!! Get down on their level!
- Protect your back. DON'T BEND OVER to walk with a child, bend your knees.

Handling

- Holding and lifting --POINT OF CONTROL (best place to move all the children from is at HIPS and around the TRUNK)
- How to:
 - Roll, Commando or army crawl, Get into sit,

- Come to sit on a ball/floor (ASK)
- Position hips in sitting,
- Crawl on all fours,
- Pull to stand through ½ kneel
- Sit on bench and pick up object off the floor or put puzzle together
- Sit to stand Cruise, weight shift
- Walk, Up/down stairs—two rails, one rail Getting in and out of walker or chair

Speech and Language Therapy

How do I work on Speech and Language?

- Keep your words SIMPLE.
- Watch your child – tune in to them. Respond to what THEY are doing. Imitate their communication attempts and reward them for trying!
- Give your child TIME to respond....TIME to ask for help....their processing time is different from ours.
- Pretend play!!! Repeat the same simple routines over and over, modeling the words. (Ex: Baby in the bed. Night Night baby. Sleeping baby. Wake up baby!! Shh Shh. Time for bed. Baby in bed. Night Night baby....). Other ideas are play with kitchen, dress up, house, small doll house, clean up, etc.
- Books!!! Don't only point and label pictures or ask "what's this?" over and over; let the child have a chance to "read" the book. Watch what they do first. Follow their lead. You can also "read the pictures" and be animated if the real words are too much.
- Balls, cars/trucks, blocks and bubbles are good turn taking activities.
- Oral Motor goals – We often write this goal. Ask us for help. Being silly with mirrors and using bubbles are a great way to target this. It draws attention to the child's mouth...and hopefully to moving the mouth for speech.
- Let the child MAKE CHOICES between toys or activities when you can.
- Hold toys up by your mouth when you name them so they'll watch your mouth and object...especially when encouraging them to use a word or sound.
- Use the "First, Then" method for difficult behavior. FIRST do the puzzle, THEN play with cars. They need to learn to finish an activity!
- HAVE FUN!! Language is best targeted in natural ways...it's nice to know you don't always have to be structured to work on a goal!!
- ASK QUESTIONS! We appreciate all you do and want to help any way we can!

Role of the Nutritionist

Defining Nutrition:

Nutrition is the science of food and its utilization by the body. Nutrition is especially important for infants, children and adolescents since it is such an important part of growing, having enough energy, and providing materials for all the functions of the body. Sufficient nutrients are extremely important for growth of all body parts including the brain.

What is the role of the nutritionist?

The nutritionist at The Bell Center is a registered dietitian who has specialized in pediatrics and special health care needs. Her role is to evaluate the nutritional status of each infant and toddler. This will include the following:

- Anthropometrics – height, weight, and head circumference, fat fold thicknesses, and arm circumference.
- Dietary intake – breast milk or formula, other liquids, infant food and table food.
 - Amount of liquids or food
 - Foods that are not tolerated
- Feeding development and delays in development leading to problems with intake
- Medications which may interfere with nutritional adequacy
- Problems with constipation or diarrhea

After evaluating the infant the nutritionist will make suggestions to the parent related to solving any problems identified and providing the parent with materials which may help with all of the Early Intervention experience.



Community Partners

The Bell Center for Early Intervention Programs is fortunate to have several community partners joining us again this year. Below is a brief description of our community partners.

Very Special Arts of Alabama- *VSA Alabama is a statewide organization dedicated to serving children and adults with disabilities and chronic illnesses through the arts. VSA visits our All About Me, My Friends and Explore Every Day programs. VSA sessions will be directed by the artist who assists the children with an art project.*

Hand-In-Paw- *Hand-In-Paw, an internationally known non-profit founded in 1996, provides professionally trained handler and animal therapy teams to help people heal physically and emotionally.*

HIP will be joining us in our All About Me, My Friends and Explore Every Day programs one day a week, for one hour. The Bell Center therapists determine how HIP will be incorporated into the classroom schedule. Therapy dogs and their partners will be participating in the classroom, upstairs or outside for a group session.

Rejoicing Rhythms – *Walker Wright is a professional drummer and founder of Rejoicing Rhythms. He created the Rejoicing Rhythms program to inspire joyful expression and creativity through recreational music.*

Walker leads an interactive drum circle. This is a fun way to incorporate rhythm, movement and more music into our All About Me, My Friends and Explore Every Day programs.

Children's Dance Foundation- *To provide comprehensive dance education for all, enriching the spirit, enlivening the imagination and celebrating community.*

CDF musicians and instructors lead 30 minutes of movement and music in our All About Me, My Friends and Explore Every Day programs.

Things to Remember

What to do if there is a fire?

- In case of fire, please pick up your child and exit the building through the closest clear exit.
- If you are in the back of building you will exit through the back doors and meet in the parking lot behind the dumpster. If you are in the front of the building please exit through the front door and meet in OLS parking lot.
- Fire Extinguishers are located throughout the building. Please take the time to notice where they are located.

Why is Latex such a bad word?

We have several children who are allergic to latex. Common items that may contain latex include diapers, glue, play dough, paint, balls, and plastic storage bags. Children with latex and other allergies will have a red chart.

What do I do if my child is sick or injured?

If your child is injured or you suspect he or she is sick, please let a staff member know immediately. Betty typically checks temperatures and treats injuries. If a child is injured an incident report will be written and placed in the child's folder.

Red Chart:

- Red Charts indicate that there is a medical alert regarding the child that staff and volunteers need to be aware of.
- If a child you are assigned to has a red chart please check with a member of the team to discuss the medical alert.

Other Important safety tips:

- Please review the First Aid for Choking Charts that are posted in each classroom
- Many children are very fast and will run through open doors, so please make sure you are with your child at all times. If you have to leave your child for any reason, please tell a staff member not another volunteer.
- Sometimes volunteers run late, if your child is not in class yet please help out by keeping an eye on all the children in the classroom until all the volunteers have arrived. Staff members are in therapy sessions right up until classes start so they are unable to be there for children who arrive early.

Sample Chart:

Parents: John & Jane Doe

	Mar	April									May							
ACTIVITY	30	1	6	8	13	15	20	22	27	29	4	6	11	13	18	20		
symbolic play -- pretend play with a variety of toys																		
Enjoy looking at pictures in books - start with high contrast book, photos, texture. Limit books with sounds																		
Match sounds to three animals																		
Recognize and identify the names of common objects from a variety of categories																		
Follow 1 step directions without gestures, moving towards following 2 step related commands																		
Imitate single words																		
Use 10-15 single spoken words spontaneously to express wants/needs																		
Spoon feeding- scoop food with spoon and use other hand to hold the bowl																		
Stack a sequence of blocks and pegs																		
Complete simple formboard puzzles																		
Use index finger to point to object/pop bubbles																		
Propel a tricycle																		
Throw a ball in standing																		
kick a ball in standing																		
Walk up and down child sized stairs while holding 1 rail																		
Jump up / off low step or jump on trampoline																		
Step up onto a low surface with one hand held																		
	MEDICAL ALERT:																	
RATING SYSTEM: R - Refusal A - Assisted U - Unassisted N - Not Attempted E-Emerging (Speech Only)																		

Name : John Doe, Jr.
 Birthday: 2/10/08

Team A--All About Me
 Time: 8:15-10:05
 Days: W-F