



Working with Children with Disabilities

Intervention for Self-Care, Mobility and Cognitive Function Based on weeFIM Evaluation

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SELF CARE

1.EATING

Maximum Prompting

- a. Difficulties: Unable/ difficult to maintain positioning for eating, chewing and swallowing of food and drinking of water or children able to sit, but may not maintain sitting position when using hands for eating.

Intervention: 1

Sitting positioning (Trunk straight and neck slightly forward) of the child using junction of two corners, corner chair or wooden chair with tray in front as shown in figure.

Various sitting positions



Intervention 2:

For young children mother hold the head and trunk of the child with comfortable long sitting.



Mother and child position

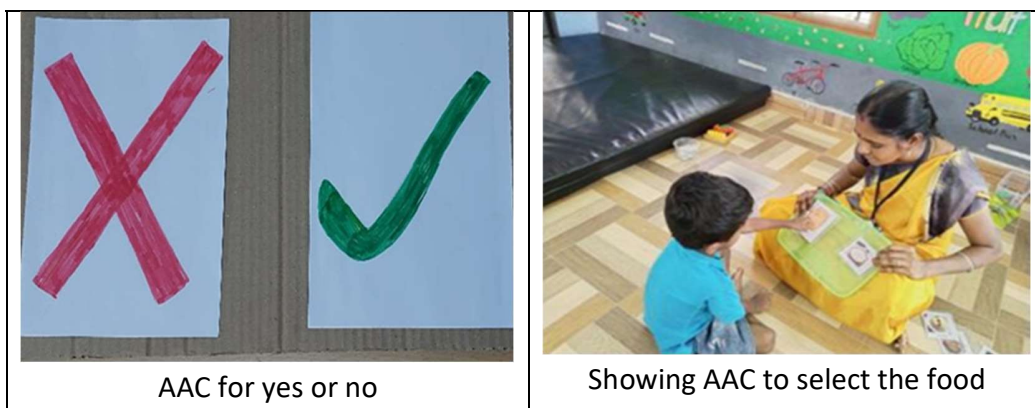
- b. Unable to understand the meal time, recognize eating utensil, understand hunger or thirsty and communicate the need for food or drink.

Intervention: 1

- Follow routine meal time; if possible with all family members. Before feeding the child, show meal card or utensils and tell “Eating time” Follow this regularly for every meal.



- Let family members sit together and eat with the child.
- Show the eating plate, and ask the child “you want to eat?” Give options of yes or no either verbally, gesture or show AAC option cards.



- Similarly ask for water or any other drink.



- After few days of routine, train the child to initiate asking for food or meal/water/drink either verbal/gesture or AAC methods



c. Difficulty in picking up food (unable to grasp, maintain grasp or unable to reach plate and mouth)

Intervention: 1

- Use appropriate table or raised platform in which elbow can be supported.
- Use border raised plates & modified Spoons
- Use nose cut glass, double handled cups
- Use straw to sip water/liquid

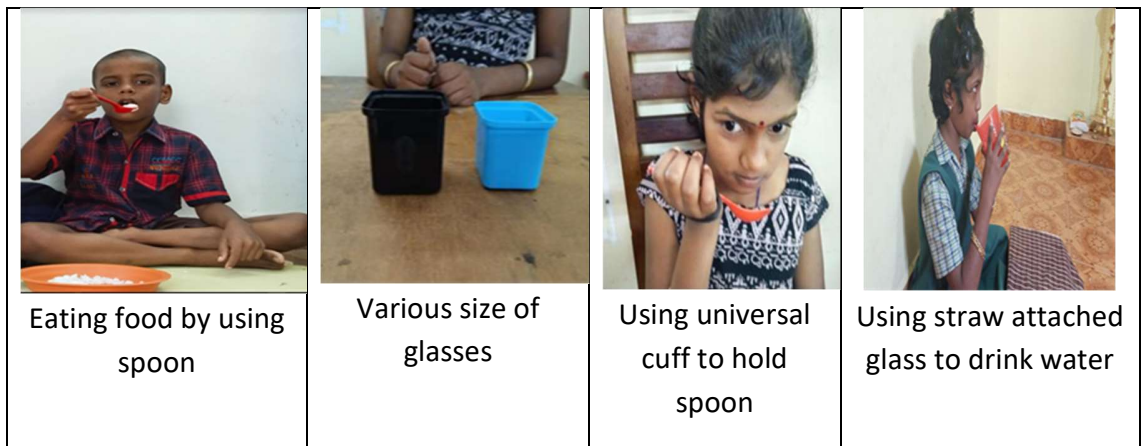


- If the child has low vision, use contrast plate and place mat and train the child to feel the plate by physical prompting. Introduce the food name while exploring the food items.



Intervention: 2

- Train to pick up dry food like biscuits/chips etc
- Train to hold spoon/adapted
- Train to hold adapted glass with physical prompt
- Train to scoop food with physical prompt. Initially sticky food can be used (curd rice, Pongal, kichadi etc)



d. Child has difficulty in chewing, swallowing, sipping and sucking fluid

Intervention: 1

- Oral exercise to strengthen the oral muscle function if the child has weak oral muscle

Oral massages steps



- Practice chewing in a muslin cloth filled with easily chewable food item (chocolate)
- Appropriate positioning and a mild quick pressure at throat when about to swallow food.
- Keep the mouth closed while swallowing food with three chunk technique and using sipping or sucking tube.
- Practice sipping or sucking thick fluid like juice, kanchi etc to get train sipping and sucking.



Drinking water by using sipping bottle

e. Child eats only one type of food due to not trained in oral functions:

Intervention: 1

- Choose appropriate position as mentioned before
- From liquid to follow thick fluids, semi solids and solid food gradually.

f. Prefers to have one type (same food) of food due to oral sensory issues or avoid chewing etc.

Intervention: 1

Desensitize therapy

● **Oral Hyposensitivity**

Non-nutritive oral stimulation is often a child's way of calming themselves (this means that a child will calm him or her self by chewing, sucking, grinding teeth on different objects that are not food)

- They love and crave intense flavors, i.e., sweet, sour, salty, spicy and often can become "condiment kids"
- May actually avoid mixed textures as well since it is difficult to chew and swallow properly when you can't "feel" the food in your mouth correctly.

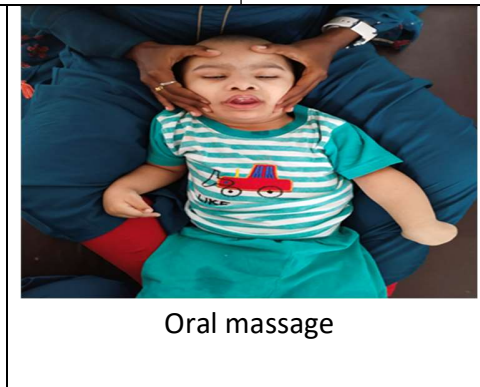


feed the food directly to the mouth

- They tend to be messy eaters; getting food all over their face and/or leaving bits of food in their mouths at the end of a meal.
- They often take large bites and stuff their mouths, or even "pocket" food in their cheeks are inclined to not chew their food thoroughly before swallowing (can be at risk for choking)
- can drool excessively beyond the teething stage and, they always seem to have something in their mouths; toys, pens, pencil tips, gum, candy, or inedible

When working with children who are orally hypo sensitive, it is important to:

- Give them MORE oral stimulation activities and "appropriate" things to chew on so that they can feel calm and organize.
- Dry mouth tools: ask them to bite a clean cloth
give them sensory stimulation activities prior to meals to "wake up" their mouths
use oral massagers, vibration, and textured materials/objects for stimulation.



- Use a combination of relaxing input (deep pressure, firm touch) and stimulating input (light, quick strokes)
- Choose foods and snacks with increased texture, flavour, and temperatures to provide more stimulation:
Apples, carrots, drinks with a straw, sour/spicy foods, ice chips, chewy candies, Crackers



- Encourage these kids to take different sized bites and have them "feel" the food in their mouth (If old enough have them close their eyes and play guessing games with the food)
- wash and wipe the child's face often during eating with different textured materials (i.e., baby washcloth, napkin, regular washcloth, paper towel with texture to it)



Wiping the child face during eating

- Use the following order for stimulation: start on face with cheeks, jaw, lips, then teeth/gums, inside cheeks, then tip, middle, and sides of tongue, then the roof of the mouth.
- Inform the child that new food is introduced and feed new food item one or two times along with regular meals. Use pictures or AAC, explain the texture and taste of food. Relax if the child is getting stressed while introducing new food. Gradually increase the feed.



Oral Hyper sensitivity (oral defensiveness):

- Dislikes having teeth brushed and/or face washed
- Has a limited food repertoire and/or may avoid certain food textures - especially mixed textures
- Will take their food off the fork or spoon using only their teeth, keeping their lips retracted (teeth do not have taste buds!)



Keep the child lips retracted while giving food

- Will gag easily when eating and may only get food down by taking a drink with it may exhibit signs of tactile defensiveness such as: disliking being touched, avoiding messy play - glue, play doh, mud, sand, finger paints, etc. - , or, may not pick up
- Eating utensils or food with a grasp that involves the palm of his hand



When working with children who are orally defensive, it is important to:

- understand the mouth is an "extension of the body"
- let the child know what you are doing and what you will do next, and use firm pressure with slow even strokes... the more predictable the better (ex. with toothbrush, floss, or anything else put in to the mouth)
- Once you have reached the face, start with his cheeks, then jaw, lips, and lastly inside his mouth... progressing from least sensitive to most take it slow and do not force stimulation on any part he is not "ready" for... try it, just don't force it - severe anxiety or fear and gagging are signs of distress, not effective therapy - gently work your way through this no matter how long it takes.
- Remember that when your child becomes increasingly anxious, their "fight/flight" reaction set in, this increases their adrenaline levels in the body, which naturally

DECREASES hunger (when your body is in a state of emergency, the last thing you are thinking about is EATING). So try to keep things slow and fun.

- Lastly, remember oral motor programs and therapy for oral sensitivities may not be able to be worked on, or effective, until underlying sensory issues are addressed and sensory stimulation is tolerated.





Moderate Prompting:

- a. **Unable to understand eating sequence**

Intervention 1:

- Let family members sit together in meal time.

- Use sequence card and explain each sequence before the meal and during the meal use the card one by one to guide the child.

Sequence pictures:



Eating demonstration using picture card

b. Difficulty with positioning or grasping/handling the food.

Intervention: 1

- Use the above positioning and material adaptations
- Helper makes pieces of idli/chapathi etc and let the child eat the food.



Child eating pieces of idly

- Helper mix food with gravy and make rice ball and give it to the child; child takes the food to the mouth.



Making rice balls

- Helper gives the fluid (app: 30 ml) in the appropriate glass present it in front of the child and helper holds the glass.



Helper hold the 30ml glass of fluid

Minimum Prompting:

- a. **Child has difficulty in making pieces of food or not able to mix the gravy appropriately with the food.**

Intervention 1:

- Train the child to make piece of food or ball of rice or scooping with physical prompting and gradually reduce the support.
- Train the child to drink the liquid from the appropriate glass given with verbal commands only

- b. **Child spills the food and play with food**

Intervention:

- Inform the child what is expected from the child while eating; picture can be shown and Modelling with older child on eating manners.



- Also inform about the positive reinforcement for every good attempt.
- Use of mat for all family members below the plate and at the end explain the child how other's mat is.
- Positive reinforcement for every good attempt to eat appropriately.

- c. **Child has difficulty to eat in appropriate manner due to vision problem**

Intervention:

- If low vision, use contrast plate and table mat; also border raised plate can be used



- Appropriate position is essential.

- Explain the child about each food item, let the child grasp, smell and taste the food.
 - Physical prompting for appropriate manner of eating and drinking.
- d. Child does not understand the appropriate quantity of eating and eats uncontrollably.**
- Intervention:**
- Modelling with older child on eating manners and quantity
 - Give only the appropriate quantity
 - If the child has continuous eating habit – introduce clock and tell food will be presented only on the stipulated time and engage the child in different activities like colouring, sorting grains etc. All family members’ cooperation is essential.
 - Positive reinforcement for good behaviour.

Standby Prompting:

- a. Child has difficulty in completing the meal or drink without support.**

Intervention:

- Let the child practice completing the meal with only verbal prompt, no physical prompt should be given
- Also practice drinking of 50 ml of liquid from the suitable glass.



Maximum Independence:

- a. Child does not ask for food or drink by self.**

Intervention:

- Introduce variety of food with picture and wait for the child to ask for meal or drink during meal time. (AAC for nonverbal)
- Let the child choose from options given.



- For verbal children, train the child to express by single words by introducing the food items and drinks by clear simple words. Even if the child makes sounds that resembles the food item name, encourage the child to ask for food by name.
- Praise the child and positive reinforcement for every right attempt.

Complete Independence:

a. Child uses assistive devices and adapted materials for eating:

Intervention:

- Try reducing the assistive devices support.
- Practice of eating and drinking with family members, known community groups.
- Teach eating manners in outdoor place.

Child eating with family members



2. GROOMING:

Limitations:

1. Oral Care (brushing teeth)

- Does not have the awareness and understanding about brushing
- Difficulty in getting appropriate position
- Difficulty in holding brush and paste, pressing paste, holding and manipulating brush
- Difficulty in gargling and spitting
- Child swallow paste or water intentionally
- Child is hypersensitive to brushing

2. Combing hair

- Does not have the awareness and understanding about combing
- Difficulty in getting appropriate position
- Difficulty in holding comb and brush through hair

3. Rinsing, washing and drying hands

- Does not have the awareness and understanding about hand wash
- Difficulty in getting appropriate position for hand wash
- Difficulty in handling water, soap, cleaning etc
- Difficulty in handling towel and drying hands

4. Rinsing, washing and drying face

- Does not have the awareness and understanding about face wash
- Difficulty in getting appropriate position for face wash
- Difficulty in handling water, soap, cleaning etc
- Difficulty in handling towel and drying face

Maximal Assistance:

Unable to do oral care

- a. **Does not have the awareness and understanding about brushing**
 - Introduce brushing as one of self-care activity and use activity card and verbal commands every time brushing done for the child

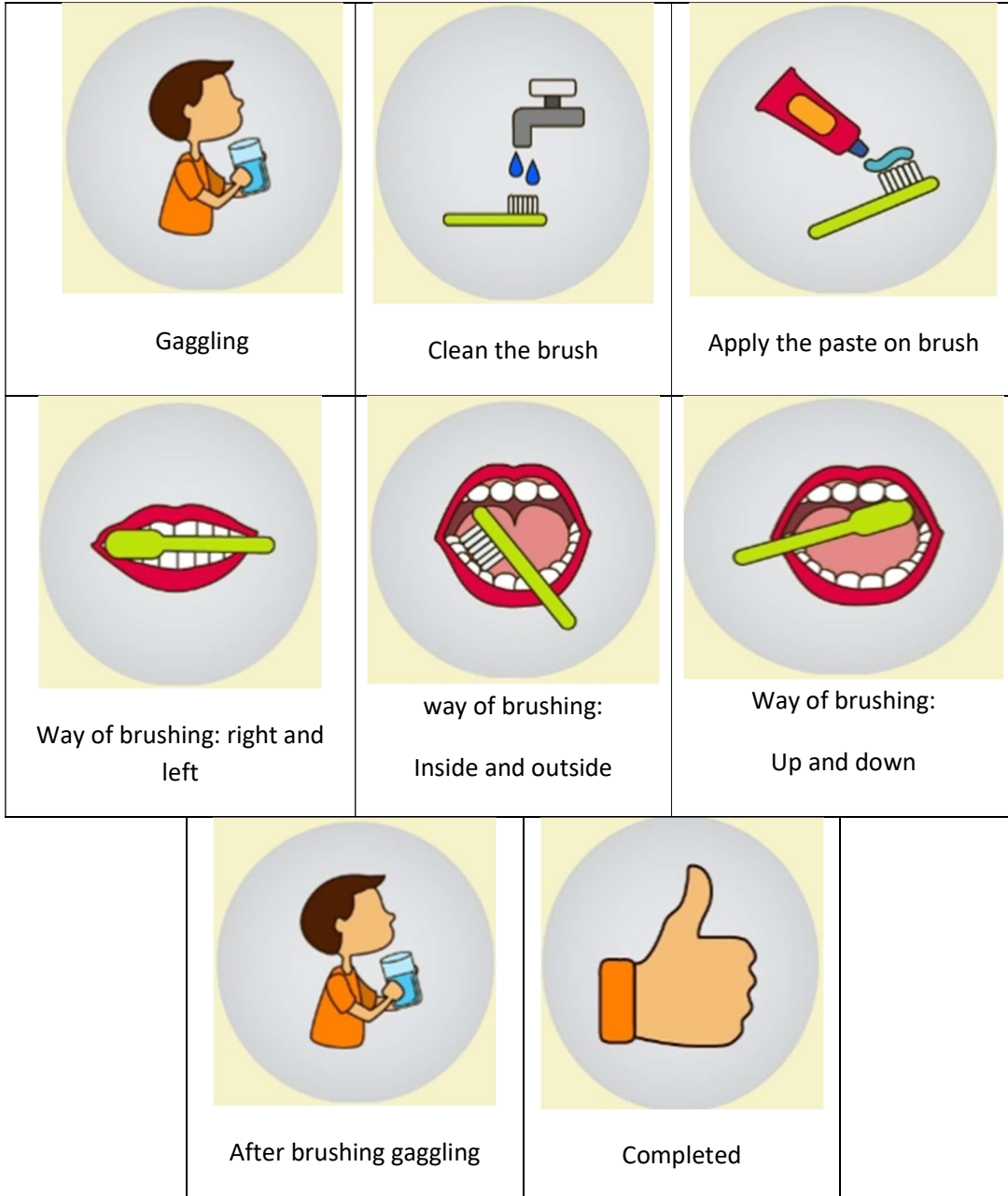


- Teach importance of brushing with appropriate pictures and stories
- Teach brushing as one of the social behaviour expected.
- b. **Difficulty in getting appropriate position for brushing teeth**
 - If the child has poor head control – supported sitting position with corner chair, wooden chair or wall corner
 - If the child has poor sitting balance- minimum supported sitting can be preferred.

Appropriate position for brushing



- c. **Difficulty in holding brush and paste, pressing paste, holding and manipulating brush**
 - Teach various steps of brushing activity sequence card



- Use adaptations like long handled brush and larger weighted handled brush, electrical brush, three side brush, build up handle bar attached with sink side or attached with wall.

Some examples of adaptation in tooth brushes



- Teach applying paste in the brush – appropriate quantity by visual clues. For children with movement difficulty – Use a tray in front to practice applying paste and gagging.



- Visual sequence card for the manipulation of brush inside the mouth and with physical prompting teach various movements of brush. Gradually reduce physical prompting

d. **Difficulty in gargling and spitting**

- Gargling training through modelling and giving slight forward push to initiate gargling.

e. **Child swallow paste or water intentionally**

- Teach on expected behaviour by setting common rules, positive reinforcement
- If the child has continuous habit – change the brand of the paste

f. **Child is hypersensitive to brushing and soap smell**

Desensitization training

Before tooth brushing:

- Prior to tooth brushing, desensitize the face by firmly rubbing a warm washcloth over the cheeks, lips, sides of the nose, and chin



- Allow the child to utilize their finger to brush teeth before upgrading to a toothbrush
- Allow the child to pick his/her own toothbrush
- Also prior to tooth brushing, provide calming deep pressure to the arms and legs, progressing towards the face

During tooth brushing:

- Try using a brush with extremely soft or silicone bristles



- utilize a non-flavored, non-foaming toothpaste
- Try an electric spinbrush, as the vibration provided can be calming and regulating



- Increased exposure to the concept and allows the child some control over the task
- Brush in front of the mirror such that the child is able to see what is happening



- Make tooth brushing a game
- Incorporate a visual timer
- Start with just a few seconds and work your way up to 2 minutes
- Can also aid in encouraging children who seek oral sensory input to brush for an appropriate period of time, rather than too long Count to a specific number each time the child brushes. When the number is reached, brushing stops
- This can be incrementally increased to facilitate tooth brushing tolerance

Moderate Assistance

Unable to do combing

- Does not have the awareness and understanding about combing
 - Introduce combing as one of self-care activity and use activity card and verbal commands every time combing is done for the child



- Teach importance of combing and grooming with appropriate pictures and stories



- Teach combing as one of the social behaviour expected.
- b. Difficulty in getting appropriate position
- If the child has difficulty in sitting or standing – supported sitting is done with wooden chair, wall corner etc.

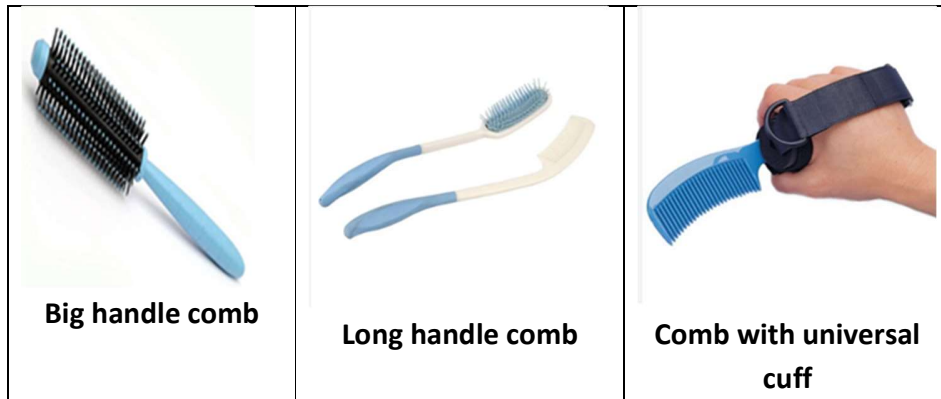


Child sitting in wooden chair



Child sitting in corner of the wall

- c. Difficulty in holding comb and brush through hair
- Using long handled comb, built in handles, universal cuff etc



- Training on reaching overhead and mobility in all directions to be taught
- With activity series card, teaching combing sequentially

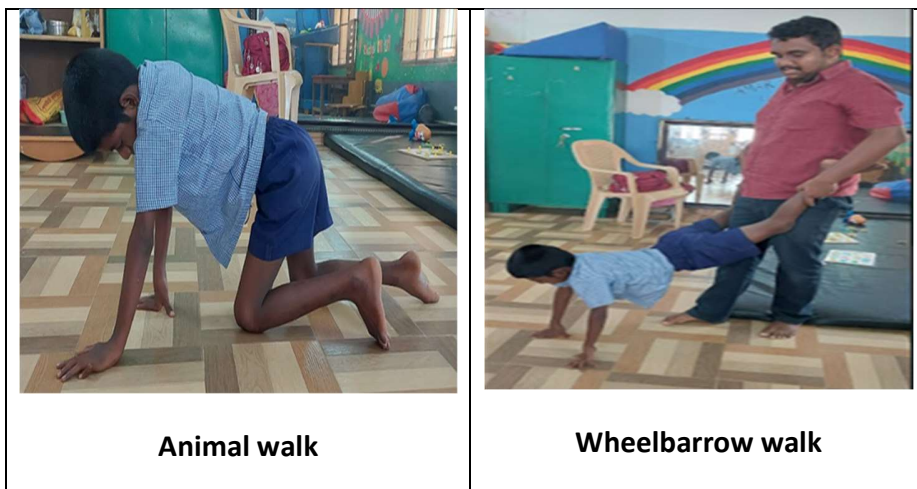


- Hair Cutting for sensitive kids
- Before the haircut: Provide deep pressure to the scalp or neck prior to the haircut to decrease tactile sensitivity and calm the child



Applying pressure over the scalp

- Cue the child to perform calming techniques, such as deep breathing, hand squeezes, or reciting a calming phrase
- Have the child perform deep pressure/"heavy work" activities, such as animal walks or wheelbarrow walks



- During the haircut: Bring a weighted object, such as a lap pad or blanket, to provide calming proprioceptive input
- Allow the child to sit in the parent's lap; the parent can provide squeezes by wrapping their arms around the child's torso to facilitate calming/regulation
- Provide the child with a fidget toy during the haircut



Fidget toys

- Have the child bring a preferred toy or book to the hairdresser to facilitate calming
- If the noise of the scissors/clippers bothers the child, provide a noise-blocking/muffling techniques

Minimal Assistance

Difficulty in Rinsing, washing and drying hands and face

- Does not have the awareness and understanding about hand and face wash
 - Introduce washing face and hands as one of self-care activity and use activity card and verbal commands every time washing is done for the child
 - Teach importance of washing with appropriate pictures and stories



- Teach washing as one of the social behaviour expected and when it is done (what are all the situation these activity is required- prepare separate reasons list for face wash and hand wash).
- Difficulty in getting appropriate position for hand wash and face wash
 - If the child has difficulty in sitting or standing – supported sitting is done with wooden chair, wall corner etc



c. Difficulty in handling water, soap, cleaning etc

- Adapted tape for running water or small size mugs can be used



- Liquid soap can be used



Liquid soap

- Quantity of water and soap to be used should be used by using counting strokes, mugs of water etc.

d. Difficulty in handling towel and drying hands and face

- Small towel with hook can be used for wiping



- Grasp and manipulation hand function training

Hand manipulation activities



Supervision/set up assistance:

- Train the child on the grooming activities with less physical prompting and more verbal prompting or visual clues.





Modified Independence:

- Train the child on collecting materials and organizing materials for grooming.

Complete Independence:

- Reduce the assistive devices and adaptations done wherever possible (Remember independence is essential. If assistive devices bring that independence, it is good to use the devices)
- Repeated practice to reduce time.

3. BATHING

Maximal Assistance:

- Difficulty in standing or attaining suitable position for bathing

For positioning: Modified plastic chair which is raised on one side as well as non -slippery or a plastic tub or small two wheeler tyre or wall corner can be used. Hand rails and non-slippery floor if not non-slippery mat.



Put on Hole under the bucket



- Difficulty in handling/holding objects for bathing (Mug, soap, shower etc)

Mug: small size mugs, double handed mugs, positioning bucket in appropriate place and appropriate size to be used. Hand shower if running water facility available.



Soap, Shower gel with scrub or cloth hand gloves or old sock can be used.



Hand shower: universal cuff to position the hand shower if the child has difficulty in maintaining grasp.

- Difficulty in reaching different body parts to apply soap, pouring water and drying
Therapy: Stretching, mobility and strengthening exercises and reaching oriented repeated activities.



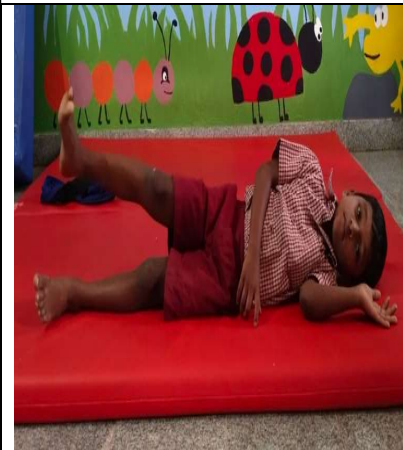
Pelvic bridging



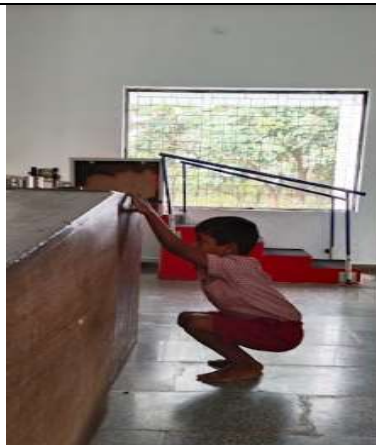
Reaching the toes



Hamstring stretching



Adductor and abductor strengthening



Sit to stand



stand to sit

Adaptations: long handle scrub can be used.



- Does not have the general understanding of bathing (as a routine and what is done)
Teach the child about bathing – why and how by using flash card, real objects etc. Every Time the child is taken for bathing, the flash card should be shown and talk about bathing.



- Does not know the materials for bathing and sequence of bathing
- Teach the child about materials used for bathing and sequence of bathing by using flash card, real objects etc.



Teaching the child about bathing materials

Sequence of bathing activities



- Does not have a sense of clean (wash body parts poorly)
Teach the child about using scrub and the amount of pressure needed for scrubbing



- Does not know how much water/soap to be used
Use counting method for pouring water with mug or counting while using hand shower. One or two counts of wipe of wet soap can be taken or liquid soap can be used for training.
- Does not have the sense of privacy or privacy not followed for bathing:
Explain parents about importance of practicing privacy. Always add privacy as one step in the sequence of teaching of bathing.
- Too much interest on playing with water that hinders bathing
Use weekend water play reinforcement to reduce playing with water. Use flash cards to teach quantity and expected behaviour. Use only one bucket water to bathing
- Hyper sensitivity to soap or using scrub:
Check whether the child has hypersensitivity to soap.

Bath Time

Before bathtime:

- Talk the child through what will happen prior to bathing using a calm voice
- Consider filling the bathtub with water prior to bringing the child into the bathroom, as the noise of the water rushing out of the faucet can hyper-stimulating for some children

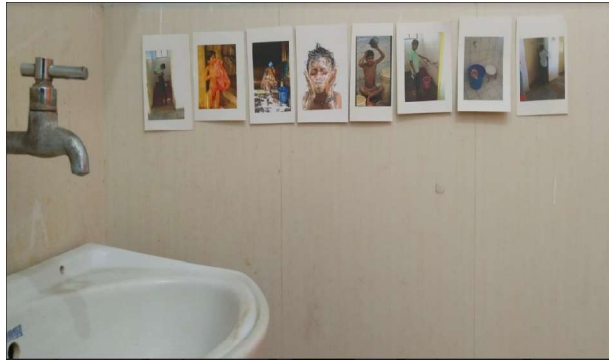


Filling the tub before bring the child into bathroom

- Consider personal preferences: Allow the child to select a soap product that smells good to them when you are out shopping at the store.
- Allow the child to select the water temperature.

During bathtime:

- Provide dim lighting to create a calming environment
- Utilize a waterproof/laminated "To Do" list with simple photos depicting the steps of bathing



Pasted the steps of bathing in bathroom

- Use a slow, quiet voice to aid in calming the child
- Incorporate fun toys to keep the child engaged (i.e., windup toys that will move through the water, favourite action figure and simulate giving him a bath)



- Offer the child the opportunity to wash his/her own hair or complete other bathing tasks independently to increase the sense of control over the situation
- Consider getting into the bath with them and modeling bathing activities on yourself
- Bring measuring cups into the bathtub so that the child can control how much water they pour on themselves. This can also be fun for filling.

General tips for bathtime:

- For some kiddos with vestibular processing challenges, filling the water to a lower level can provide an increased sense of confidence
- **Does not have the sense of safety:**
Teach the child about potential hazards like stepping in wet area, while applying soap etc. These safety practices can be taught before bathing activity starts and continue while bathing.
- **Not able to wash cleanly two body parts:**

Train the child to wash both lower limbs by using adaptations and repetition of activities. Modelling and demonstrating each bathing task actively with the help of siblings, mother and toys. Sequence of bathing can be explained with picture series.

Modelling the bathing task by using doll



- **Not able to wipe or dry properly:**

Adapted hook in towel or small towel can be used. Teach the child about how much pressure and how many strokes of wiping would require for drying.



Teach the child about how much pressure applied while wiping the body

Moderate Assistance:

● **Not able to wash cleanly five body parts:**

Train the child to wash both upper limbs by using adaptations and repetition of activities. Modelling and demonstrating each bathing task actively with the help of siblings, mother and toys. Sequence of bathing can be explained with picture series.

Minimum Assistance:

● **Not able to wash cleanly nine body parts:**

Train the child to wash perineal area and buttock by using adaptations and repetition of activities. Modelling and demonstrating each bathing task actively with the help of siblings, mother and toys. Sequence of bathing can be explained with picture series.

Minimum Assistance:

● **Not able to wash cleanly ten body parts:**

Train the child to wash chest and abdomen by using adaptations and repetition of activities. Modelling and demonstrating each bathing task actively with the help of siblings, mother and toys. Sequence of bathing can be explained with picture series.

Standby or set up Assistance:

● **Child need physical prompt to wash all body parts:**

Reduce the physical prompt, replace it with verbal and visual clues

Maximum independence:

- Repetitive training focusing on cleanliness, moderate material use, safety and timing

Maximum Independence:

- Reduce the adaptive materials and reminders used for bathing .

4. UPPER BODY DRESSING

Dressing: upper body

- Does not have the sense of dressing/undressing or poor awareness about dressing/undressing.
- Difficulty in attaining appropriate position for dressing and undressing
- Difficulty in manipulating/holding clothes and fasteners
- Does not like to be dressed/ frequently remove the dress
- Hypersensitive to certain cloth materials
- Unable to put on or remove upper body dress
- Does not know appropriate method of dressing (Selecting dress for different occasion and weather, pattern etc)

Maximal Assistance:

- a. Does not have the sense of dressing/undressing or poor awareness about dressing/undressing.
- Teach daily activities, purpose and the time of dressing using picture card

Teaching dressing activity by using picture card



- Communicate the dressing/undressing activity through picture card and verbal clear one word.
- Let the child see and give options for choosing- either verbal, physical, AAC, making sound or eye pointing; giving time to respond is essential. Always ask the child about her preference.



Option for upper body dressing

Child choosing the dresses from AAC

b. Difficulty in attaining appropriate position for upper body dressing

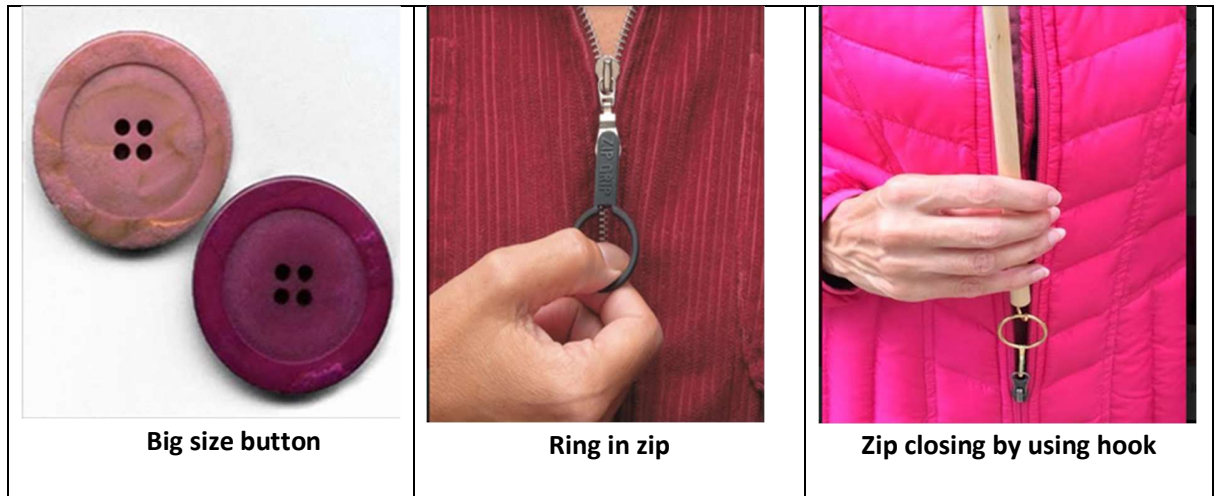
- If the child has not achieved the head control – position the child in supported sitting by using corner chair, CP chair or corner of the wall. If supported sitting is difficult, then lying can be chosen
- If the child has poor sitting balance, supported sitting is good for dressing/undressing.



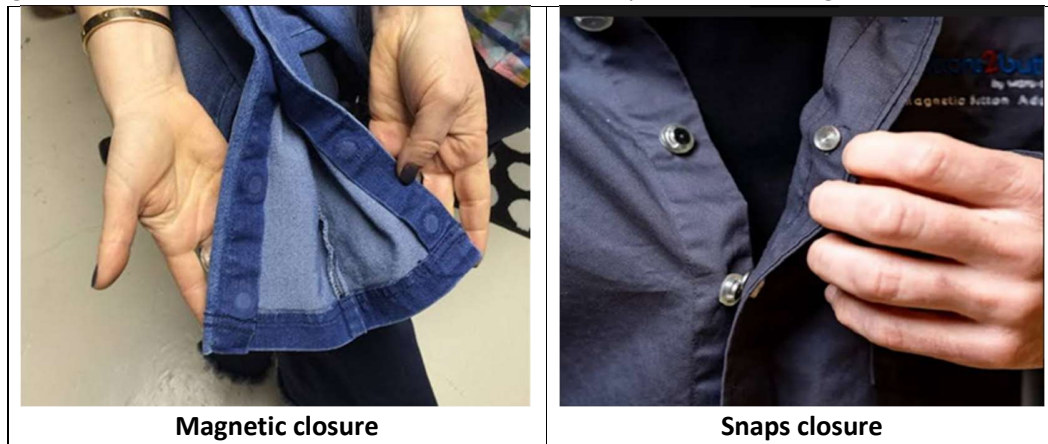
Child in supported sitting while dressing

c. Difficulty in manipulating/holding clothes and fasteners

- Adaptations like big size button, ring in zips, partial front or back open (if difficulty in pulling through neck)



- Magnetic closure can be used for those who has difficulty in muscle strength and tremors



- d. Does not like to be dressed/ frequently remove the dress
- Teach the social behaviour and the importance of dressing through social behaviour card and daily activities sequence card.
 - Storytelling, fixing social rules and positive reinforcement to teach expected behaviour
- e. Hypersensitive to certain cloth materials
- Tag less clothing can be used for those with severe hypersensitivity (remove tags)



- Temperature control fabric is a great option for children with sensory processing disorder

f. Unable to put on or remove upper body dress

- For Undress: Take off dress in one hand (better hand) and with physical prompting, ask the child to remove upper body dress through neck and other hand. Training to unfasten zip, button or bow.
For dress: For initial training, use one size bigger shirt/ t-shirt. Teach front-back, up-down using design or positioning.



- Introduce steps of dressing by using sequence cards and modelling dressing activity by sitting side to side (positioning back up and inserting poor arm and better arm and then raise it through head.

Modelling the dressing activity by sitting side to side

		
<p>Identify the front and back of the shirt</p>	<p>Push left arm up into sleeve</p>	<p>Push right arm up into sleeve</p>
		
<p>Initiate to Put on shirt over head</p>	<p>pull the shirt to the head</p>	<p>Adjust the t-shirt</p>
		
<p>Pull shirt down to the waist</p>		

- Modelling and demonstrating the dressing activity by using doll or siblings
Modelling and demonstrating the dressing activity by using doll



- Physical prompting to take the dress and wear through arm and insert in head. Take off physical prompting and instruct the child to pull down the shirt lower.



Moderate Assistance:

- a. Unable to put on or remove upper body dress
- For Undress: More Practice to remove shirt/t-shirt with verbal prompting

Undressing: Boy

<p>crossing the hands and holding the shirt</p>	<p>put off shirt from waist to chest</p>	<p>Put off the dress from right arm</p>
<p>Put off shirt from head</p>	<p>Put off the dress from left arm</p>	<p>Put off t -shirt</p>

- For dress: with physical prompting, insert both arms and through verbal commands let the child to insert head and practice pull down the shirt lower. Fastening done by trainer.

Minimal Assistance:

- a. Difficulty to put on or remove upper body dress
- For Undress: More Practice to remove shirt/t-shirt by self without any prompting
 - For dress: practice for the child to insert both arms and head with verbal prompting and fastening done by trainer.



Supervision and Set -up

- a. Difficulty to put on upper body dress

- Practice fastening button, zips or bow (use adaptations for older children and who have poor hand function)



- Reduce verbal prompting to wear upper body dressing

Modified Independence:

a. Difficulty to put on upper body dress

- Reduce the adaptations used for the dressing
- Train the child to select dress for different seasons and occasion
- Train the child to select colours, identify matching upper and lower body dresses

Complete Independence:

a. Difficulty to put on upper body dress

- Training and repetition to reduce the time for dressing
- Train the child to select dress for different seasons and occasion
- Train the child to select colours, identify matching upper and lower body dresses.

5. LOWER BODY DRESSING

Dressing: lower body

Does not have the sense of dressing/ undressing or poor awareness about dressing/undressing.

Difficulty in attaining appropriate position for dressing and undressing

Difficulty in manipulating/ holding clothes and fasteners

Does not like to be dressed/ frequently remove the dress

Unable to put on or remove lower body dress

Does not know appropriate method of dressing (selecting dress for different occasion and weather pattern etc.)

Maximum Assistance:

a. Does not have the sense of dressing/ undressing or poor awareness about dressing/ undressing.

Teach daily activities, purpose and the time of dressing using picture card

Communicate the dressing/undressing activity through picture card and verbal clear one word



Let the child see and give option for choosing either verbal, physical, AAC making sound or eye pointing giving time to respond is essential always ask the child about her preference.



b. Difficulty in attaining appropriate position for upper body dressing

- If the child has not achieved head control- position them in a long sitting by using pillows or corner of the wall. If supported sitting is difficult, then lying can be chosen.



- If the child has poor sitting balance, supported sitting is good for dressing/ undressing.



c. Difficulty in manipulating/holding clothes and fasteners

- Adaptation like big size button, ring in zips, side open pants and trousers (if difficulty in pulling through the lower legs)
- Elastic type closure can be used for those who has difficulty in muscle strength



d. Does not like to be dressed/frequently remove the dress

Teach the social behaviour and the importance of dressing through social behaviour card and daily activities sequence card



Story telling, fixing social rules and positive reinforcement to teach expected behaviour

e. Hypersensitive to certain cloth materials

Tag less clothing can be used for those with severe hypersensitivity(remove tags)



Temperature control fabric is great option for children with sensory processing disorder

f. Unable to identify the front/back and differentiation between lower body dresses

- fix sticker on front part to easily identify
- Lay the clothes out in order or stack them with first thing to put on at top
- Teach the children about different type of lower body dress by using picture cards

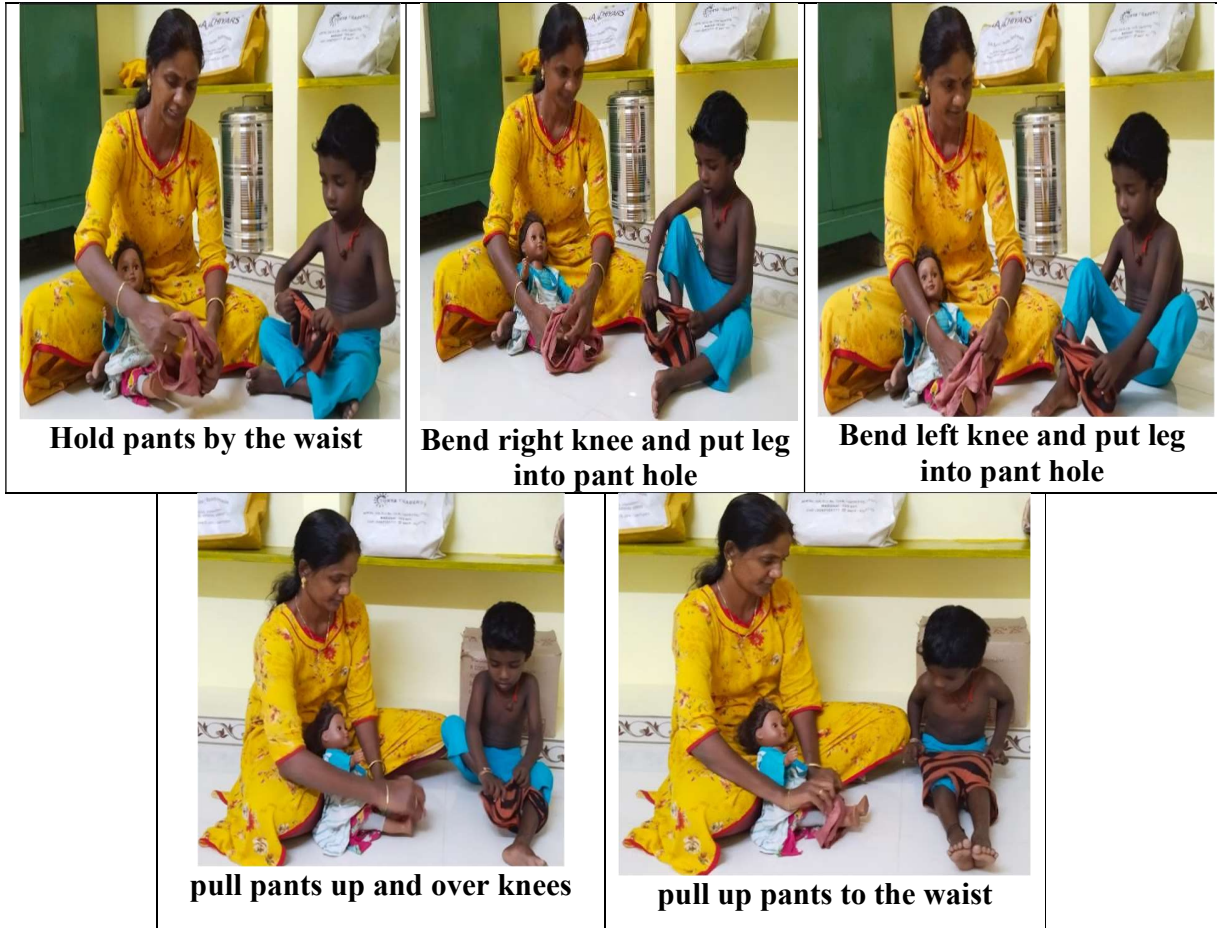
g. Unable to put on or remove lower body dress

- For dressing: For initial training, use one size larger pants/ trousers.

Roll the of the bottom of lower pants to easily insert the legs into pants



- Modelling and demonstrating the lower body dressing activity by using doll or their siblings how to put the legs on the pant sleeves



- Teach the child about how to find out which side is front and which is back
- If the child has a difficulty in find out front and back we can teach the child about which side they have to put first by using picture cards or modelling techniques.

Dressing:



Identify the front and back of lower pants



Bend right knee and put into pant hole



Bend into left knee and put into pant hole



Pull pants up and over knees



lift hips, pull up pants



Kneel down and pull up to waist

Undressing:



Pull down pant from waist to knee



Bending the both knees



Put off pants from both knees

- If the child has a vision problem, use hand under hand or hand over hand techniques to teach lower body dressing. As well as narrate the dressing and undressing process as you go “now I’m taking off your socks”
- When the child is ready to insert the legs into pants instruct them to put the most affected leg first than the least one
- Consider the clothing style before buying, some are easier to use with wheelchair and other mobility aids



- To help the child in lower body dressing while sitting make sure he/ she in a stable position and bend forward to reach the sleeves put into the leg
- If the child has a problem in reaching use stick rechar or a stick with a hook may help



Moderate independence:

a. Unable to put on or remove lower body dress

For undress: more practice to remove pants/trousers with verbal prompting

For dress: insert both legs through verbal commands with physical prompting, let the child pull the pant up to hip. Fastening done by trainer.

Minimal assistance:

a. Difficulty to put on or remove the upper body dress

- For undress: more practice to remove pants/trousers by self without any prompting

- For dress: practice for the child to insert both legs and wear up to hips with verbal prompting and fastening done by trainer.

Supervision and set-up:

a. Difficult to put on lower body dress

- Practice fastening button, zips or bow (use adaptation for older children and who have poor hand function)



- Reduce verbal prompting to wear lower body dressing

Modified independence:

a. Difficult to put on lower body dress

- Reduce the adaptation for used for the dressing
- Train the child to select dress for different seasons and occasion
- Train the child to select to select colours, identify matching upper and lower body dresses.

Complete independence:

a. Difficulty to put on lower body dress

- Training and repetition to reduce the time for dressing
- Train the child to select dress for different seasons and occasion
- Train the child to select colours, identify matching upper and lower body dresses

6. TOILETING

Toileting:

- Unable to attain appropriate position for toileting/ Child does toileting in lying position
- Unable to recognize place of toileting or all self-care activities are done at one place only by the caregiver.
- Unable to indicate toileting needs clearly
- Play with urine/feces
- Unable to undress and dress for toileting
- Unable to use bed pan or portable urinal for those required
- Privacy for toileting not maintained or Unable to maintain privacy for toileting
- Unable to do cleaning after toileting
- Unable to do flushing after toileting
- Unable to wash hands properly

Maximal Assistance:

- a. Unable to attain appropriate position for toileting/ Child does toileting in lying position

Intervention:

- If only Indian toilet is available in the home, use potty chair on top of it or Use potty chair, wheel chair with commode attachment or plastic chair with central cut separately. Also “V” shaped brick arrangement for young children can also be used. Getting into minimum of sitting with support is essential towards independence in toileting.



- If the child has difficulty in maintaining squat sitting or sitting in western type commode, bars in the toilet can be attached for holding or a stable walker can be used (Height modified according to use in Indian or western type of toilet)



- If there is great difficulty in changing position, bed pan or portable urinal can be used.



- If his feet are not flat on the floor, put a low stool so that he can rest his feet.



- b. Unable to recognize place of toileting or all self-care activities are done at one place only.

Intervention:

- Explain parents/caregivers about using separate place for toileting (wherever possible)
- Use picture for communication and recognition of the place and activity

- Explain entire toilet activities through sequence of activities cards.

		
<p>Open the door</p>	<p>Put off the pant</p>	<p>Make a proper position</p>
		
<p>clean the perineal area</p>	<p>clean the toileting area</p>	<p>put on the shirt</p>
		
<p>clean the hands</p>	<p>close the door</p>	<p>completed</p>

c. Unable to indicate toileting needs clearly

- Introduce toilet picture card and say potty or pee every time the child performs.
- Identify appropriate word or sound to express toilet needs and train the child every time when toileting is done. Use positive reinforcement to encourage expected behavior
- A low volume alarm can be used for the same purpose.

d. Play with urine/feces

- Introduce toilet picture card and say potty or pee every time the child performs.
- Talk about expected behavior and set rules and identify positive reinforcement to encourage expected behavior

e. Unable to use bed pan or portable urinal for those required

- Select suitable bedpan



- Training to bridging activity and use of bed pan



- Training to use portable urinal wherever required



f. Privacy for toileting not maintained or Unable to maintain privacy for toileting

- Discuss about the need for maintaining privacy for toileting to parents/caregivers
- Teach privacy as one factor while preparing toilet activity sequence card
- Introducing social behaviour and expected behaviour through stories, reminder or sequence card.
- Train to use latches for locking unlocking. (depending on the child's level of handling and understanding, different latches can be used) Initially hole can be made in the toilet door for safety purpose.
- Encourage expected behaviour through positive reinforcement



g. Unable to undress or adjust dress for toileting

- Suitable position for undressing for toileting explored. It can be kneeling, sitting or removing long lowers in lying position before entering toilet or using towel. Ensure privacy if undressing partially done outside toilet.



- Adaptations like zips, elastic pants or adapted pull using metal hanger can be used



Moderate Assistance:

a. Unable to dress or wear dress for toileting

- Suitable position for dressing for toileting explored. It can be kneeling, sitting or removing long lowers in lying position before entering toilet or using towel. Ensure privacy if undressing partially done outside toilet.
- Adaptations like zips, elastic pants or adapted pull using metal hanger can be used

Minimal Assistance:

a. Unable to do cleaning after toileting

- Training to clean by verbal or physical hand on hand method.
- Simple adaptations using heightened water facility with hand shower or butterfly pipe can be made
- Emphasis on right amount of using water – positioning, quantity used

- Training on appropriate cleanliness - positioning, quantity of water used



b. Unable to do flushing after toileting

- Training on flushing of toilet – amount of water used, how to pour, what is cleanliness etc.
- Teach quantity of using water for different purpose – pee or potty. For children with intellectual disabilities and autism – use same bucket and teach quantity and pouring in toilet. count of mug can also be used or mug water for pee and bucket water for potty. If flush is used, how to handle flush for different water needs to be trained.
- Use Reinforcement to encourage positive behavior



Supervision or set up assistance

a. Unable to do toileting activities without human supervision or set up assistance

- Ensure non slippery toilet space
- Wherever required hand rails and bars can be fixed
- Use dress adaptations



- Training on cleanliness – reduce physical assistance, use picture or verbal commands and reduce to reminder card
- Encourage appropriate behavior by positive reinforcement

Modified Independence:

a. Unable to prepare materials for toileting independently

- If water to be brought from outside, training to bring water to toilet
- Training for preparatory work like materials and safety

Complete Independence:

a. Require assistive devices and adaptations for toileting

- Gradually work on reducing the adaptations used
- Training to ask for toilet appropriately when using toilet in public places
- Teaching toilet symbols and male/female symbols

7. BLADDER MANAGEMENT

Bladder Management (Including Level of Assistance and Frequency of Accidents)

Limitation:

- Child has difficulty in managing bladder function

Goal:

- To introduce and train catheter or Diaper for children with Spinabifida
- Train on bladder control for other children

Maximal Assistance-level 2

- Parents/caregivers are not aware of the condition and the method of management
 - Explain the condition and the intervention method required for the children
 - Advice on the importance of training the child for early bladder management
 - Choose catheter or diaper or toilet training based on the child’s condition
- Unable to control bladder or not aware of using catheter or diaper

For children with CP and other conditions:

- Prepare the intake and output chart for a week

Intake chart

#	Date	Time	What	Quantity in ml or glass

Output chart

#	Date	Time	Pee or Poo

- Explain the mother/caregiver to fill the chart for one week by observing the intake and output pattern of liquid and solid food
- This will help us to understand the pattern urination of the child
- Let the parents to take the child for every half an hour or one hour (depending on the child’s pattern) by showing the picture card for Pee or poo and verbal commands. Practice this activity atleast for a period of 15 days. This will help the child understand urination and control

For children with Spina bifida:

If the child is above 10 years, train on use of catheter



If the child is less than 10 years, advice parents/caregivers to buy adult diapers and use for school and socialization.



SIZE CHART
Grab a Tape Measure and Find Your Best Fit

Choose Your Size

SIZE	MEDIUM	LARGE	X-LARGE
Hip Size (in cm)	76-114	101-139	127-165
Hip Size (in inch)	30-45	40-55	50-65

SIZE CHART
Grab a Tape Measure & Find Your Best Fit

CHOOSE YOUR SIZE

SIZE	MEDIUM	LARGE	X-LARGE
Hip Size (in cm)	76-114	101-139	127-165
Hip Size (in inch)	30-45	40-55	50-65

Moderate Assistance-level 3

For children with CP and other conditions:

- Gradually increase the duration of no toileting (from one hour to 2 hour). Also adjust the liquids given to the child

For children with Spinabifida:

- Training on use of catheter safely or disposing diaper

Minimal Assistance, Set up assistance, maximum independence and complete independence: –level 4, 5,6 and 7:

For children with CP and other conditions:

- Train the child for communicating the need verbally or appropriate method (Verbal, Facial expression, use of alarm etc)
- Repetitive training depending on the child's level

For children with Spinabifida:

- Training on use of catheter safely or disposing diaper
- Repetitive training depending on the child's level

8. BOWEL MANAGEMENT

BOWEL MANAGEMENT

(Including level of assistance and frequency of accidents)

Limitation:

- Child has difficulty in managing bowel function

Goal:

- To introduce bowel management program for children with spina bifida
- Train on bowel control for other children

Maximal assistance- level 2

a. Parents/caregivers are not aware of the condition and the method of management

- Explain the condition and the intervention method required for the children
- Advice on the importance of training the child for early bowel management

For children with CP and other conditions:

- **Prepare the intake and output chart for a week**

Intake chart

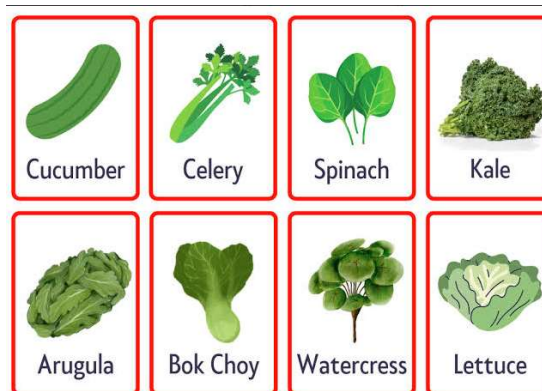
#	Date	Time	What intake is taken	Stool quantity app	Consistency of stool

Output chart

#	Date	Time	Pee or Poo

- Explain the mother/ caregiver to fill the chart for one week by observing the intake and output pattern of liquid and solid food
- This will help us to understand the pattern of motion of the child

- Let the parents to take the child for morning and evening (depending on the child's pattern) by showing the picture card for poo and verbal commands. Practice this activity at least for a period of 25 days. This will help the child understand motion and control.
- Diet pattern: If the child has constipation- it is recommended to give fibre diets like – whole cereal, leafy vegetables, pulses etc



- Positioning: Encourage correct sitting position that it allows gravity to push the tool downward.



For children with spina bifida:

- The child may have constipation (bowel movement for 3 or 4 days once), watery stool (uncontrollable and leaks often) or incomplete bowel evacuation.
- For constipation: Fibre diet, adequate amount of water intake at intervals, positioning and toilet output pattern to be practiced. If required, medications can be taken strictly with the guidance of the doctor.
- For watery stool: less fibre diet is recommended. Intermittent bowel emptying pattern can be established. Medications like enema and digital stimulation can be practiced strictly with the guidance of the doctor.
- For incomplete stool evacuation: Enema or large volume bowel washout strictly with guidance of doctor.

Moderate assistance-level 3

For children with CP and other conditions:

- Gradually increase the duration of no toileting (from 1 hour to 2 hour). Also adjust the food given to the child

For children with spinabifida:

- Training on use of medication, diet pattern, position and digital stimulation.

Moderate assistance, set up assistance, maximum independence and complete independence: -level 4,5,6 and 7:

For children with CP and other conditions:

- Train the child for communicating the need verbally or appropriate method(verbal, facial expression, use of alarm etc)
- Repetitive training depending on the child's level

For children with spinabifida:

- Training on use medication, diet pattern, position and digital stimulation.
- Repetitive training depending on the child's level

MOBILITY

1. Transfer: chair, wheelchair

Difficulties:

- Unable to raise from lying position
- Unable to raise from sitting position
- Unable to weight bear on feet for transfer
- Unable to hold chair, wheelchair for transfer
- Unable to transfer from floor to wheelchair and vice versa

Maximum Assistance:

Unable to raise from lying position:

- Training on bed mobility like facilitating rolling to prone and back, weight bearing on forearm training should be given. After that side lying with one side forearm weight bearing to be trained.



Initiate to side lying



flex the right hand and lower leg towards the turning side



Initiate to prone



prone to supine

Forearm weight bearing double and single hand position



- With support of monkey rope, training to move from lying to sitting position.
Unable to weight bear on feet for transfer:
- Training on Weight bearing on feet from sitting to supported standing/half standing



Standing with support

Half standing with support



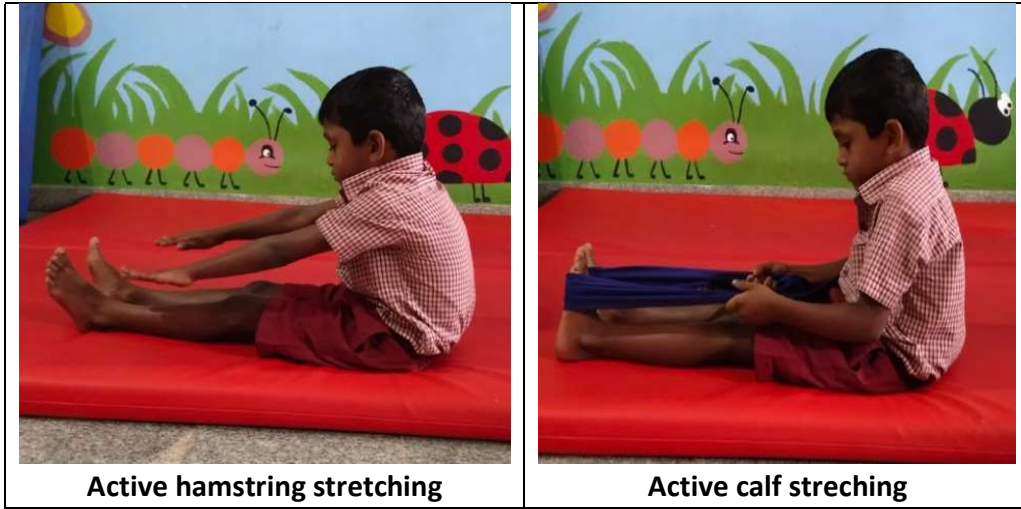
- Prescribe appropriate callipers; Continuous passive Stretching of hamstrings/ calf muscles to maintain flexibility of muscles for standing (with the use of callipers like AFO or KAFO)



Passive stretching of hamstring



Passive stretching of calf





- Standing with support training

Unable to hold chair, wheelchair for transfer:

- Training on reaching and grasping objects, wheel chair or helper for transfer.
- Training on Weight bearing on hands



- Training on maintaining grasp and release

Moderate Assistance:

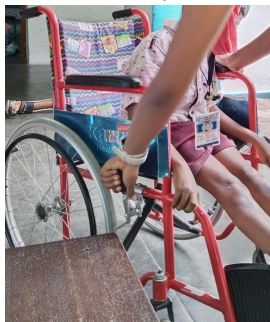
Unable to transfer from bed to wheel chair:

Helper position the wheelchair 30-degree angle to the bed. Turn to one side (prefer stronger side) then make the child into sitting. After that ask the child to scoot to the edge of the bed and hold the helper around the helper's hips and the helper can lift the child from bed then place them in a wheelchair. Use transfer harness if required.



Note:

- The upper surface of the bed should be level with the seat of the wheelchair.
- Child feet is placed flat in ground while sitting in bed.
- Always transfer towards the child to stronger side ie if the child has strong right upper limb or good weight bearing in right lower limb, then position the wheel chair on the right side of the child and help for transfer.
- Instruct and explain the child as well as helper about why we have to do this type of transfer and how to easily transfer in a steps manner by using picture cards.
- Helper check the wheel chair mobility and brakes before transfer.



- Pressure relieve technique while sitting and transferring to wheel chair.

Pressure reliving technique



- Sling lift and transfer chair also option for the child who is heavier



- Engage and communicate with the child by using gesture and emotions while transfer

Minimal Assistance:

a. Getting from the ground to the wheelchair:

- Make the child sit in front of the wheelchair and ask them to bend the knees and hold around the knees by using one hand then place another hand on the wheelchair seat to get up and help them to lift the buttock from floor and place them in a wheelchair.



hold around the knees



Prepare to get in the wheelchair



- If the child has more difficulty in lifting the buttock from the floor to the wheelchair variation of steps can be followed
- First child can move progressively from the floor to a foot stool, then bench and finally to the wheelchair seat



- If there is another stable object nearby (e.g.: a chair or low stool), the child can put one hand on the object and another hand on the wheelchair seat

b. Wheelchair to bed:

- Bring the wheelchair beside the bed. Make sure the child stronger side is beside the bed. Lock the brakes, ask the child to weight bear on feet , move the footrest out of the way
- Ask the child to move forward in a wheelchair, Make sure their toes are under the knees.
- Helper Stand in front of the child. Ask the child to sit tall, lean forward and push down on the wheelchair armrest as helper help them to stand
- Helper place the hands around the child the upper back to make them stand

- Help the child to move their feet until their bottom is over the edge of the bed then help the child to sit down.

c. Wheelchair to ground:

- First apply the brakes on the wheelchair
- Explain the child about how to we transfer from wheelchair to ground by showing picture cards

Steps:

- Once the child is ready ask the child to scoot to the edge of the seat and place their foot on the floor. Ask the child to lean forward as well as their hands touch the floor (non-dominant).
- Then help the child to slowly ease the floor.

supervision/ setup:

Intervention:

- Setup or adjustable height of chair and bed height.
- Hand bar or rail fixed or attach with wall from interior house or room to boded side.

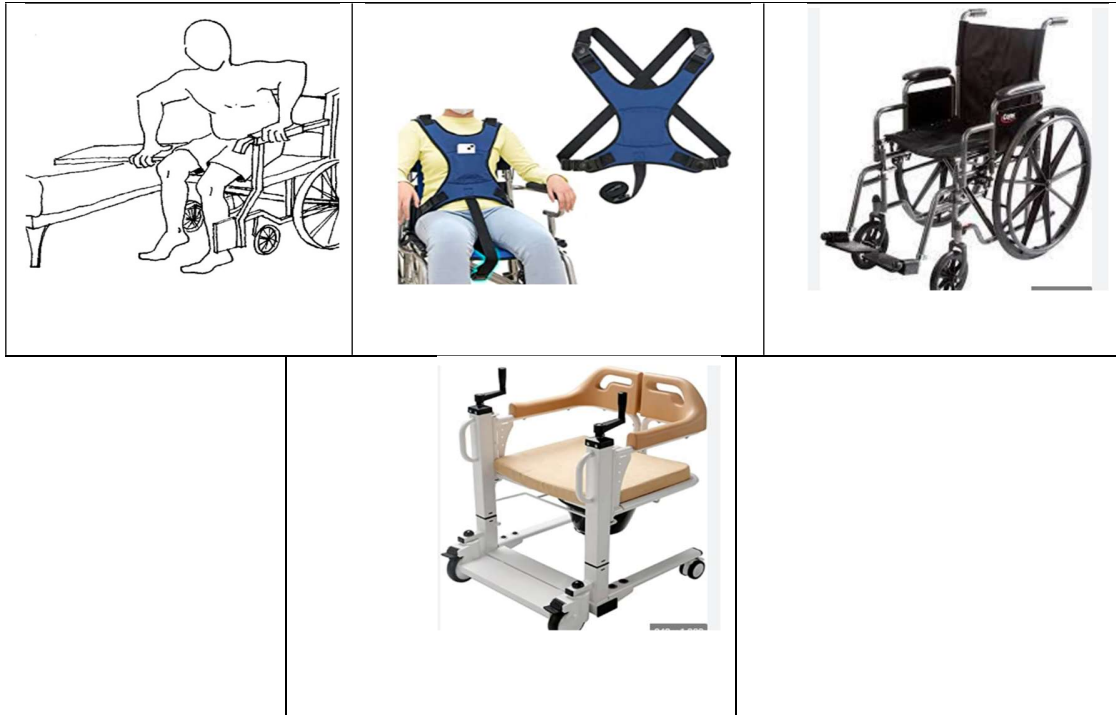


- 3 or 4 types of adjustable heighted hand bar fixed to the side wall or wheelchair resting place area for shifting wheelchair to bed or chair to bed.

Modified Independence:

Intervention:

- Practice the above transfer method with gradually reduced support. Suitable adaptations like transfer board, harness, hand rails, adjustable wheelchair and transfer stools can be used.



complete Independence:

Intervention:

- Practice the above transfer method with gradually reduced support and reduce the adaptations wherever possible. But be cautious about the safety of the child.

2. Transfers: Toilet

Difficulties:

- Unable to reach toilet
- Unable to sit on potty seat from standing or wheel chair and vice versa or unable to lift

Note: this training can be given after or along with transfer chair/wheel chair

Maximum Assistance:

- a. Unable to sit on potty seat from standing or wheel chair and vice versa or unable to lift:
- If the child has difficulty in bed mobility and reaching sitting position, Teach the child pelvic lifting. This can be done by teaching pelvic bridging and maintaining exercises. Also train the child to lift and place the buttock in a bed pan.



- If the child is heavy and unable to move from wheelchair to toilet independently a bottle or urinal can be held on wheelchair itself and also teach to hold it himself when he/ she wants to urinate.



- b. Unable to reach toilet:

If the child is heavy use of urinals or potty pan is recommended. Otherwise transferring through wheel chair can be trained.



If there is limited possibility to use wheel chair, then train on: helper lift the child by allowing weight bearing in feet by the child.



Moderate Assistance:

- If the child uses wheel chair, transfer from wheel chair to potty chair to be trained. If only Indian toilet available, modified plastic chair can be used in the toilet and training given as in transfer chair-wheel chair



Minimum Assistance:

- If the child uses wheel chair, transfer from wheel chair to potty chair to be trained. If only Indian toilet available, modified plastic chair can be used in the toilet.



- If the child is able to stand with support, then hand rails can be put up to facilitate transfer in toilet. Toilet transfer by holding handrails to be taught.



Supervision:

- Remove the barriers from the environment. Let the child reach the toilet and the helper supervise the activity.

Adaptations:

- Hand rails, ramps if the child is mobile by standing.
- If families can afford, Western style toilet can be used
- Adapted plastic chair that can be used on Indian toilet



- Adapted wooden chair if the child has difficulty in transfer from one place to another
- Bed pan or urinal if the child has difficulty in bed mobility

3. Transfers: Bathroom

Maximal Assistance:

- Difficulty in standing or attaining suitable position for bathing
For positioning: Modified plastic chair which is raised on one side as well as non -slippery or a plastic tub or small two wheeler tyre or wall corner can be used. Hand rails and non-slippery floor if not non-slippery mat.



Put on Hole under the bucket



- Difficulty in handling/holding objects for bathing (Mug, soap, shower etc)
Mug: small size mugs, double handed mugs, positioning bucket in appropriate place and appropriate size to be used. Hand shower if running water facility available.



Soap, Shower gel with scrub or cloth hand gloves or old sock can be used.



Hand shower: universal cuff to position the hand shower if the child has difficulty in maintaining grasp.

- Difficulty in reaching different body parts to apply soap, pouring water and drying
Therapy: Stretching, mobility and strengthening exercises and reaching oriented repeated activities.



Pelvic bridging



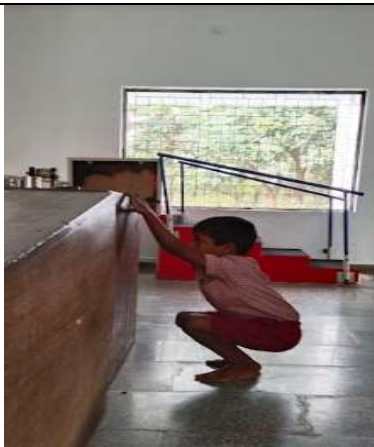
Reaching the toes



Hamstring stretching



Adductor and abductor strengthening



Sit to stand



stand to sit

- Does not have the sense of privacy or privacy not followed for bathing:
Explain parents about importance of practicing privacy. Always add privacy as one step in the sequence of teaching of bathing.
- Does not have the sense of safety:
Teach the child about potential hazards like stepping in wet area, while applying soap etc. These safety practices can be taught before bathing activity starts and continue while bathing.
Moderate Assistance:
- Not able to wash cleanly five body parts:
Train the child to wash both upper limbs by using adaptations and repetition of activities. Modelling and demonstrating each bathing task actively with the help of siblings, mother and toys. Sequence of bathing can be explained with picture series.

Minimum Assistance:
- Not able to wash cleanly nine body parts:
Train the child to wash perineal area and buttock by using adaptations and repetition of activities. Modelling and demonstrating each bathing task actively with the help of siblings, mother and toys. Sequence of bathing can be explained with picture series.
Minimum Assistance:
- Not able to wash cleanly ten body parts:
Train the child to wash chest and abdomen by using adaptations and repetition of activities. Modelling and demonstrating each bathing task actively with the help of siblings, mother and toys. Sequence of bathing can be explained with picture series.
Standby or set up Assistance:
- Child need physical prompt to wash all body parts:
Reduce the physical prompt, replace it with verbal and visual clues

Maximum independence:
- Repetitive training focusing on cleanliness, moderate material use, safety and timing
Maximum Independence:
- Reduce the adaptive materials and reminders used for bathing .

4.Locomotion: Floor Mobility (Walk, Wheel chair, Crawl)

Maximum Assistance:

Difficulty in attaining standing position with support.

- ✓ Facilitation training for pull to stand with the support of wall or furniture



- ✓ Passive and active stretching to maintain appropriate ROM at hip, knee and ankle; calipers like AFO, knee gaiters can also be recommended depending on the need.



- ✓ Hip and knee extensors strengthening exercises.



- ✓ Training for grasp and maintain grasp (to stabilize pull to stand and standing with support position)

- ✓ Balance training for standing at least 10 min (stand by self with support)



- ✓ Standing with support (in standing board, gradually reduced to minimum board support and standing with support by self)



Difficulty in moving forward:

- ✓ Assess the need for the mobility aid and choose suitable mobility aid (Anterior rollator/posterior rollator/elbow crutch/ quadripods or tripods)



- ✓ Gait training with the use of assistive devices in plain and in ramp



- ✓ Gait training with assistive device to cross the curbs, entrance, turning and obstacles.

Unable to attain standing position or unable to move forward with mobility aids

- ✓ If the child has difficulty in maintaining standing position for a reasonable amount of time or unable to move forward with the mobility aids or if the child is heavy - wheel chair is recommended for mobility.
- ✓ Wheel chair fitting assessment
- ✓ Wheel chair mobility training in plain, curbs, ramps and crossing obstacles etc.

Moderate Assistance:

- ✓ After the preparatory training like standing balance, stretching, strengthening training and suitable assistive devices, start walking training initially with the physical prompt from the therapist/caregiver.
- ✓ The helper should hold both hips of the child during walking.



- ✓ Trunk supported walking training with two hand held walking supported by helper.
- ✓ Two hand supported walking training or parallel bar walking.



Minimal Assistance:

- ✓ Walking training with gradually reducing the physical support

Supervision and modified independence:

Walking training in slight slopes, crossing curbs and barriers, small door steps etc

Complete independence:

For young children, train walking without assistive devices

5.Locomotion: Stairs

- Difficulty in attain & maintaining the standing position for step up and step down
- Does not understand the process of goes up & down in stairs
- Concern for the safety while climb stairs
- Difficulty to step up and down the for four stairs

Maximum Assistance:

(Note: Stair climbing training can be given only if the child has achieved crawling and above level)

- a. Difficulty in attaining and maintaining standing position for step up and step down:
Supported standing training as explained in floor mobility
- b. Concern for the safety
 - Inspect star ways for irregularities such as missing steps, loose handrails or loose carpet



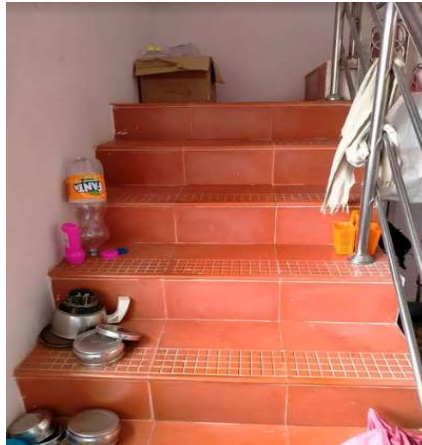
- Install handrail if they not already present and also non slippery stairs



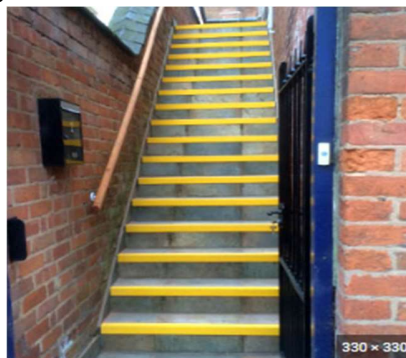
- Teach the child about how to step up holding handrail and taking one step at a time



- Teach the child to always use safety railings
- Keep stairs free of toys things and cutters



- Teach children that playing on the stairs is dangerous
- Do not let the children carry toys or other object when using stairs
- Proper lighting would be ensured
- For children with low vision, bright mats can be stuck



c. Difficulty in step up and step down

- Practice sit to stand



- Practice stepping over an obstacle
- If the child does crawling encourage them to do step up and down by crawling. ensure about the safety while doing this.

d. Does not understand the process of step up and step down:

- Modelling and demonstrating the activity with the help of siblings. example -how to place the leg in a stair, how to hold the handrails
- Practice initially with crawling onto the steps with physical prompt



- step up in standing: helper stabilise the pelvis and let the child hold the handrail then helper facilitate the child to take the leg into the one step above. While stabilizing at hip, instruct the child to lift the other leg and place it on the same level of forward leg. Practice this climbing for 4 steps.



- step down in standing: place the child in such a way that child should be able to see the downward steps. Ask the child to hold the handrail then helper stabilize the pelvis and instruct the child to lift foot and step down one level. Helper while stabilizing the hip, instruct the child to move down the opposite leg to the level of forward leg. Practice this for 4 steps down.



- Gradually reduce the physical prompt
- e. For children that have not achieved the level of crawling:
- Use stair climber for the child who is wheelchair dependent



- Mobile stair lift/ portable stair climber/ portable wheelchair lift also recommended for the child who is heavy/ wheelchair dependent and also in severe category



Moderate, minimum independence and supervision:

- Gradually reduce the prompt and support given to the child
- Increase the number of steps going upward and downward.
- Teach stepping down, initially two steps at one flight
- Gradually move to alternative stair climbing up and down
- Training to turning 360 degree ie turning towards climbing down and vice versa.

Modified independence and complete independence:

- Once the child is comfortably moving up and down, teach climbing within reasonable time.
- Reduce the support given and practice without holding onto hand rail. But personal safety of the child is very important.



COGNITION

1.Comprehension:

Maximal Prompting:

Goal: To bring response to name call, 5 simple commands and identifying 6 common self-care activities

Response to Name calling:

- Teach the child to learn the name through the game of naming the toy and the child. (Eating biscuit susi).
- Making the name known by having a 'talking toy'
- Call the child only by the child's name every time while attending the child. (come hear selvi) and wait for response- let her turn to your side, raise hand or smile
- Teach these responses by modeling through sibling or yourself.
- We can have more family members involved in this activity.



Understand 6 common self-care activities:

- Introduce eating, dressing, toileting, bathing, brushing and combing through appropriate simple single words, objects of reference and picture cards.








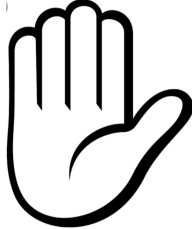
- **While doing these self-care activities, always tell the child what are you going to do for the child and wait for her response like smile or waving hands or making sound.**

(Mmm,hmm, mam mam, mimi,Inga)

- Response can be modeled through the siblings or other members of the family. In this way the child will be more prepared to do the activity.
- Gradually train the child to ask for when she needs food, water, toileting or pain. For this, all the self-care activities should be done routinely in same time every day by showing the wall clock.
- After certain time, the child would be expecting the same activities in same time.
- Delay the activity and wait for the child to ask for the activity.

Response to 6 simple commands:

- Responding Yes or No: Start by playing with familiar toys for asking “you want to play?” Use head nod, yes- no response card (AAC)
- Teach the skill of responding by modelling.
- Repeat the same training with different objects and activities so that the child will understand in all situation. (generalization)
- Response to “Stop”: Let the child to do any activity and introduce the word stop, gesture and picture card can also be used.
- Response to “Give”, “Come” and “Wait” – During play and self-care activities (one at a time).
- Initially model the response expected. Repetition of activities till the child learn

<p>Yes/No</p> 	<p>No</p> 	<p>Give</p> 
<p>Come</p> 	<p>wait</p> 	<p>Stop</p> 

Moderate Prompting:

Goal: Child understands all 20 simple commands and comments related to self-care activities. (learn the meaning of at least 50 words)

Commands:

<p>Eat Food</p> 	<p>Dry with towel</p> 	<p>Drink water</p> 	<p>Go to toilet</p> 	<p>Wash hands</p> 
<p>Sit on potty</p> 	<p>Clean after big job</p> 	<p>Open the door</p> 	<p>Remove pant</p> 	<p>Pour water</p> 
<p>Apply soap</p> 	<p>Wear pant</p> 	<p>Wash your mouth</p> 	<p>Close the door</p> 	<p>Wear shirt</p> 
<p>Show your leg</p> 	<p>Wipe mouth</p> 	<p>Show your arm</p> 	<p>Remove shirt</p>	<p>Pick up your toy</p>





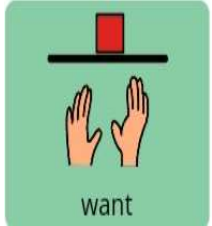









50 words:

Minimum Prompting:





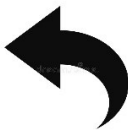

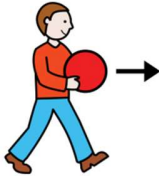


















Goal: Child understands at least 100 words and 40 commands (50 new words + 20 new commands) and 20 unrelated 2 steps commands related to everyday activities.

<p>Dosa</p> 	<p>kuruma</p> 	<p>Idly</p> 	<p>Chutney</p> 	<p>Yogurt</p> 
<p>Morkulampu</p> 	<p>salna</p> 	<p>Fish</p> 	<p>Mutton</p> 	<p>Salad</p> 
<p>Palgova</p> 	<p>Poriyal</p> 	<p>Rasam</p> 	<p>Rusk</p> 	<p>Bread</p> 

<p>Egg</p> 	<p>juice</p> 	<p>Poori</p> 	<p>Satham</p> 	<p>Astringent</p> 
<p>Sour</p> 	<p>Sweet</p> 	<p>Chili</p> 	<p>Salt</p> 	<p>Bitter</p> 
<p>Dowel</p> 	<p>T - Shirt</p> 	<p>Pant</p> 	<p>Dhoti</p> 	<p>Skirt</p> 
<p>Blue color</p> 	<p>Red Color</p> 	<p>Yellow Color</p> 	<p>Maroon color</p> 	<p>Green color</p> 
<p>Cold</p>	<p>hot</p> 	<p>Soft</p>	<p>Crispy</p>	<p>Hard</p>

				
Want	Don't	Enough	Half	Full
 want	 don't			 full
Big	Small	Rain Coat (Rainy season)	Swater (Winter season)	Cotton cloth (Weather season)
				 <small>© CanStockPhoto.com</small>


<p>Deepawali</p> 	<p>Karthikaideepam</p> 	<p>Ramzan</p> 	<p>Pongal</p> 	<p>Christmas</p> 
<p>Shop</p> 	<p>Park</p> 	<p>School</p> 	<p>bank</p> 	<p>Hospital</p> 
<p>mug</p> 	<p>Mirror</p> 	<p>Wash Fashion</p> 	<p>Bucket</p> 	<p>Skipping</p> 
<p>floor</p> 	<p>Bedsheet</p> 	<p>Comp</p> 	<p>Above</p> 	<p>Below</p> 

I don't want 	I don't like 	I like 	Backward 	Forward 
catch 	straight 	Put down 	throw 	Hick 
Fast 	give 	Thankful 	Surprised 	Embarrassed 
happy 	sad 	Bedsheet 	Angry 	Excited 
	Kapadi 	Luksong 	kanamoochi 	
Pallaguli	Tiyakad	Silambam	Cricket	Pambaram


















- Teach 50 new words and 20 new commands




















Rub on the feet	Close the tap 	Wipe the face 	Clean back side. 	Wipe hand 
Catch the ball 	Lets play 	Take mug	Be happy	Lie down at cot
Go to tour 	Take the comb	comb the hair 	Don't cry	Remove the zib
See the mirror and put the comb	Paste on the brush, clean the hair  	Open the mouth and Drink the milk, 	Maize the food and take the vegetables.	Put the pant and do goggling.  
play Popo game and close the eyes 	Walk slowly, sit on the chair	Wake up quickly , Remove the pant 	Wash the hand, dry the leg 	Come here , sit down the floor

Remove the underwear ,sit on the patty	Go straight , open the tap	Take a water , apply the soap, 	Open the button, Remove the dress .	Put on the mug , sit on the wheelchair.
Put the chapples , go to the toilet.	Spilt dosai into small pieces and touch the chutney.	Put the twist in your mouth and bite.	Chewing the food and don't drooling .	Don't waste more water and use the mat to the clean.










Standby Prompting:

Goal: Child understands at least 150 words and 60 commands (50 new words + 20 new commands) and 20 related 3 steps commands related to everyday activities.

Auto Richow 	Ship 	Train 	Van 	Scooty 
Bike 	Cycle 	Bus 	Auto 	Airplan 
Father 	Mother 	Brother 		

<p>friend</p> 		<p>Aunty</p> 	<p>Grandmother</p> 	<p>Grandfather</p> 
<p>Table</p> 	<p>Gas Stove</p> 	<p>Tamlar</p> 	<p>Television</p> 	<p>Bed</p> 
<p>Chair</p> 	<p>Priage</p> 	<p>Pillow</p> 	<p>Door</p> 	<p>Gudum</p> 
<p>Mat</p> 	<p>Cot</p> 	<p>Flask</p> 	<p>Umberla</p> 	<p>Maxbox</p> 
<p>Pulb</p> 	<p>Key</p> 	<p>Bath room</p> 	<p>toilet</p> 	<p>Dinning hall</p> 

- Teach 50 new words and 20 new commands

<p>Take a brush, wash with water, brush your teeth.</p>   <p>Brush your teeth</p>	<p>Go to the toilet , remove the underwear, sit on the putty.</p>	<p>Open the Bathroom door, open the tap , clean your face.</p>   	<p>wash hand after eating and ,take the Towel, Dry your hands.</p> 	<p>Reach dining room, sit on the table drink water.</p>
<p>Eat two idly , clean the plate and place plate in the cupboard.</p>	<p>Open the shower, Take the bath, dry your body.</p>   	<p>insert right side leg , insert left side and the pull the zip.</p>	<p>Lets go to bedroom , take bedsheet ,and pillow.</p>	<p>Take the jug , pour water in tumbler, drink water.</p>
<p>Open the cupboard, take the banians , wear the banians.</p>	<p>First insert right and, second the pull the back, after insert left hand.</p>	<p>Maize the food, take it to your mouth and swallow the meal.</p>	<p>Pour on body water, apply soap on the bady, and clean the soap.</p>	<p>Open the button,drop the pant ,after the legs remove .</p>
<p>Avoid, go to the unknown person, eat gave eatables things,</p>	<p>go to auto, sit in the seat, catch the steel,</p>	<p>Call brother ,said to play the chess and cooperate the game</p>	<p>Go to shop , said your like snacks and give the money.</p>	<p>Take rain coat ,wearing the coat after go to outing.</p>

Modified Independence:

Practice all the words in every day situation regularly.

Teach all the family members to take part in the training.

Complete Independence:

Reduce the picture cards used wherever possible and direct verbal commands can be trained.

2.Expression:

Note: Basic needs and ideas: Necessary daily activities such as hunger, thirst, elimination, hygiene, sleep, fear, pain, and other physiological needs.

Maximum Assistance:

- Train the child to express 10 words appropriately from basic needs either verbal, AAC or making different sounds (Hunger, thirst, toileting needs, discomfort, fear) her turn to your side, raise hand or smile



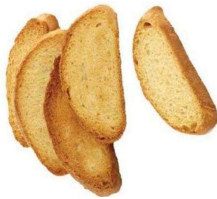









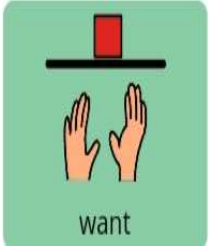










<p>Plate</p> 	<p>Gown</p> 	<p>Indian toilet</p> 
<p>Bathing</p> 	<p>Paste and Brush.</p> 	<p>Comb</p> 

Moderate Assistance:



- Train the child to express 30 words appropriately from needs either verbal, AAC or making different sounds (20 new words). (Toileting – 5, Dressing -5, Bathing -5, Brushing -5, Eating - 5, Combing -5)

Dosa 	kuruma 	Idli 	Chatney 	Yagurd 
Morkulampu 	Salna 	Fish, 	Mutton 	Salad 
Sour 	Sweet 	Dhoti 	Skirt 	Crispy 
Balgova 	Porial 	Rasam 	Sampoo 	Soap case 

<p>Soft Cloth</p> 	<p>Bread</p> 	<p>Soap</p> 	<p>Rusk</p> 	<p>Hold</p> 
<p>Cold</p> 	<p>Slipper</p> 	<p>jam</p> 	<p>Dowel</p> 	<p>Hard</p> 
<p>Salt</p> 	<p>Bitter</p> 	<p>Shirt</p> 	<p>Red Color</p> 	<p>hot</p> 
<p>chilli</p> 	<p>juice</p> 	<p>egg</p> 	<p>Astringent</p> 	<p>Yellow color</p> 
<p>Don't</p> 	<p>Want</p> 	<p>Full</p> 	<p>White color</p> 	<p>Poori</p> 







Small 	Enough 	Half 	Pant 	Satham 
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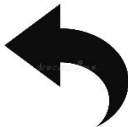

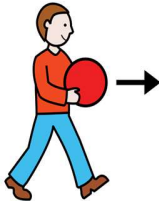

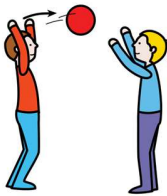






Commands:
















Eat Food 	Dry with towel 	Drink water 	Go to toilet 	Wash hands 
Sit on potty 	Clean after big job 	Open the door 	Remove pant 	Pour water 
Apply soap 	Wear pant 	Wash your mouth 	Close the door 	Wear shirt 
Show your leg 	Wipe mouth 	Show your arm 	Remove shirt 	Pick up your toy 

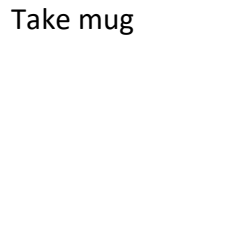
Minimum Assistance:






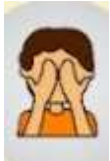



- Train the child to express 50 words appropriately from needs either verbal, AAC or making different sounds (20 new words)

<p>Deepawali</p> 	<p>Karthikaideepam</p> 	<p>Ramzan</p> 	<p>Pongal</p> 	<p>Christmas</p> 
<p>Shop</p> 	<p>Park</p> 	<p>School</p> 	<p>bank</p> 	<p>Hospital</p> 
<p>mug</p> 	<p>Mirror</p> 	<p>Wash Fashion</p> 	<p>Bucket</p> 	<p>Skipping</p> 

<p>floor</p> 	<p>Bedsheet</p> 	<p>Comb</p> 	<p>Above</p> 	<p>Below</p> 
<p>I don't want</p> 	<p>I don't like</p> 	<p>I like</p> 	<p>Backward</p> 	<p>Forward</p> 
<p>catch</p> 	<p>straight</p> 	<p>Put down</p> 	<p>throw</p> 	<p>Kick</p> 
<p>Fast</p> 	<p>give</p> 	<p>Thankful</p> 	<p>Surprised</p> 	<p>Embarrassed</p> 
<p>happy</p>	<p>sad</p>	<p>Bedsheet</p>	<p>Angry</p>	<p>Excited</p>











				
	Kapadi 	Luksong 	kanamoochi 	
Pallaguli 	Tiyakad 	Silambam 	Cricket 	Pambaram 

Rub on the feet 	Close the tap 	Wipe the face 	Clean back side. 	Wipe hand 
Catch the ball 	Lets play 	Take mug 	Be happy 	Lie down at cot 

<p>Go to tour</p> 	<p>Take the comb</p>	<p>comb the hair</p> 	<p>Don't cry</p>	<p>Remove the zib</p>
<p>See the mirror and put the comb</p>	<p>Paste on the brush, clean the hair</p> 	<p>Open the mouth and Drink the milk,</p> 	<p>Maize the food and take the vegetables.</p>	<p>Put the pant and do goggling.</p> 
<p>play Popo game and close the eyes</p> 	<p>Walk slowly, sit on the chair</p>	<p>Wake up quickly , Remove the pant</p> 	<p>Wash the hand, dry the leg</p> 	<p>Come here , sit down the floor</p>
<p>Remove the underwear ,sit on the patty</p>	<p>Go straight , open the tap</p>	<p>Take a water , apply the soap,</p> 	<p>Open the button, Remove the dress .</p>	<p>Put on the mug , sit on the wheelchair.</p>
<p>Put the chapples , go to the toilet.</p>	<p>Spilt dosai into small pieces and touch the chutney.</p>	<p>Put the twist in your mouth and bite.</p>	<p>Chewing the food and don't drooling .</p>	<p>Don't waste more water and use the mat to the clean.</p>

Setup assistance:

<p>Auto Richow</p> 	<p>Ship</p> 	<p>Train</p> 	<p>Van</p> 	<p>Scooty</p> 
<p>Bike</p> 	<p>Cycle</p> 	<p>Bus</p> 	<p>Auto</p> 	<p>Airplan</p> 
<p>Father</p> 	<p>Mother</p> 	<p>Brother</p> 		
<p>friend</p> 		<p>Aunty</p> 	<p>Grandmother</p> 	<p>Grandfather</p> 
<p>Table</p> 	<p>Gas Stove</p> 	<p>Tamlar</p> 	<p>Television</p> 	<p>Bed</p> 
<p>Chair</p> 	<p>Priage</p> 	<p>Pillow</p> 	<p>Door</p> 	<p>Gudum</p> 

<p>Mat</p> 	<p>Cot</p> 	<p>Flask</p> 	<p>Umberla</p> 	<p>Maxbox</p> 
<p>Pulb</p> 	<p>Key</p> 	<p>Bath room</p> 	<p>toilet</p> 	<p>Dinning hall</p> 

<p>Take a brush, wash with water, brush your teeth.</p>	<p>Go to the toilet , remove the underwear, sit on the putty.</p>	<p>Open the Bathroom door, open the tap , clean your face.</p>	<p>wash hand after eating and ,take the Towel, Dry your hands.</p>	<p>Reach dinning room,clean your hand, eat food.</p>
<p>Eat two idly , clean the plate and place plate in the cupboard.</p>	<p>Open the shower, Take the bath, dry your body</p>	<p>insert right side leg , insert left side and the pull the zip.</p>	<p>Lets go to bedroom , take bedsheet ,and pillow.</p>	<p>Take the jug , pour water in tumbler, drink water.</p>
<p>Open the cupboard, take the banians , wear the banians.</p>	<p>First insert right and, second the pull the back, after insert left hand.</p>	<p>Maize the food, take it to your mouth and swallow the meal.</p>	<p>Pour on body water, apply soap on the bady, and clean the soap.</p>	<p>Open the button,drop the pant ,after the legs remove .</p>

Avoid, go to the unknown person, eat gave eatables things,	go to auto, sit in the seat, catch the steel,	Call brother ,said to play the chess and cooperate the game	Go to shop , said your like snacks and give the money.	Take rain coat ,wearing the coat after go to outing.
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3.Social interaction

Meaning: Getting along with, cooperating with, and participating with others. It represents how the child deals with his own needs together with the needs of other children.

Difficulties:

- Does not feel the need for getting connected with other children
- Does not have the concept of turn taking and cooperative play and social rules
- Easily frustrated
- Does not understand the other’s emotions
- Beat or bite other children
- Unable to communicate with other children
- Unable to understand the rules of social play

Maximal Assistance:

Note: Practice below activities with another adult.

a. Does not feel the need for getting connected with other children

- I. Create playing together as everyday routine. Choose a cooperative play according to the child’s age and facilitate the play. Choose games like Doing things together with clear roles and responsibilities and one’s work depend on another: Ex: Kitchen play: one person does cutting work and other does cooking work. In building tower with sand, one collect sand and put together and build tower. Change the games frequently to avoid boredom. (spl.educator, give the list of cooperative play).
- II. Once done, adult appreciate each one’s work and how cooperatively they created things. Let each one appreciate other’s work.

b. Does not have the concept of turn taking and cooperative play and social rules.

- I. Select turn taking games; (Ex Throw and catch ball). Explain the rules of the games including the rewards for each appropriate behaviour. prepare flash cards for the rules and remind the child about the rules. Initially adult need to assist playing turn taking games. Appreciate both the children at the end of the game for each one's effort.
- II. Increase the complexity of the games as the child's understanding level and cooperation increasing (For ex: cricket)

c. Easily frustrated or unable to wait for turn

- I. Choose cooperative and turn taking games with simple rules. Prepare flash card to teach the rules of the games. Initially another adult play with the child to teach the rules of the games. Once the child understands the rules of the games and have some mastery over the game, playing with other children should be encouraged. Use positive reinforcement for appropriate behaviour.
- II. Teach the child how to show if the child is unable to do something like by raising the hand or showing flash card.
- III. Always start the games with simple rules and short duration, gradually increase the complexity of the games and increase the time.

d. Does not understand the other's emotions:

- I. Teach identifying emotions in voice and face by emotion flash cards as well as mimicking. Facilitate the child to understand other emotions from voice and face. Teach appropriate way of responding like generally following social rules, asking for apology, empathizing when hurt etc. Initially practice these emotions with adult and gradually play with children.

e. Beat or bite other children

- I. Create play or interaction situation initially with adults. Teach appropriate method of communicating positive and negative emotions, through facial expression, words or showing flash cards. Fix social rules and positive reinforcement and also Fix time out from activities or remove the benefit for negative behaviour.
- II. Encourage the child to respond appropriately by appreciating positive behaviour by reinforcement and as much as possible, ignore negative behaviour or introduce time out from activity. If the child enjoys time out, then time out should be of any physical work or preventing the child doing the favourite activity.

f. Unable to communicate with other children

- I. Children who have communication difficulties, create picture cards/AAC and teach the other child to use these to get appropriate response.

Moderate direction:

Introduce the above activities with another child, preferably siblings or cousins.

Minimum direction and supervision:

Introduce the above activities with adult sit far from the child and watch children's interaction

Modified Independence and complete Independence:

Gradually introduce other children who are not in regular contact with the child and playing cooperatively.

4. Problem solving skills

Obstacles

- The child has difficulty identifying and dealing with problems in everyday life.
- Needs constant assistance to complete daily activities.
- Unable to identify the problems arising in everyday life.
Prepare the child to identify situations and take appropriate action.

Aim

- Prepare the child to identify situations and take appropriate action.

Situations & Solutions**1. Train to use the toilet at night when there is no electricity**

- As soon as the power goes out or the light goes out
Calling/calling mom and dad
- Train the child to be fearless and courageous.
- Train the child to identify the place where candle torch lights, matches are kept
- Moving slowly to the place where the torch or candle & Match box is kept
- Train to take the matchbox and light it
- Take the candle/torch as protection
- After reaching the toilet, train them to keep it safe in the toilet and use it

2. Preparing to bathe in a bucket of water

- Train the child to see siblings taking a bath in a bucket of water and instruct them to take bath without wasting water

- Parents can change the size of the bucket and cup
- Instruct them to take two or three cups of water and soak the body.
- After soaking we can instruct them to apply soap and washing the soap with five to six cups of water and ask them to clean the body without soap suds
- Then take a couple of cups of water and clean your face, eyes, mouth and ears.

3.Child wants to drink water.

- Guide the child to identify the place of water in home, school and in public places
- Instruct them to ask others if they want water. (for e.g. Mother at home, Teachers in school and friends in public places)
- Asking to buy water from the shop
- Train them to Bu and use water by paying the right amount

4.There is no food at home or mother is not at home

- When parents are not at home, if they need food, instruct them to take fruit, biscuits, Aval, peanuts and eat what they need.
- Drinking water
- Go to the shop and buy cold drinks
- Go to the food shop for food and eat
- If you can't go to the store and buy food, ask a friend to buy food.
- Tell relatives and prepare simple food Let's eat.
- Training on how much food to eat and who to ask for help.

5.unknown person comes into the house and asks for help

- Guide the child to know the Difference between known person and unknown person
- Instruct the child to Answer without opening the door.
- If an unknown person enters the house, instruct the child that refuse to go near him
- If any unknown person comes in and did anything wrong instruct the child to shout loud

- Go to others and tell
- Close the door when you are alone at home, do not open the door if someone comes while you are alone

6. There is a call on the mobile phone and there is no one at home

- When no one is at home teach the child to identify the place of mobile and to identify ringtone
- Telling a relative at home when a mobile phone call is received.
- Answering the mobile phone call and saying that no one is home.

7. Protecting one's clothes during rainy season

- Teach the child about different climates and guide them to identify the climate
- Prepare to protect oneself according to the respective climate
- Take umbrella when going out in rainy season, knowing the importance of carrying an umbrella
- Protect your clothes, if it gets wet in rain
- Be aware that clothing gets wet and thus affects physical condition.

5. Memory

Difficulty in remembering everyday activities/self-care routine

Eating:

- With clock introduce time and with picture series card, introduce various steps in eating.
- Train the child to ask for food or water on time
- Gradually teach thirst or hunger and teach asking for food or drink appropriately
- Teach each step in eating initially with picture card along with verbal cues, gradually

reduce the cues.

- Training to do independently without cues.

Dressing:

- Teach steps of dressing with physical prompt, verbal prompt and clues
- Teach various weather conditions and occasions with picture card and describe through

every day experience

- Teach the importance of appropriate method of dressing for various weather conditions and occasions.

- Practice it without prompt.

Toileting:

- After toilet training, training on cleanliness, toilet flushing routine, water filling routine etc with verbal prompt and clueing. Gradually reduce the clues

- Teach the male/female symbols to identify the appropriate toilet and using separate toilets in public places. (here we need to teach about public place and private place etc)

- Teach appropriate method of asking for toilet location either verbally or picture card or AAC.

- Teach how to guide guest for home toilet.

Bathing:

- Teach bathing routine steps with picture series followed by clues and remove clues gradually.

- Teach steps of preparation and winding up

Grooming:

- Teach steps of preparation, winding up of grooming

- Teach weather, occasion information and grooming

Everyday activities:

- List out other everyday activities like purchase related – what brand and how much quantity, where to purchase usually etc and practice these routines.

- Safety related lists –where to keep keys, switch on/off lights and fans, using sharp objects etc

- Identify other family routines like hair wash, going to rituals or family related rituals

Difficulty in remembering people meet regularly:

- Relate people and their role in everyday

- Talk about them everyday

- With their pictures, ask the children identify them, their relationship and their duties etc. For ex, milk man, brings milk everyday once. He stands outside the house and call us etc.

- Thatha comes every week and brings snacks. He stays in home for a day or two. He like to eat fish curry etc.

- Matches faces to photography of people and recalling them names.
- Communication with them frequently
- Memorizing of game rule and what are the items need to play.
- Give clue and ask the child to take toy from the place
- Repeat and reminds them again and again in singing rhymes and doing home work with

the help of siblings

- Saying it aloud/ repeat the activities.

More suggestions:

- Ask all the family members to gather in a meal time except one person, we can ask the child who is missing and what time are you going to take the food?

- Increase the number of situations or activities that the child needs to do everyday.
- Let the child identify steps in daily activities.
- Practice everyday with defined steps of activity.
- Remind the child verbally to take things needed to go to school (remind about missing

items)

- Asking them repeatedly (about things)
- We can give clues to identify the missing item
- Reminder by means of visual clues (for eg. we can show him an eraser and remind him that he forgets to take eraser)

- Pointing out the thing and reminder them
- Memory can be improved by teaching the song loudly so they can repeat the lines
- By means of telling stories about daily activities we can improve memory

- Reminder on the way to school by taking same route daily and we can link the path by stories

- We can teach the mobile number daily /by repeating daily we can enhance memory
- We can teach it loudly and provide supervision for that activities.
- Forming new words by memorizing letter
- Showing the birthday date in calendar and remind them about family members birthday
- We can conduct memory games /Hide and seek games to enhance memory