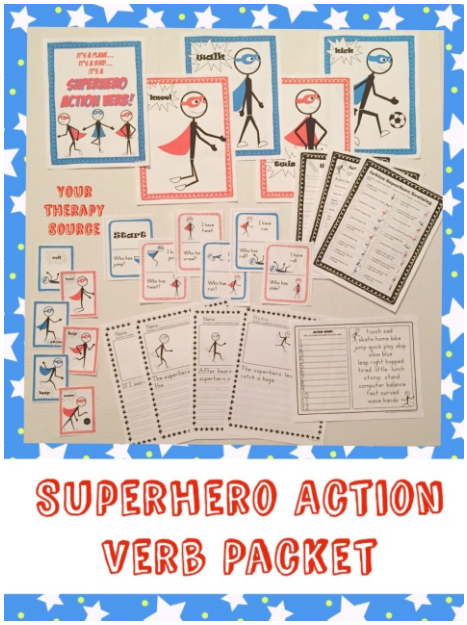
# Your Therapy Source News

Digital magazine for pediatric occupational and physical therapists.

Issue 71 - May 2015

www.YourTherapySource.com

# New and Sale Products




**Superhero Action Verbs**
By: Your Therapy Source Inc

Summary: Incorporate movement with learning using this collection of activities to teach action verbs

Product Details:
Packet: 56 pages
Language: English

LIST PRICE: $8.99
SALE PRICE UNTIL 5/31/15: $4.50

Find out more at
http://yourtherapysource.com/superhero


**V-I-N-G-O Visual Motor Bingo**
By: Your Therapy Source, Inc

Summary: Download of 5 different bingo games to play from pre-writing skills to letter formation

Product Details:
E-Book: 37 pages

Language: English

LIST PRICE: $4.99
SALE PRICE UNTIL 5/31/15: $1.99

Find out more at
http://www.YourTherapySource.com/vingo

# Sensory Motor Benefits and Tips for Gardening with Children


With Spring upon us, why not get children started with some gardening. Gardening offers children excellent sensory motor exploration. Think of all the senses that are involved in gardening:

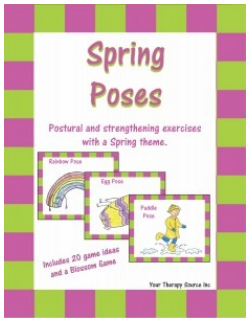
Tactile – touching the rough seeds, feeling the dry dirt, experiencing cold, wet mud, handling the soft fuzz of a green bean or the smooth skin of a melon
Proprioceptive – digging in the dirt, pushing a seed into the ground, carrying watering cans, hauling watermelons and pulling weeds
Olfactory – smelling the flowers, herbs and vegetables
Taste – enjoying a crisp bite of a carrot or a warm tomato from the sun

Now think of all the motor experiences:

Fine motor – handling the small seeds or picking a berry or bean
Gross motor – kneeling in the garden, quadruped searching for cucumbers, squatting and standing
Coordination – using garden tools with both hands or maneuvering a wheelbarrow
Balance – avoiding stepping on plants or walking on the uneven ground

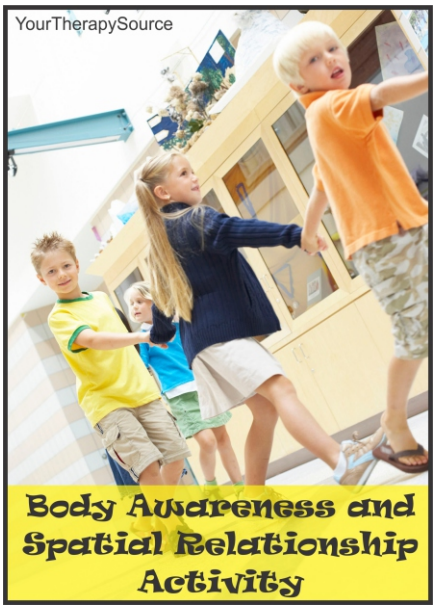
Why not start a garden this Spring. Here are 8 tips to creating a successful garden experience with children.

Make sure you get the children involved. Ask what types of food or flowers they would like to grow.
Look for seeds with short germination periods to keep the children interested.
Give each child a small area that they can plant their seeds.
Mark each child's with a self decorate garden marker (i.e. large paint stirrer stick) in the ground.
Use good soil to ensure growth of the plants.
Remember to water and weed (fertilize if necessary).
If you do not have the space to garden, how about creating a large container garden for the children to nurture and watch grown.
If necessary, adapt the garden tools with bigger handles or velcro straps. If a child can not get to the ground to garden, bring the garden to them by starting a container garden.
Happy Gardening!




**Spring Poses** includes 12 full size pages with one Spring pose and directions per page, 3 pages of the 12 poses in smaller sizes, 20 games ideas to use with the poses and a Spring blossom tree game. Find out more at http://www.yourtherapysource.com/springposes.html

# Body Awareness and Spatial Relationship Activity




Need a quick body awareness and spatial relationship brain break that combines estimation with movement and motor planning? Here is a simple activity that helps students to understand spatial relationships to objects in the classroom.

Start out with each student standing up next to their desk. Have them guess how many baby steps it will take to walk to the desk in front of them. Once they have made the estimate, they can count the baby steps it takes.

Now try moving to a target further away with a different movement. Guess how many jumps it will take to get to the window. Once the estimate is made, the students can count the jumps it takes them to get to the window. Return to the starting point. Now ask the students to double the amount of jumps it took them to get to the window. The students must now adjust the size of the jumps and how the body moves through space to take double the amount of jumps to the window.

Have the students partner up. The students can stand at least 10 feet apart. Estimate how many hops it will take to meet in the middle. Test your guess and hop to meet in the middle. Try again with different movements – ie backwards steps, heel to toe walking, lunges, marching etc. Make sure to remind the students that part of the challenge is meet in the middle but not to touch each other.

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Title: Personal Space Journey
By: Your Therapy Source Inc

Summary: Collection of activities to teach children about personal space including many body awareness exercises and a social story on personal space.


Find out more at http://yourtherapysource.com/personalspacejourney.html

# Quiet Eye Training for Visual Motor Skills


Are you familiar with “Quiet Eye Training”? This is a technique that attempts to get the eye to focus more instead of flicking about during coordination tasks. It teaches the eye to look at the ball long enough to process the information. The individual is reminded to briefly look at the exact spot where you want to send the ball (throwing or kicking) and then settle your eyes onto the ball and leave your focus on the ball.

A recent study in Research in Developmental Disabilities looked at using the Quiet Eye Training (QET) with 30 children with developmental coordination disorder (DCD). Previous research indicated that QET was more effective than traditional training (TT) when teaching 8-10 year old children to throw and catch. Traditional training teaches children how to control their arm movements during throwing and catching.

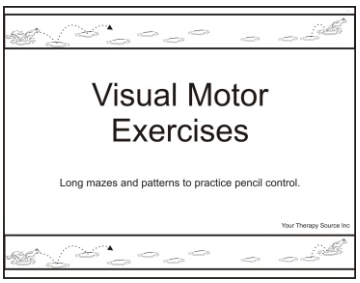
During the training the children were evaluated on performance and gaze. In addition, motion analysis data was collected at pre/post-training and 6-week retention.

The results indicated that the QET group significantly increased QE durations from pre-training to the 6 week retention whereas the TT group experienced a reduction in QE. QET participants showed significant improvement in the quality of their catch attempts and increased elbow flexion at catch compared to the TT group.

The researchers concluded that: QET changed DCD children’s ability to focus on a target on the wall prior to the throw, followed by better anticipation and pursuit tracking on the ball, which in turn led to improved catching technique. QET may be an effective adjunct to traditional instructions, for therapists teaching visuomotor skills to children with DCD”.

Do you use QET in your therapy sessions? Would love to hear about the outcomes?

Reference: C.A.L. Miles, G. Wood, S.J. Vine, J.N. Vickers, M.R. Wilson.
Quiet eye training facilitates visuomotor coordination in children with developmental coordination disorder. Research in Developmental Disabilities. Volume 40, May 2015, Pages 31–41. doi:10.1016/j.ridd.2015.01.005




Visual Motor Exercises includes 25 long mazes and patterns to print, assemble and complete to practice pencil control. Find out more at http://yourtherapysource.com/vme.html

# 10 Ways to Walk Across a Balance Beam


Want to challenge a child's balance? Trying walking different ways across a beam. If you don't have a balance beam, you can put a long strip of painter's tape on the floor or draw a line outdoors using sidewalk chalk. Obviously, a child can walk forwards across a balance beam so here are 10 more ideas:

1. Walk across the beam with hands over your head, out to the side or on your hips.

2. Place small objects on the beam (ie beanbags) and the child has to step over the bean bags but stay on the beam.

3. Walk sideways, high kicks or backwards across the beam.

4. Walk on your tiptoes or heels across the beam.

5. Walk across with hands and feet on the beam.

6. Walk halfway across the beam, turn one full circle and continue across the beam.

7. Walk across the beam balancing an object (ie bean bag or small book) on your head.

8. Walk across the beam heel to toe.

9. Walk across a beam to the beat of a metronome.

10. Move like different animals across the beam.

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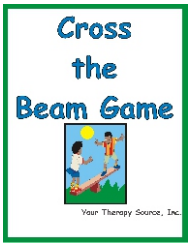
Title of Electronic Book: Cross the Beam Game

By: Your Therapy Source

Summary: Download of game that encourages balance skills and
visual perceptual skills. Find out more at
http://www.yourtherapysource.com/beam.html



# Physical Activity, Self Regulation and Preschoolers


Early Education and Development recently published research on whether active play during recess was associated with self-regulation and academic achievement in preschoolers. Fifty one children were assessed on self-regulation, active play, and early academic achievement.

The results indicated the following:

1. higher active play was associated with better self-regulation, which in turn was associated with higher scores on early reading and math assessments.

2. higher levels of moderate to vigorous active play were not directly related to emergent literacy or math achievement.

3. children who performed better on the self regulation task demonstrated higher literacy and math achievement.

You can access the full text article for free at
http://www.tandfonline.com/doi/abs/10.1080/10409289.2013.780505

Reference: Derek R. Becker , Megan M. McClelland , Paul Loprinzi & Stewart G. Trost (2014) Physical Activity, Self-Regulation, and Early Academic Achievement in Preschool Children, Early Education and Development, 25:1, 56-70, DOI: 10.1080/10409289.2013.780505

Title: Adventure Skill – Self-Regulation Flash Cards
By: Move with Me

Summary: This 16 Flash Card Set in printable PDF format – includes health lessons and self-regulation techniques that combine creative movement, yoga and Brain Gym®

Find out more at http://www.yourtherapysource.com/movewithmeselfregulation.html

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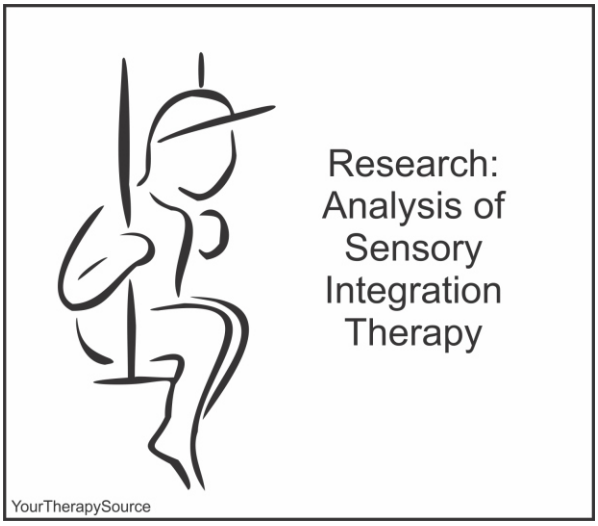
# Analysis of Sensory Integration Therapy

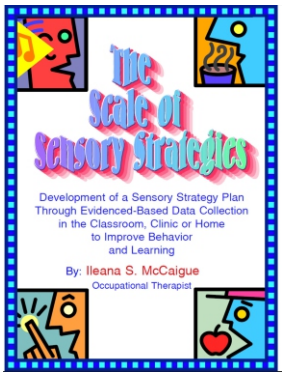



The *Journal of Developmental and Physical Disabilities* published a meta-analysis on the use of sensory integration with individuals who have or at risk for a developmental or learning disability or delay. The outcomes from 30 studies on sensory integration therapy were reviewed and analyzed.

The results were the following:
1. Studies that compared sensory integration therapy to no treatment yielded a statistically significant but small effect
2. Studies that compared sensory integration therapy to alternative interventions there was no significant differences
3. Many flaws were identified including issues in clearly defining treatment, evaluating integrity, poor quality of research and diversity of outcome measures.

Overall, there was little evidence that sensory integration therapy was an effective intervention for any diagnostic group, particularly when functional blinded outcome measures were analyzed. The authors discussed the minimum methodological requirements for any future research studies.

Reference: Han Ming Leong et al. Meta-analysis of Research on Sensory Integration Therapy for Individuals with Developmental and Learning Disabilities. Journal of Developmental and Physical Disabilities. April 2015, Volume 27, Issue 2, pp 183-206



# Congruent Feedback


Congruent feedback is an excellent tool to help children learn and improve motor skills. Here is how it works – decide upon one step or motion of the skill that you and the child thinks needs improvement or refinement. Tell the child exactly what you are looking for during the skill. It should only be one thing. Provide a visual demonstration of that one aspect of the skill. Once the child is performing the skill only look at that step or motion during the skill and reinforce it if it is correct. Reinforce with consistent verbal cues. If it is incorrect, provide verbal, visual or physical cues to correct that part of the skill. Continue doing this for different parts of the skill. But remember, only focus on one (1) part of the skill at a time.

For example, perhaps you are teaching or practicing skipping with a child. Ask the child to focus on just one aspect of the skill at a time. To begin with ask the child to "step and hop, step and hop". Only provide feedback on lower extremity motion. Do not provide feedback on arm swing, timing, rhythm of movement or speed. When the child is able to perform the lower extremity motions of skipping correctly, target a new area of the skill.

To repeat the steps of congruent feedback:

1. Tell the child what aspect of the skill he/she will focus on.

2. Provide a visual demonstration with verbal cue for the child.

3. Child performs the skill and observe only that aspect of the skill you demonstrated or discussed.

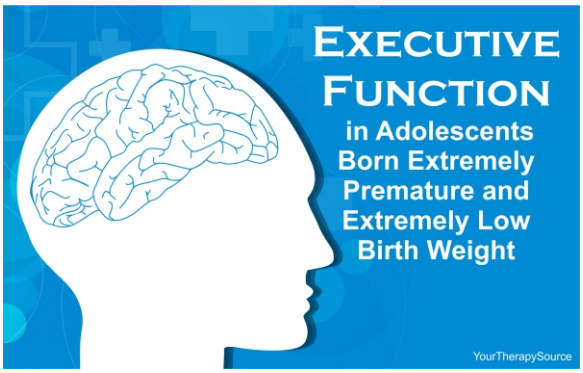
4. Provide positive reinforcement feedback if correct. Be specific with the positive reinforcement. Don't just say "good job". Use the same verbal cues from the specific task.

5, If incorrect, provide verbal, visual or physical cues as feedback regarding only that one aspect of the skill.

Have you had success using this type of feedback?

# Executive Function

*Pediatrics* published research on 228 adolescents who were extremely preterm (EP; <28 weeks) birth and extremely low birth weight (ELBW; <1000 g). Each participant was assessed with multiple executive function (EF) tasks, and parent- and self-ratings of behavioral EF. The Rey Complex Figure and Behavior Rating Inventory of Executive Function parent report were also administered at age 8 years, to determine if there was a change in scores between childhood and adolescence.




The results indicated the following:

1. EP/ELBW adolescents performed more poorly than controls in the following areas – verbal processing speed, attentional control, cognitive flexibility, and goal-setting but not psychomotor reaction time.

2. group differences were similar across tasks.

3. during childhood to late adolescence, EP/ELBW children improved their accuracy of the Rey Complex Figure copy more than controls.

4. parent report indicated that executive behaviors were largely stable over time in both groups.

The researchers concluded that adolescents born EP/ELBW have poorer EF skills across multiple domains than controls and recommend multidomain, longitudinal assessments in this high-risk population.

Reference: Executive Function in Adolescents Born <1000 g or <28 Weeks: A Prospective Cohort Study. Alice C. Burnett, Shannon E. Scratch, Katherine J. Lee, Jeanie Cheong, Karissa Searle, Esther Hutchinson, Cinzia De Luca, Mary-Ann Davey, Gehan Roberts, Lex W. Doyle, and Peter J. Anderson , on behalf of the Victorian Infant Collaborative Study Group Pediatrics 2015; 135:4 e826-e834; published ahead of print March 23, 2015, doi:10.1542/peds.2014-3188

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# Motor Skills, Medication and ADHD


*Research in Developmental Disabilities* published a review of 45 research articles analyzing the motor skills of of children (between 6-16 years old) with ADHD and the influence of medication on their motor skills.

The results indicated the following:

1. more than half of the children with ADHD have difficulties with gross and fine motor skills.

2. children with ADHD inattentive subtype presented with more impairment of fine motor skills, slow reaction time, and online motor control during complex tasks.

3. the percentage of children with ADHD who improved their motor skills to the normal range by using medication varied from 28% to 67% between studies. The children who still show motor deficit while on medication might meet the diagnostic criteria of developmental coordination disorder (DCD).

The researchers recommend that assessment of motor skills is needed among children with ADHD because of the risk of reduced participation in activities of daily living that require motor coordination and attention.

Reference: M.-L. Kaisera,Schoemakerb, J.-M. Albaretc , R.H. Geuzea. What is the evidence of impaired motor skills and motor control among children with attention deficit hyperactivity disorder (ADHD)? Systematic review of the literature. Research in Developmental Disabilities Volume 36, January 2015, Pages 338–357.

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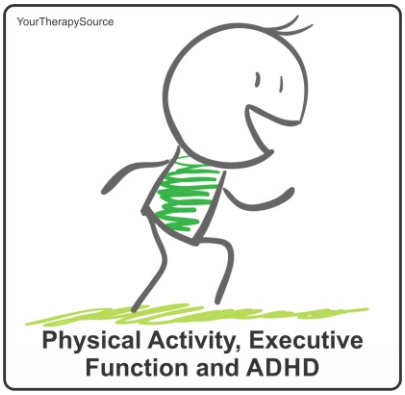
# Physical Activity, Executive Function and ADHD

*Research in Developmental Disabilities* published research on 43 children with ADHD between 7-12 years old to determine if there are effects of different types of physical activity on executive functioning. A 12 week training program included two different groups: experimental group 1 (EG1) included 13 children who participated in ball handling, balance and manual dexterity and experimental group 2 (EG2) included 14 children who participated in sports without a specific focus. There was also a control group (CG) who received no intervention. Each participant was evaluated for working memory and motor performance before, immediately after the first training week and one week after the last session.




The results indicated the following:

1. after the 12-week intervention period, several measures of the EG1 and EG2s significantly improved over time.

2. between group comparisons demonstrated significant improvements in both EG1 and EG2 compared to the CG in variables assessing working memory performance and motor performance.

The researchers concluded that long-term physical activity has a positive effect on executive functions of children with ADHD, regardless of the specificity of the activity. The researchers recommended that regular physical activity can be used as a complementary or alternative non-pharmacologic treatment for ADHD.

Reference: Susanne Ziereis and Petra Jansen. Effects of physical activity on executive function and motor performance in children with ADHD. Research in Developmental Disabilities Volume 38, March 2015, Pages 181–191.

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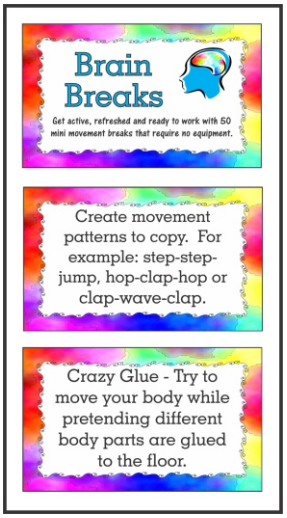
**Brain Breaks Card Game**

Get active, refreshed and ready to work with 50 mini movement breaks that require no equipment. Most of the movement breaks can be done with one child or a group. It does not get any easier than this to encourage sensory motor activities in the classroom or home.

Find out more at
http://yourtherapysource.com/growingplaycards.html



# Gait Trainer Use and School and Home

*Clinical Rehabilitation* published a review of the research on gait trainer use in home and school settings for children with motor impairments. Seventeen studies involving 182 children met the inclusion criteria.


The results indicated the following:

1. one small randomized controlled trial suggested a non-significant trend toward increased walking distance

2. a evidence level II study (concurrent multiple baseline design) reported an increased number of steps.

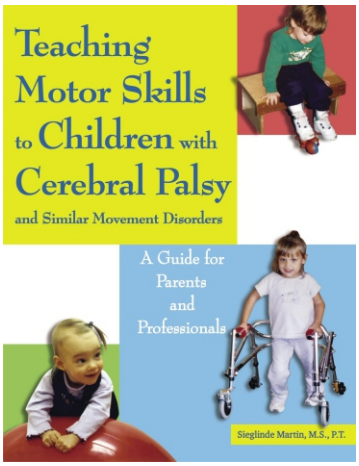
3. two level III studies (non-randomized two-group studies) reported statistically significant impact on mobility level

4. one level III student found a significant impact on bowel function and an association between increased intervention time and bone mineral density.

5. some additional descriptive level evidence provided support for positive impact on a range of activity outcomes, with some studies reporting impact on affect, motivation and participation with others.

The researchers concluded that the evidence regarding children using gait trainers is mostly descriptive and positive although it is insufficient to draw firm conclusions.

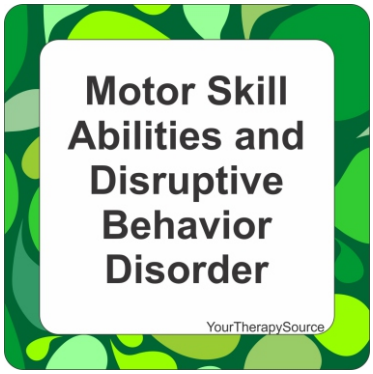
Reference: Ginny Paleg and Roslyn Livingstone. Outcomes of gait trainer use in home and school settings for children with motor impairments: A systematic review
Clin Rehabil 0269215514565947, first published on January 30, 2015
doi:10.1177/0269215514565947




*Teaching Motor Skills to Children with Cerebral Palsy and Similar Movement Disorders – A Guide for Parents and Professionals*

Find out more at
http://yourtherapysource.com/CPmotorskills.html

# Motor Skill Abilities and Disruptive Behavior Disorder




*Research in Developmental Disabilities* published research on the motor abilities of 99 adolescents with disruptive behavior disorder (DBD) and evaluated the role of comorbid ADHD. Each participant was assessed with The Bruininks–Oseretsky test of motor proficiency, Second Edition. In addition, further statistical analyses were completed to determine differences in motor profiles between individuals diagnosed with oppositional defiant disorder (ODD) or conduct disorder (CD) and comparing the motor profiles of individuals with or without comorbid ADHD.

The results indicated the following:

1. adolescents with DBD showed a mixed motor impairment profile. Even after controlling for IQ, the DBD group obtained significantly lower scores in comparison to controls.

2. the adolescents with ODD and CD showed a similar motor profile.

3. adolescents with comorbid ADHD did not produce major differences in the motor profile.

The researchers concluded that since 79% of the adolescents with a DBD suffered from motor impairment, motor ability should be addressed in research as well as in clinical practice.

Reference: Tine Van Damme, Bernard Sabbe, Dirk van West, Johan Simons. Motor abilities of adolescents with a disruptive behavior disorder: The role of comorbidity with ADHD. Research in Developmental Disabilities. Volume 40, May 2015, Pages 1–10. doi:10.1016/j.ridd.2015.01.004

# Intrinsic Motivation


Intrinsic motivation is completing a skill or activity based on personal interest and enjoyment not for external rewards. Many times young children need external motivation to complete activities during therapy sessions. Therapists may use different reward systems such as Punch Cards and Reward Cards for Therapy to encourage children to participate in therapy sessions. Intrinsic motivation can be harder to facilitate in children. Here are a few tips to increase intrinsic motivation in children:

1. Independent thinking: Allow the student to work on a certain skill and report back to you how they have improved that skill. They can improve or change it anyway that they think will help.

2. Provide choices: Children can be more intrinsically motivated if they have a say in how they are accomplishing a goal. Try not to make any activity a requirement.

3. Teach self direction: Everyone feels a larger sense of accomplishment when you are able to do something all by yourself.

4. Power of positive thinking: Having an "I can" attitude can help tremendously and build up a student's confidence. Check out Positive Affirmations Posters and Cards for ideas at http://yourtherapysource.com/positiveaffirmation.html

5. Cooperative learning: Students may feel more motivated when they can work with other students to help or teach them a skill

6. Ask questions: Encourage students to think for themselves rather than provide answers for them. For example – what suggestions do you have to increase your handwriting speed?

7. Keep it fun with some competition: Most kids like to win and feel a sense of pride when they do . Therapeutic activities can be intertwined with games.

8. Shoot for your personal best: Don't compare your abilities to others but rather that you improve each time. Teach the student to track his/her own goals to visually represent improvements over time. Check out My Goal Tracker at http://yourtherapysource.com/goaltracker.html for student generated data collection.

9. Plan together: Ask the student how they would like to reach a goal? Explain what options are available (ie different types of strengthening or aerobic exercises) and plan together what may work best.

10. Educate the student: When you are working on a certain activity, explain to the student why you are doing that specific activity and how it will help him/her in their everyday life.

# 5 Tips for Therapists at IEP Meetings

IEP "season" is upon us at most school districts. The real key to successful IEP meetings is proper preparation. Here are 5 tips to help therapists participate in successful IEP meetings.

1. Communicate, communicate, communicate! One of the most important skills to ensure successful IEP meetings is communication. Communicate with phone calls, emails or face to face meetings with all members of the student's IEP meeting. Send updates home in addition to IEP quarterly progress reports. Prior to the actual IEP meeting, make sure you have been in touch with parents and teachers regarding planning for next year and goal setting. Check out School and Home Communication Forms for Therapists at http://yourtherapysource.com/commforms.html

2. Document throughout the school year using proper data collection. Collect samples or photos of the student's work to have a visual image of pre and post therapy interventions. It is so much easier to justify related services when you have plenty of documentation to show that you are helping the student access the educational curriculum. In addition, in order to justify summer services, you need to have data showing previous regression over school breaks or long weekends. You can use Data Tracking Forms for School Based OT and PT to get started.

3. Be professional and courteous. Communicate clearly during the meeting and listen carefully, Respect everyone's opinions around the table. Be flexible and open to suggestions regarding your plan for therapy services. Remember IEP meetings are for the entire team to make decisions not just one person or discipline.

4. Use everyday terminology. Make sure that you are not using medical terminology or if you need to use it, define any terms in simple language. Explain assessments and evaluations in regular terminology – don't throw out random numbers that won't mean anything to the team members or student.

5. Be positive. Focus on a student's strengths when reviewing present levels of performance. Try to utilize those strengths to achieve additional goals for the next school year. Focus on moving forward and the future rather than rehashing old issues.

Good luck on preparing and attending all the IEP meetings this school year!

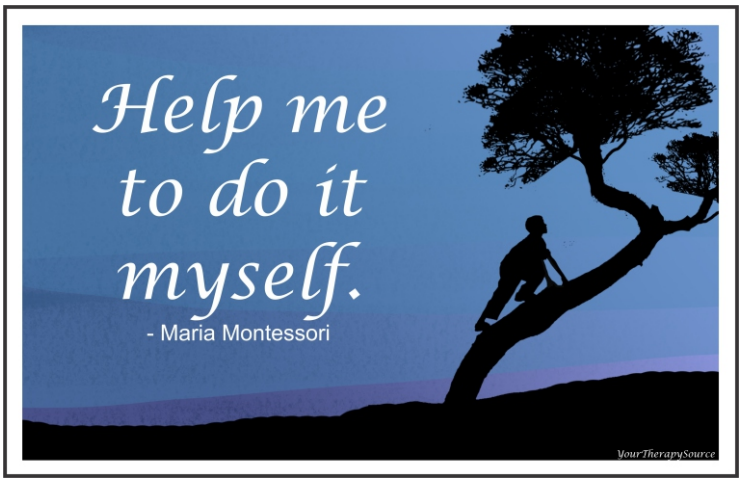
Reference: Jennifer A. Diliberto and Denise Brewer. Six Tips for Successful IEP Meetings. TEACHING Exceptional Children, Vol. 47, No. 2, pp. 128–135. Copyright 2014 The Author(s). DOI: 10.1177/0040059914553205.

**IEP Goals Related to the Common Core for OT/PT Grades K-2**

Summary: Here is a large goal bank for school based occupational and physical therapy that is aligned with the English Language Arts (ELA) and Mathematics common core standards for grades K-2. It is meant to provide guidance and suggestions on relating occupational and physical therapy goals to the common core curriculum in order to establish educationally relevant goals for a student's individualized education program (IEP).

Find out more at http://yourtherapysource.com/commoncorek2.html

# Encouraging Functional Independence




As therapists, teachers and parents our job is to “help children to help themselves” as Maria Montessori once stated. Here are several tips to encourage functional independence of life skills in children:

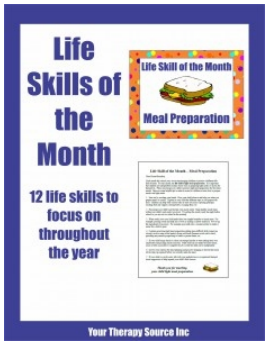
1. Create an environment where children can be independent. For example, if your child is working on getting dressed, make sure all the clothes, socks, shoes and coat are within reach of the child. If your child is practicing pouring a drink, make sure the container and the cup are an appropriate size for smaller hands. Start where children can be successful by themselves ie climbing smaller trees and work up to climbing larger trees.

2. Observe. Before we jump in and offer help, take a step back and observe can the child complete a skill independently. If the child can not, can you simply modify the environment rather than helping the child so the skill can be completed?

3. Wait and be patient. Children need to take time to process directions and information. Allow the child ample time to complete the task. Try to plan extra time to get ready for outings or food preparation so children can take their time.

4. Try demonstrating skills rather than providing multiple step directions. Keep the demonstration very simple so the child is able to interpret the information independently.

5. Practice, practice, practice. Repetition is the key to functional independence. Children need many trials to be successful.




**Life Skills of the Month** includes 12 life skill hand outs for parents and 12 posters for the classroom or therapy room. Review a life skill in the classroom or therapy session with the student(s). Follow up with the corresponding hand out to send home to parents. Use this packet, to help with carry over of important life skills for ALL children. Also, includes a reward chart for students to take home to earn prizes. Find out more at http://yourtherapysource.com/lifeskills.html

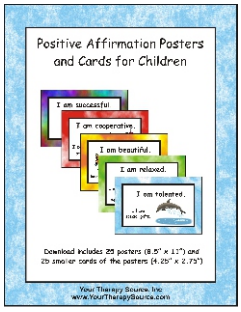
# Using ADLs for Positive Reinforcement


Here are a few suggestions for squeezing in some more practice for activities of daily living and positive reinforcements:

Button Bags – sew a felt bag that has a few button closures at the top. In order for the children to get the reward they must unbutton the bag to reveal the prize.
Zippered Bags – hide the prizes inside pencil pouches and they have to unzip to reveal the prize
Lock and Key – use a lock on a treasure box. To pick a prize you have to unlock the box.
Unscrew the Lid – paint the inside of a jar to hide what is inside. The children have to unscrew the lids to get the reward.
Shoe Untying – hide the prize inside a sneaker. The child must untie the shoe to get to the prize. Then let the child pick a prize to hide back in the shoe for the next child and tie the shoe back up.
Envelope Cutting – hide the prize in an envelope and the child has to use scissors or a letter opener to cut the envelope open. Good one for small stickers.

Positive Affirmation Posters and Cards for Children
Keep a positive attitude with this download of 25 positive affirmation posters and 25 small cards of the posters.

Find out more at
http://yourtherapysource.com/positiveaffirmation.html



# Activity Balloon Bat


Here is a very simple make and take that include fine motor skills, gross motor skills and eye hand coordination skills.

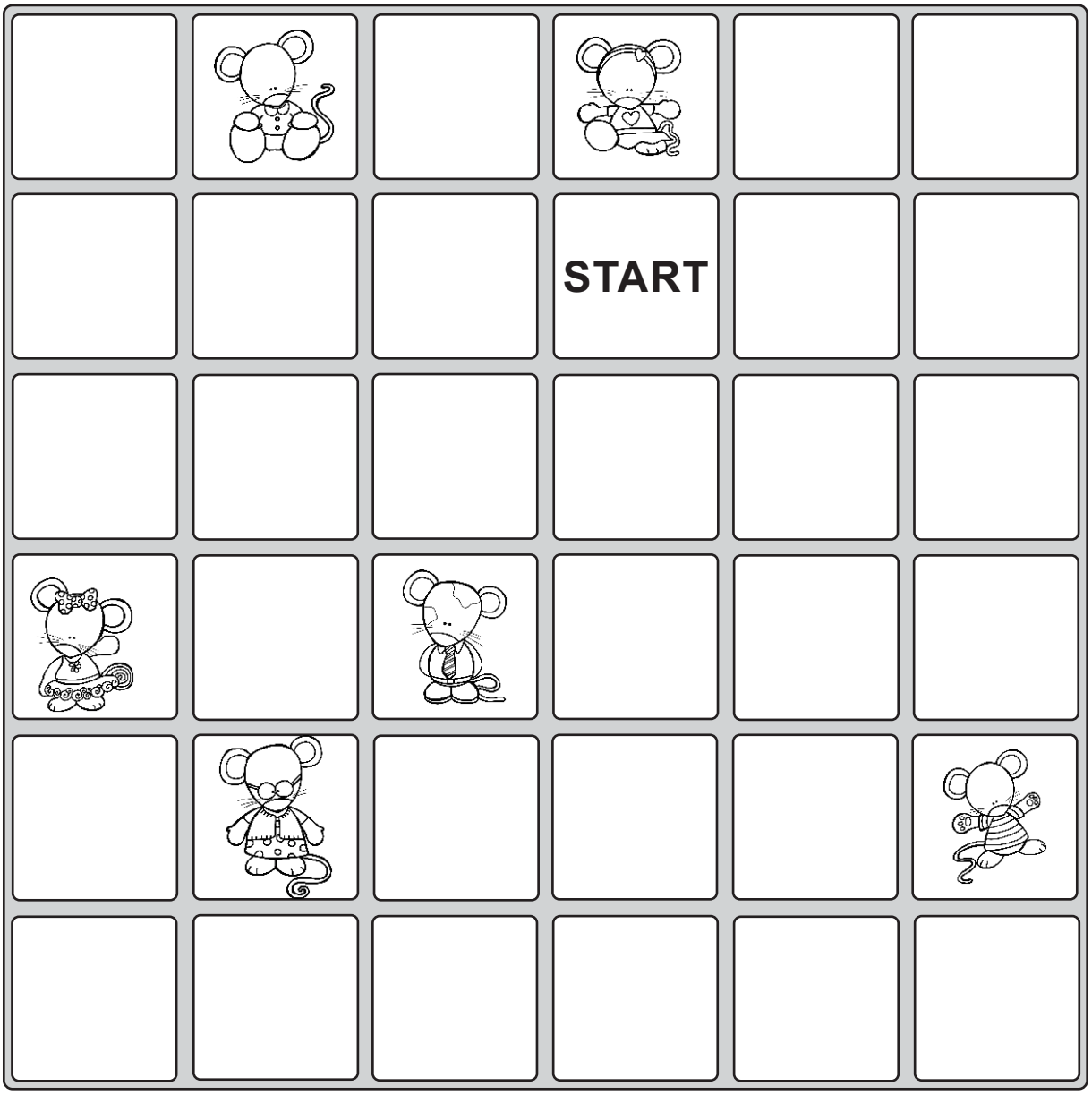
You will need a paper plate, paint stirrer or large craft stick, markers and a balloon for each child.

Ask the children to think of physical activities that they can complete on their own at home ie swinging, jump rope, hopscotch, dance, shoot hoops, etc. Go around the table and ask each child for their ideas. With each suggestion, the children write down the idea on his/her own plate. When done attach the paint stirrer to the back of the plate. Blow up the balloons. The children can practice hitting the balloon up in the air. See how many times they can hit the balloon before it falls to the floor.

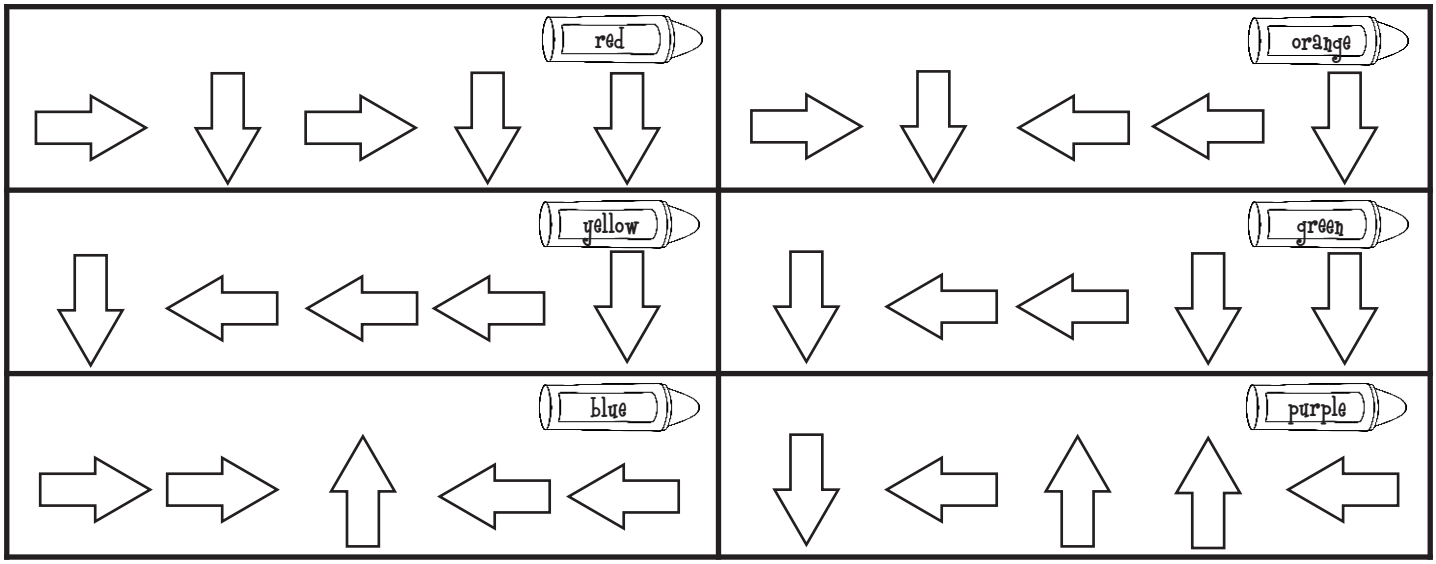
To work on body awareness, mark off an area. Tell all the children to hit the balloons in the air within in the contained space. They can hit their balloons but not each other. When the kids can do it, make the contained space smaller. Have the children repeat the game continuing to hit the balloon and no one else.

When done, the children can take the activity home. Now they can practice eye hand coordination skills and when done will have lots of ideas for more physical activities.

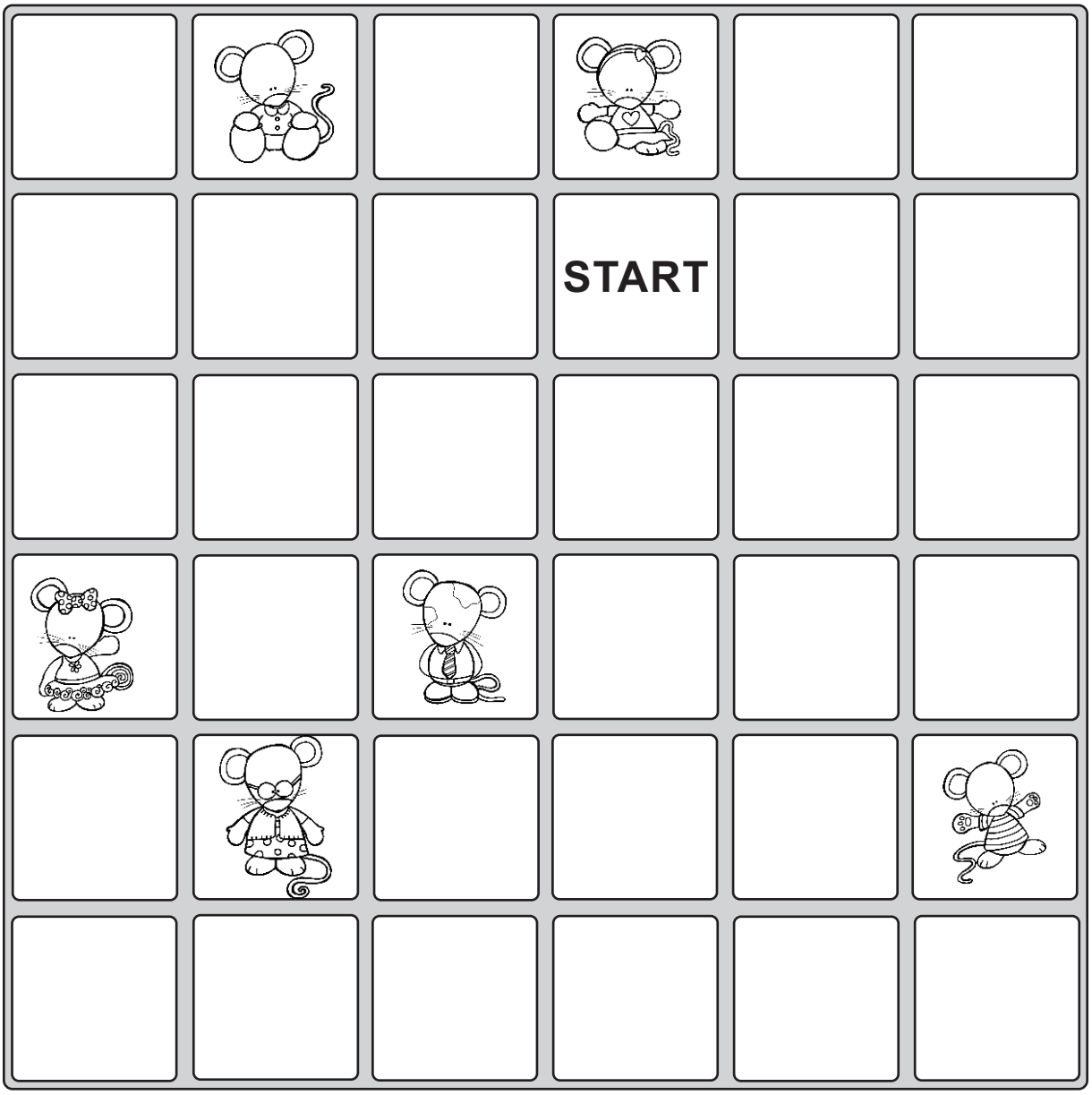
# Find and Color the Mice



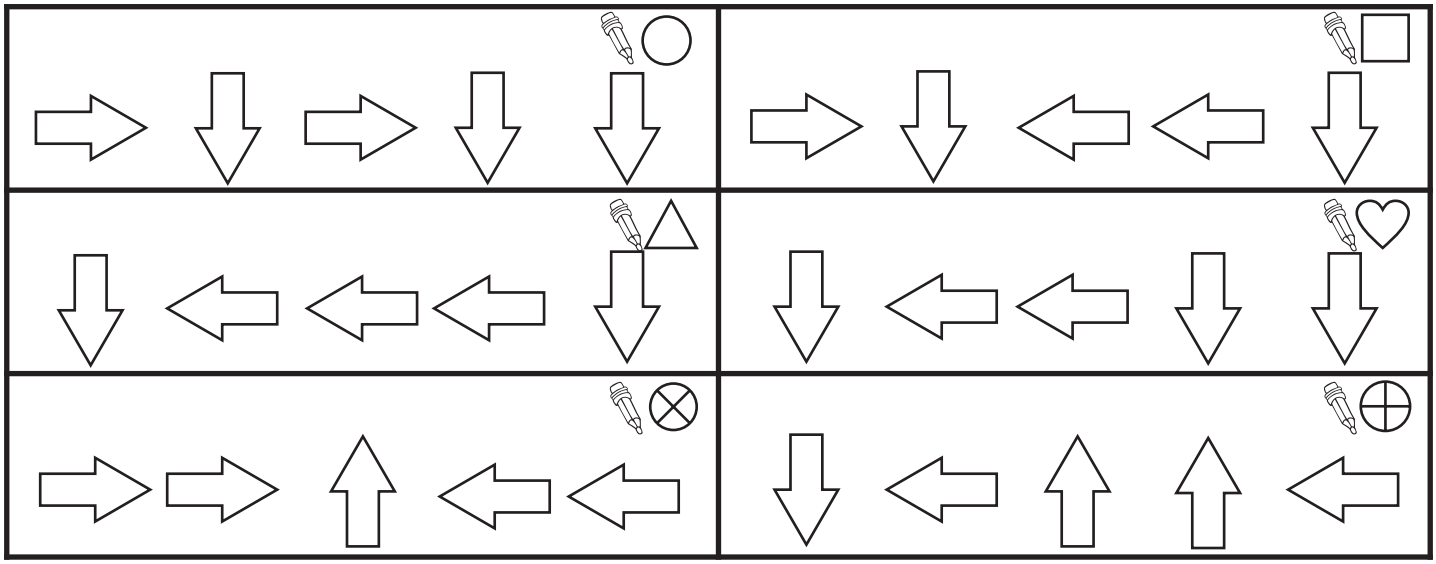

Directions: Begin at the start box each time. Follow the arrows. Color in the mice with the correct color.



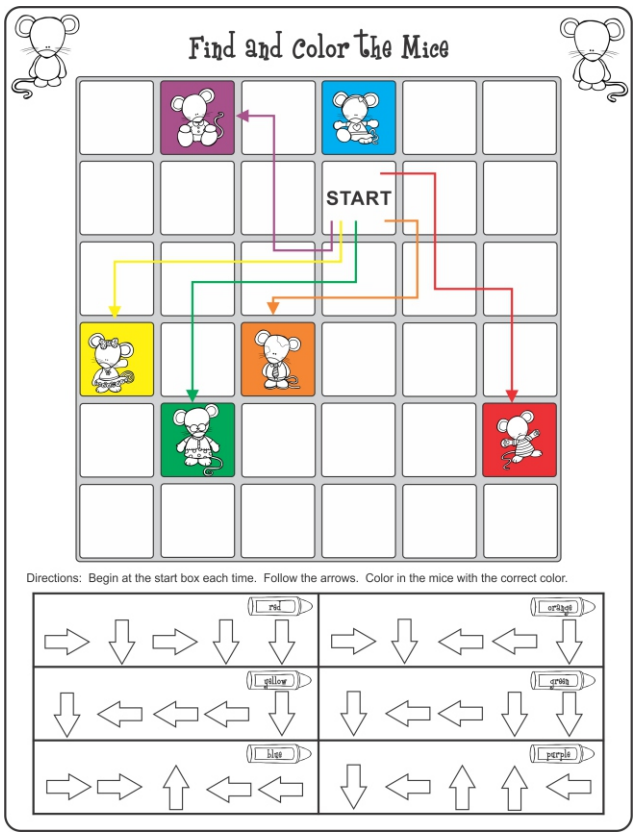
# Find the Mice

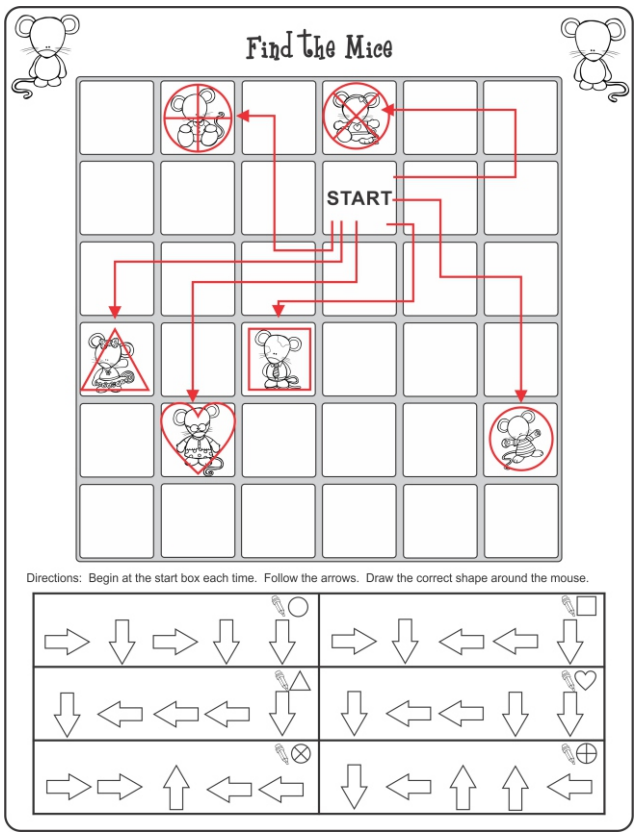



Directions: Begin at the start box each time. Follow the arrows. Draw the correct shape around the mouse.



# Solutions

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