



Program Schedule

Orientation Session

Date:



Individual Pre-Program Consultation with each family

Week of:

HAVE READY: A snack for your child
A book your child likes
Toys or activities your child likes
Reports from other professionals
Any *More Than Words* forms you didn't hand in previously

Session

1

Follow Your Child's Lead

Date:

READ: Chapters 1, 2 and 3

Session

2

Keep the Interaction Going

Date:

READ: Chapter 3
BRING: Report Back 1
A toy your child really likes to play with on his or her own



Video Feedback Visit 1

Week of:

Session

3

R.O.C.K. in People Play

Date:

READ: Chapters 2, 5 and 9
BRING: Report Back 2
Completed Sensory Preferences Checklist
A toy your child really likes but needs help to make work

Session

4

Help Your Child Learn with Daily Routines

Date:

READ: Chapters 6 and 8
BRING: Report Back 3
Items from a routine you do with your child
(e.g., toothbrush and toothpaste, towel to dry hands, etc.)



Program Schedule (continued)



Video Feedback Visit 2

Week of:

Session

5

Take Out the Toys

Date:

READ: Chapter 11

BRING: Report Back 4

Your child's favourite toy

A toy you would like your child to play with

Session

6

**Expand Your Child's Play:
Add Communication and Friends**

Date:

READ: Chapter 12

BRING: Report Back 5

A toy your child is able to play with

Session

7

Bring on the Books

Date:

READ: Chapter 10

BRING: Report Back 6

A book your child likes to look at or read



Video Feedback Visit 3

Week of:

Session

8

Bringing It All Together

Date:

BRING: Report Back 7

Location for group sessions: _____

Time for group sessions: _____

Location for Video Feedback Visits: _____



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