



Physical Activity Programming for Children and Youth with Special Needs

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Mission of Empowered to Play, LLC:

To develop and implement individualized physical activity programs for ALL children and youth with special needs, ages 3-18 through one on one or small group “play”. These activities will enhance their social, emotional, cognitive, and motor development skills to achieve a lifelong active and healthy lifestyle.



Program Overview for Parents and Participants

The Empowered to Play, LLC Program...

- Is an individualized physical activity program providing opportunities for children between ages, 3-18 with special needs, regardless of ability level
- Serves children/youth with developmental, physical, intellectual, emotional, and social needs
- Promotes an active and healthy lifestyle for your child and family
- Enhances social, emotional, cognitive, and motor development skills
- Offers private sessions or small group play as well as social interaction amongst peers
- Offers instruction one time a week for 30 minutes or 1 hour increments, also, 6 week program increments (1 day a week for 6 weeks), home school PE programs, as well as refresher or maintenance lessons/activities.
- Offers participants ages, 10-18 a before and after program fitness assessment to see the progress made in your child's fitness levels
- Offers private evaluations and assessments for qualifying Adapted Physical Education Services in the schools ~for an additional fee
- Observes your child/youth in their home environment as well as school setting (if you wish) to ensure the best program is prescribed to your son/daughter- request for school observation for additional fee
- Is specifically designed to meet the unique needs of your child/youth
- Offers Parent Behavior Training (you implement the tools once I am gone)
- Takes place in your home or a community setting for your convenience
- Can shadow your child at their pre-school or private school if requested
- Can train youth-service agency staff to ensure a successful youth sports program for your child, (ie football, volleyball, swimming, soccer, baseball, tennis, etc.)
- Advocates for you and your child in school and community settings – Additional fee for Advocacy
- Offers consultation to schools, medical personnel, private business/organizations, youth-service agencies, parent groups, advocacy groups, etc. for staff developments, workshops, and/or seminars

Transportation

Parents/Guardians Can:

- Meet your instructor at a designated location together, meet in the community or your home, whatever is most comfortable for you and your child/youth.

Certifications:

- Shelley Wetzel has her current CPR and First Aid certification. As well as Crisis Prevention Intervention CPI certification.

Attendance: I am aware that this is crucial to each child. Your child looks forward to each time spent with their instructor. Same goes for instructors being excited to see your child. Please extend the same courtesy by being on-time or cancelling in advance to reschedule.

Training and Background:

- Shelley Wetzel has her Masters in Adapted Physical Education and has 15 years' experience working with children and youth with disabilities, ages 3-21. Shelley has worked in the Pre-K-12 public school setting as an Adapted Physical Education teacher, taken on a role as a Program Coordinator at the University of Wisconsin-La Crosse where she developed and implemented physical activity and nutrition education programs for children and youth with disabilities in the community. She developed and implemented the first ever Mentoring Program for persons with disabilities at a University level in the country. She has taught undergraduate and graduate level courses in Adapted Physical Education. Shelley has worked diligently to train and provide quality future Adapted Physical Educators. Shelley has also worked as a Youth and Family Director and Inclusion Specialist for the La Crosse Area Family YMCA and sustained 6 programs for persons with disabilities for 15+ years to date. While at the La Crosse Area Family YMCA Shelley lead a committee to raise 600,000.00. to build a Miracle Baseball Field for kids with disabilities and it was only the 2nd in Wisconsin when built in 2010. Shelley has presented at the local, state and national levels to disseminate and replicate her work and is always trying to find new ways to improve the lives of children and youth with disabilities to lead an active and healthy lifestyle.

End of Program Evaluations:

- End of Program Evaluations will be handed out the last day of program participation and will be provided by your instructor. Parents/guardians are to fill out these forms and turn them into Shelley. Thank you for your participation.

Tips for Being a Participant (*please read with your child*)

All matters pertaining to the participants served are confidential and will be treated as such at all times.

You should:

- Think of your instructor as a friend and role model
- Remember your instructor's name
- Be on time to meet your instructor
- If you have a question for your instructor...ask
- Feel comfortable with your instructor
- Be honest with your instructor
- Say "Thanks" to your instructor
- Listen to your instructor and follow directions
- Be a friend back to your instructor
- Be active with your instructor
- Treat your instructor the way you would like to be treated
- Learn from your instructor and be the best you can be!
- Most importantly HAVE FUN with your instructor!!!

You Shouldn't:

- Be late to meet your instructor
- Ignore your instructor
- Run away from or leave your instructor at any time
- Agree to do anything you don't want to do with your instructor
- Forget to respect your instructor



Message from Shelley

For as long as I can remember, I have wanted to begin a program in a community actively serving children and youth with disabilities/Special Needs and their families. I have the passion, drive, heart, knowledge, strength and expertise to help you and your child lead an active and healthy lifestyle (emotionally, physically and socially). This is a very unique and individualized offering for your child/family. We will meet and discuss goals you want your child to achieve and begin reaching those goals for a long and healthy life. I always say, "If it isn't vocational (job) then it is your health and wellbeing". You only get one life and we need to treat our bodies and minds well. It doesn't matter the intellect, physical ability level, emotional state, or if you're good with people. My job is to help enhance those deficits your child may be facing and make life a little more "normal". Empower to Play, be active, and lead a healthy life. I look so very forward to getting to know you, your child and world in which you live. Thank you for your trust in me and I can't wait to work with you.

Shelley C. Wetzel

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PARTICIPANT PROGRAM APPLICATION FORM

GENERAL INFORMATION

Parent/Guardian's Name: _____
Child's Name: _____ Birth Date: _____
Home Address: _____
City/State/Zip: _____
Home Phone: _____ Work: _____ Cell: _____
E-mail Address: _____
Do you have any health/accident insurance? . yes . no If yes, name, and address of company

Group Number _____ Member ID _____
Primary Physician: _____ Hospital: _____ Phone: _____
Physical Therapist, Occupational Therapist or other related service person: _____
_____ Hospital: _____ Phone: _____

EMERGENCY CONTACT

Name: _____ Relationship to participant: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Cell: _____

SCHOOL INFORMATION

School: _____ Placement (Regular or Special Education): _____
Address: _____ City/State/Zip _____
Does student have an IEP or 504? _____ Are physical education goals on IEP? _____
Classroom Teacher: _____ Phone: _____
Physical Education Teacher: _____ Phone: _____



Physical Activity Programming for Children and Youth with Special Needs Pre-Physical Activity Survey

Directions: Parents should complete this survey BEFORE program participation.

*This survey measures the child/youth's level of physical activity before they participate in the Program.

Child's Ht: _____' _____"

Child's Wt: _____ lbs.

1. Prior to "Empowered to Play", how many hours of physical activity does your child get **during the week** outside of school?

0 ___ 30 min. ___ 1- 2 hours ___ More than 2 hours ___ 3-5 hours ___ More than 5 hours ___

2. Prior to "Empowered to Play", how many hours of physical activity does your child get **each day** outside of school?

0 ___ 30-60 Minutes ___ 1-2 hours ___ More than 2 hours ___

3. What does your child do for physical activity at home per week/per day and how long is he/she engaged in that activity?

4. Prior to "Empowered to Play", how many programs is/was your child involved in during the past year, what programs were they, and at what agency(s)? (i.e., YMCA, Special Olympics, Park and Recreation Department?)

5. How much physical activity with the participant in an average week is spent with the whole family involved? (Please include the activity and how long.)

0 ___ 1-2 hours ___ More than 2 hours ___ More than 5 hours ___ More than 10 hours ___

Activity:

6. Prior to "Empowered to Play", has your child ever used Physical Activity "monitoring devices" outside of school? (i.e., a walking pedometer, heart rate monitor, fitbit, had a body fat measurement, etc.?) If yes,

What device(s)?

How/when?

With whom?

7. Does your child currently have an IEP/ARD at School? What School does your child attend? Does your Child currently receive Adapted Physical Education Services at school?

IEP/ARD No ___ Yes ___ Attending School _____

Adapted Physical Education Services No ___ Yes ___

8. Are there specific physical activities you want your child to participate in during their time at "Empowered to Play"?



DISABILITY (Check all that are applicable) *Answer as best you can to what applies to you. Your child may not have a disability. Yes, this program is still right for your child.

Ht: ____' ____" Wt: ____ lbs.

Child Name: First _____ Last: _____ DOB: _____

- No Diagnosed Condition
- Asthma
- Diabetes
- Head Injury
- Specific Learning Disability – Specify. _____
- Cerebral Palsy
- Emotional/Behavior Disorder
- ADHD
- Other Motor Disorder – Specify. _____
- Epilepsy/Seizure Disorder – What type of seizures? Are they frequent? _____

- Gastrointestinal or feeding concerns including special diet and supplements
- Cognitive Disability ____ Mild ____ Moderate ____ Severe
- Down Syndrome
- Autism
- Visual Impairment
- Hearing Impaired
- Muscular Dystrophy
- Spina Bifida
- Asperger Syndrome
- Other condition(s) requiring special care – Specify. _____
- Food allergies – Specify food(s). _____
- Non-food allergy – Specify. _____
- Latex allergy

Does your child require any assistive devices, braces, or mobility equipment? No ___ Yes ___ If yes, what: _____

MEDICATIONS

Is your child on any medications? No ___ Yes ___ If yes, for what _____

Additional information that may be helpful to the care of your child: _____

CONCERNS

Are there any activities that are not recommended by your physician? _____

Is there anything that may cause problems in your child's behavior – Specify. _____

Signs or symptoms to watch for – Specify. _____

GENERAL CHARACTERISTICS OF BEHAVIORS (Check all that are applicable)

Does your child have a behavioral plan in place at home or in school? No ___ Yes ___ If yes, what: _____

Can we discuss this plan with school personnel? Yes ___ No ___

Does your child have any self-abusive behaviors? Yes ___ No ___ If yes, what: _____

Can your child communicate orally? Yes ___ No ___

Does your child use picture icons? Yes ___ No ___

Is your child a wanderer? Yes ___ No ___

Does your child have aggressive behavior? Yes ___ No ___

Can your child manage their frustration and anger? Yes ___ No ___

Is your child toilet trained? Yes ___ No ___ If no, does child wear a diaper? Yes ___ No ___

Does your child indicate a need to use the washroom? Yes ___ No ___

Does your child use the toilet independently? Yes ___ No ___

Can your child change clothes for swimming by themselves? Yes ___ No ___

How much prompting and assistance to participate in activities? Much ___ Some ___ None ___

Does your child understand directions (left, right, over, under)? Yes ___ No ___

Does your child understand basic number concepts? Yes ___ No ___

Can your child tell time and understand the concept of time? Yes ___ No ___

Can your child identify colors? Yes ___ No ___

Will your child indicate an activity preference? Yes ___ No ___

Will your child play/interact cooperatively with another participant? Yes ___ No ___

Will your child play/interact cooperatively with a small group of participants? Yes ___ No ___

Will your child be able to adjust to changes in routine? Yes ___ No ___

Anything else you would like to share that may benefit your child in this program:



PHYSICAL ACTIVITY INTERESTS

Activity	Interest Level			Experience Level		
	High	Low	None	Much	Some	None
Adventure Education						
Baseball/T-ball						
Basketball						
Bicycling						
Bowling						
Dance						
Fishing						
Fitness (Cardio and Strength)						
Fun Runs						
Golfing						
Gymnastics						
Hiking						
Horseback Riding						
Martial Arts						
Playground exploration						
Soccer						
Swimming						
Tennis						
Volleyball						
Walking Program						
Weight Training						
Wheelchair Sports						

Release of Liability:

I understand that parts of the Empowered to Play, LLC ~ Physical Activity Program for Children and Youth with Special Needs can be physically demanding. I affirm that my child's health is good, and that my child is under a physician's care for any undisclosed condition that bears upon my fitness or health to participate in any activities presented by the Empowered to Play, LLC ~ program for Children and Youth with Special Needs. I recognize the inherent risk of injury while participating in Empowered to Play, LLC Program for Children and Youth with Special Needs. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release the Empowered to Play, LLC ~ Physical Activity Program for Children and Youth with Special Needs staff, as well as Youth-Service Program staff, from all liability for any injury or disability that may occur while participating in the Empowered to Play, LLC ~ Physical Activity Program for Children and Youth with Special Needs activities. I also understand that with the Empowered to Play, LLC ~ Physical Activity Program for Children and Youth with Special Needs, information from programs may be released for educational purposes and demonstrations to improve program development and future replication.

Parent or guardian signature: _____

Date: _____

Photo/Media Release:

Please sign if you grant the Empowered to Play, LLC ~ Physical Activity Program for Children and Youth with Special Needs the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of yourself or child for use in materials they may create.

Parent or guardian signature: _____

Date: _____