

Educational Support with Ms. Marjorie

A Wholistic Approach to Strengthen the Foundations of Behavior and Learning



Enrollment Forms

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Enrollment Information

Thank you for taking the time to answer these questions thoughtfully. Your input is essential to helping me get to know your child. ~ Marjorie

Child's name	Child's date of birth
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Child's siblings/name(s) and ages

Parent(s)/guardian(s) name	Parent(s)/guardian(s) name
Address	Address
Phone	Phone
Email	Email

Parental Release

I, the undersigned, authorize my child named above to participate in Educational Support sessions with Marjorie Rehbach where there will be a balance of hands-on activities, exercises, and art, with appropriate touch where necessary, for helping with reflex and sensory integration. All work will proceed at your child's comfort pace. The intention is to offer gentle enhancement without forcing her/him to do anything that does not feel safe or comfortable. I agree to attending sessions with my child, doing follow-up activities at home, arriving on time, (or giving 24 hours' notice when needing to reschedule due to unforeseen circumstances). If no notice is given, there will be a full charge for the scheduled session.) Exception: When illness occurring during the school day, or an accident, prevents attendance.

Session Information and Release. The child in my care and I are participating in Educational Support sessions, with Marjorie Rehbach as facilitator. I understand that I will be present at all times during my child's Integrative Movement sessions. I understand we will be invited to do various movement activities and that we can choose to forego any activity, at any time, for any reason. I understand that we are in charge of our experience and that if anything should feel uncomfortable we will say so. I understand that

none of the movements should cause pain or injury and it is our responsibility to adapt all movements to our ability and comfort level. I understand that appropriate, light touch may be used with my child's permission and my permission, for the purpose of facilitating the activities in the session. I understand and agree that no medical diagnosis, prognosis, or treatment is expressed or implied in any session and any information given is not a substitute for diagnosis and/or treatment from a qualified healthcare professional. I agree to this statement for myself and on behalf of my child as a condition of our participation in the session with Marjorie Rehbach: Nothing in this session should be interpreted as medical advice. I will consult with our healthcare provider if I have questions about doing movement. I expressly waive and release any claim that I may have—at any time, for any injury or any infection—against Marjorie Rehbach.

Information Sharing and Information Release Form

I, the undersigned, give my permission to Marjorie Rehbach, to discuss and exchange information, and to forward any reports or evaluations regarding my child to my child's class teacher. In addition, Marjorie Rehbach might need to contact other teachers, therapists, medical professionals, etc., who have worked with your child in the past. Please list names and contact info of teachers, therapists, medical professionals, etc, and that you are granting your permission to contact.

Class Teacher:

Other Teacher(s):

Therapist(s):

Medical Professionals:

Other:

Comments regarding information sharing/information release form:

The Process

1. Fill out and return enrollment forms and payment to Marjorie.
2. Initial Meeting: Parents and Marjorie meet, discuss my approach to educational support, address questions, and explore how we can work together to support family and child.
3. Assessment Lesson: Marjorie, a parent, and the child will go through a playful movement journey to help identify what is going well for the child and what could be even better.
4. Written Report: Marjorie will translate the results of the assessment lesson into what is going well and what could be even better and suggest a plan of support.

5. Post Assessment Meeting: The written Assessment Report will be shared with parents and a plan for working together will be proposed.

6. If everyone would like to go forward, with a plan for 12 weeks of lessons and some homework, a schedule is then set up and payment would be accepted at this time or at the first lesson.

Comments:

Financial Commitment

I, the undersigned, understand that the financial commitment is as following. Please check carefully, and acknowledge and select options.

Assessment, Consultation and Final Report Fees are \$200, due with your enrollment forms.

After our post-assessment conversation, you may decide to sign up for a **series of 12 prepaid sessions** of 1 hour each, meeting 1–2 times per week. The cost is \$100 per hourly session. 12 sessions X \$100 = \$1200.

Your preferred method of payment (please specify):

- Cash
- Check
- Mobile pay (apple pay, google pay, Venmo, etc.)
- Credit/debit card

Signature(s)

Parent(s)/guardian(s): _____

Date

Parent(s)/guardian(s): _____

Date

Health History

What do you see as your child's unique strengths and gifts?

What are your main concerns about your child at this time?

What are your biggest hopes for your child?

Please describe the pregnancy. Were there any stressful situations?

Describe the labor and delivery including setting, duration, family members involved, attendants, interventions such as medication, inducers, forceps, etc., cord around neck, special joys and feelings, etc.

Health History continued

Approximate weight at birth:

Describe breastfeeding or bottle feeding and age weaned:

Describe the first few weeks of your child's life:

At what age did your child

- Belly Crawl:
- Sit:
- Hands/Knees Crawl:
- Walk:
- Was there anything unusual about the way your child did any of the above?

Did your child spend time in a walker or upright seat (not including high chair):

If your child did not crawl, how did he/she get around, pre-walking?

At what age did your child speak their first words?

At what age did your child speak in sentences?

At what age did your child first use the word "I" for himself/herself?

Was, or is, your child incontinent at night?

Did your child have any habits such as thumb/finger sucking, hair twisting, nail biting, sucking on clothes, or a pacifier? Do any of these habits continue?

Please describe any significant events during your child's first seven years of life.

Please comment on the following areas.

Ability to care for personal space and belongings:

Ability to express feelings:

Your child's likes and dislikes:

What tends to make your child stressed?

What makes your child relaxed and contented?

Does your child help out with family chores? What kinds of chores are they helping with?

On average, how much screen time does your child have (per week)?

Health History continued

Please comment on the following areas.

Breathing (stuffy nose, mouth breather, holds breath at times?) Is there any tendency towards asthma?

Sleeping:

Eating preferences in general:

Eating preferences / types of fats eaten:

Eating preferences / types of proteins eaten:

Eating preferences / types of carbohydrates eaten:

Eating preferences / types of probiotics or fermented foods eaten:

Medical/dental history

Approximate age at first tooth loss:

Number of teeth out at this time?

Has your child had ear infections?

Has your child used prescribed medications such as antibiotics?

Has your child received the routine childhood immunizations? Describe any reactions to the immunizations.

Has your child had a fever?

Any illnesses such as chicken pox?

Please describe any serious injuries, accidents or surgical operations:

What childhood bumps and falls have occurred, especially to the head (at home, playground, etc.)?

Please describe any other concerns or comments regarding your child.

Relevant information about school life

Learning style (i.e. sequential versus big picture, auditory, visual, or kinesthetic?) How does your child learn most easily?

Ability to pay attention:

Social interactions:

Organizational skills:

What does your child like most about school?

Does your child have concerns about school?

In school: What are your child's strengths? What are your child's challenges?

Sensorimotor Questionnaire

Instructions: Below are a number of common problems that children have. Please rate each item according to your child's behavior in the last month. For each item, ask yourself "How much of a problem has this been in the last month?", and circle the best answer for each one. Please respond to all the items.

If none, not at all, seldom, or very infrequently, you would circle 0.

If just a little true or only occasionally, you would circle 1.

If pretty much true, often or quite a bit, you would circle 2.

If very much true, or it occurs very often or frequently, you would circle 3.

1. Touch (Tactile)

- | | | | | |
|---|---|---|---|--|
| 0 | 1 | 2 | 3 | Overreacts to physically painful experiences. |
| 0 | 1 | 2 | 3 | Under reacts to physically painful experiences. |
| 0 | 1 | 2 | 3 | Avoids messy activities. |
| 0 | 1 | 2 | 3 | Craves messy activities. |
| 0 | 1 | 2 | 3 | Dislikes being touched, especially unexpectedly; becomes irritated when crowded and isolates self from others. |
| 0 | 1 | 2 | 3 | Craves being touched. |
| 0 | 1 | 2 | 3 | Seeks out physically aggressive contact (roughhousing, crashing into walls or people). |
| 0 | 1 | 2 | 3 | Is excessively ticklish. |
| 0 | 1 | 2 | 3 | Avoids using hands for prolonged periods of time or for examining objects thoroughly. |

2. Balance and Movement (Vestibular/Proprioceptive)

- | | | | | |
|---|---|---|---|---|
| 0 | 1 | 2 | 3 | Has poor balance. |
| 0 | 1 | 2 | 3 | Has difficulty going up and down stairs or hills. |
| 0 | 1 | 2 | 3 | Often rocks in chair or assumes an upside-down position. |
| 0 | 1 | 2 | 3 | Often props head in hands while reading or writing. |
| 0 | 1 | 2 | 3 | Seems fearful in space (e.g., swing, seesaw, heights). |
| 0 | 1 | 2 | 3 | Is afraid of, or avoids, vigorous, fast-moving activities at the playground (bouncing, swinging, balancing, or spinning). |
| 0 | 1 | 2 | 3 | Seems sensitive to movement, getting dizzy or seasick. |
| 0 | 1 | 2 | 3 | Prefers fast-moving or spinning activities, perhaps not getting dizzy or seeming less sensitive than most children to the effect. |

3. Coordination

- | | | | | |
|---|---|---|---|--|
| 0 | 1 | 2 | 3 | Has difficulty with manual skills (scissors, crayons, pencils, and buttons) and/or with handwriting. |
|---|---|---|---|--|

- 0 1 2 3 Seems clumsy and accident-prone, frequently falling and tripping, perhaps not catching self easily.
- 0 1 2 3 Has difficulty learning new movement activities and/or dislikes trying them.
- 0 1 2 3 Was slow to show a clear hand preference or is not yet clearly right- or left-handed.
- 0 1 2 3 Must be reminded to hold paper when writing.
- 0 1 2 3 Uses extraneous movements during physical activity (e.g. sticking out tongue, moves jaw, clenches fists).

4. Muscle Tone

- 0 1 2 3 Appears stiff and rigid.
- 0 1 2 3 Appears loose and floppy.
- 0 1 2 3 Has poor standing and/or sitting posture.
- 0 1 2 3 Grasps objects too tightly.
- 0 1 2 3 Grasps objects too loosely.
- 0 1 2 3 Tires easily.

5. Hearing (Auditory)

- 0 1 2 3 Is frightened or irritated by loud noises.
- 0 1 2 3 Is very sensitive to background sounds.
- 0 1 2 3 Has difficulty paying attention amid surrounding noise.
- 0 1 2 3 Often shouts or speaks in a loud voice.
- 0 1 2 3 Frequently makes repetitive noises or sounds.
- 0 1 2 3 Fails to follow through on verbal requests.
- 0 1 2 3 Needs directions repeated.
- 0 1 2 3 Confuses spoken words (e.g. bear/hair).
- 0 1 2 3 Misses some sounds.

6. Sight (Visual)

- 0 1 2 3 Appears sensitive to light, preferring dark or dim lighting.
- 0 1 2 3 Has difficulty discriminating shapes or colors.
- 0 1 2 3 Has difficulty keeping eyes on objects.
- 0 1 2 3 Cannot follow a moving object or line of print smoothly with eyes; loses place.
- 0 1 2 3 Often squints, rubs eyes, gets headaches or watery eyes after reading.

- 0 1 2 3 Becomes excited with a lot of visual stimuli.
- 0 1 2 3 Resists having vision blocked.
- 0 1 2 3 Reverses or confuses numbers, letters, and whole words.
- 0 1 2 3 Has difficulty with written instruction.
- 0 1 2 3 Has difficulty copying from blackboard or books.

7. Smell

- 0 1 2 3 Is overly sensitive to certain smells.
- 0 1 2 3 Ignores noxious odors.
- 0 1 2 3 Has difficulty discriminating odors.

8. Attention and Behavior

- 0 1 2 3 Is restless or fidgety.
- 0 1 2 3 Is impulsive, often jumping up before instructions are given.
- 0 1 2 3 Has difficulty organizing or structuring activities.

(Sensorimotor questionnaire compiled by Lynn A. Balzer-Martin, PhD, OTR)

Reflexes Questionnaire please check all that apply

Instructions: Below are a number of common problems that children have which can suggest which reflexes need to be integrated for enhanced ease of behavior and learning. Please rate each item according to your child's behavior in the last month. For each item, ask yourself "How much of a problem has this been in the last month?", and circle the best answer for each one. Please respond to all the items.

If none, not at all, seldom, or very infrequently, you would circle 0.

If just a little true or only occasionally, you would circle 1.

If pretty much true, often or quite a bit, you would circle 2.

If very much true, or it occurs very often or frequently, you would circle 3.

1. Fear Paralysis Reflex

- | | | | | |
|---|---|---|---|---|
| 0 | 1 | 2 | 3 | Shallow, difficult breathing |
| 0 | 1 | 2 | 3 | Underlying anxiety |
| 0 | 1 | 2 | 3 | When triggered, loss of focus and visual control |
| 0 | 1 | 2 | 3 | Insecure, low self-esteem |
| 0 | 1 | 2 | 3 | Depression, isolation, withdrawal |
| 0 | 1 | 2 | 3 | Constant feelings of overwhelm |
| 0 | 1 | 2 | 3 | Challenges with transitions |
| 0 | 1 | 2 | 3 | Extreme shyness, fear in groups |
| 0 | 1 | 2 | 3 | Excessive fear of embarrassment, extreme self-consciousness |
| 0 | 1 | 2 | 3 | Fear of separation from loved one, clinging |
| 0 | 1 | 2 | 3 | Sleep and eating disorders |
| 0 | 1 | 2 | 3 | Feeling stuck |
| 0 | 1 | 2 | 3 | Selective mutism |
| 0 | 1 | 2 | 3 | Low tolerance to stress |
| 0 | 1 | 2 | 3 | Withdrawal from touch |
| 0 | 1 | 2 | 3 | Aggressive or controlling behavior, craves attention |
| 0 | 1 | 2 | 3 | Extreme fear of failure, perfectionism, frustration |
| 0 | 1 | 2 | 3 | Phobias |
| 0 | 1 | 2 | 3 | Obsessive-compulsive disorder |
| 0 | 1 | 2 | 3 | Expressive verbal language disorders |
| 0 | 1 | 2 | 3 | Shows signs of freezing when in stressful situations |
| 0 | 1 | 2 | 3 | Avoids social situations |
| 0 | 1 | 2 | 3 | Trouble with eye contact |

0 1 2 3 Sensitive to touch, sound, light, smell, taste

2. Moro Reflex

0 1 2 3 Easily distracted

0 1 2 3 Hypersensitive to sensory stimuli like light, sound, touch, movement, and smell

0 1 2 3 Over sensitive to motion causing car sickness

0 1 2 3 Overreacts

0 1 2 3 Impulsive and aggressive

0 1 2 3 Emotional immaturity

0 1 2 3 Withdrawn

0 1 2 3 ADD or ADHD

0 1 2 3 Autism spectrum

0 1 2 3 Asperger's

0 1 2 3 Difficulty making friends

0 1 2 3 Depression

0 1 2 3 Anger or emotional outbursts

0 1 2 3 Poor balance and coordination

0 1 2 3 Poor digestion and food sensitivities/hypoglycemia

0 1 2 3 Health issues such as allergies, asthma, adrenal fatigue, infections, weak immune system

0 1 2 3 Sensitive to fluorescent lights

0 1 2 3 Difficulty catching ball

0 1 2 3 Difficulty with language processing

0 1 2 3 Sleep disturbances, settling down to sleep

0 1 2 3 Shyness

0 1 2 3 Poor stamina

0 1 2 3 Vision, reading, writing challenges

0 1 2 3 Difficulty adapting to change

0 1 2 3 Hypo-activity alternating with hyperactivity

3. Palmar Reflex

0 1 2 3 Poor handwriting

0 1 2 3 Poor pencil grip

0	1	2	3	Poor fine muscle control
0	1	2	3	Poor dexterity
0	1	2	3	Poor fine motor skills
0	1	2	3	Poor vision coordination
0	1	2	3	Slumped posture when using hands
0	1	2	3	Backaches when sitting
0	1	2	3	Sticks tongue out when using hands
0	1	2	3	Poor ability to put thoughts to paper
0	1	2	3	Dysgraphia
0	1	2	3	Speech and language problems/stuttering
0	1	2	3	Anger control issues
0	1	2	3	Nail biting
0	1	2	3	Tension in hands, wrists, arms shoulders
0	1	2	3	Tightly clenched fists
0	1	2	3	Compulsive chewing
0	1	2	3	Drooling
0	1	2	3	Addictions

4. Asymmetrical Tonic Neck Reflex (ATNR)

0	1	2	3	Hand-eye coordination problems
0	1	2	3	Awkward walk or gait (slow, ambling)
0	1	2	3	Difficulties in school
0	1	2	3	Immature handwriting
0	1	2	3	Difficulties in sports
0	1	2	3	Math and reading issues
0	1	2	3	Poor balance
0	1	2	3	Eye, ear, foot, and hand dominance will not be on the same side
0	1	2	3	Poor depth perception
0	1	2	3	Shoulder, neck, and hip problems
0	1	2	3	Tension down the neck, back, and hips
0	1	2	3	Difficulties with things that require crossing over the midline of the body
0	1	2	3	Difficulties with visual tasks — teaming/tracking

0	1	2	3	Poor/tense pencil grip
0	1	2	3	Difficulties with written expression
0	1	2	3	Poor bilateral integration
0	1	2	3	Messy eater

5. Landau Reflex

0	1	2	3	Low muscle tone/weak core
0	1	2	3	Poor posture
0	1	2	3	Poor motor development
0	1	2	3	Short term memory difficulty
0	1	2	3	Tension in the back of the legs, walks on toes
0	1	2	3	Lack of stimulation in the pre-frontal cortex causing attention, organization and concentration problems
0	1	2	3	Weak upper body
0	1	2	3	Difficulty swimming the breast stroke
0	1	2	3	Struggles to do summersaults/knees buckle when head turns under
0	1	2	3	May prevent the Spinal Galant Reflex from integrating
0	1	2	3	Difficulty coordinating body movements that use the upper and lower part of the body together
0	1	2	3	Low muscle tone in the neck
0	1	2	3	ADD or ADHD
0	1	2	3	Depression
0	1	2	3	Difficult to maintain upright, aligned posture
0	1	2	3	Easily frustrated
0	1	2	3	Learning challenges
0	1	2	3	Lack of balance between flexing and extending muscles
0	1	2	3	Slow processing
0	1	2	3	Sensory processing challenges
0	1	2	3	Challenges with balance
0	1	2	3	Poor visual skills
0	1	2	3	Clumsy

6. Symmetrical Tonic Neck Reflex (STNR)

0	1	2	3	Poor posture standing
0	1	2	3	Sits with a <i>slumpy</i> posture
0	1	2	3	Low muscle tone
0	1	2	3	Ape-like walk
0	1	2	3	Problems with attention especially in stressful situations
0	1	2	3	Vision accommodation and tracking problems
0	1	2	3	Difficulty learning to swim
0	1	2	3	Difficulty reading
0	1	2	3	Usually skips crawling as an infant
0	1	2	3	Sits with legs in a W position
0	1	2	3	ADD or ADHD
0	1	2	3	Hyper activity or fidgety
0	1	2	3	Poor hand eye coordination
0	1	2	3	Problems looking between near and far sighted objects, like copying from a chalkboard
0	1	2	3	Sloppy eaters
0	1	2	3	Rotates pelvis
0	1	2	3	Appears lazy, difficulties with fluid movement
0	1	2	3	Headaches from chronic muscle tension

7. Tonic Labyrinthine Reflex (TLR)

0	1	2	3	Poor balance and spatial awareness, coordination
0	1	2	3	Tense muscles down the back of the body
0	1	2	3	Toe walker
0	1	2	3	Over-flexible joints and weak muscles
0	1	2	3	Difficulty holding still and concentrating
0	1	2	3	Poor posture and weak neck
0	1	2	3	Difficulty paying attention, especially when the head is down (especially with reading, math)
0	1	2	3	Poor sense of rhythm
0	1	2	3	Gets motion sickness easily
0	1	2	3	Speech problems due to forward tongue
0	1	2	3	Spatial issues

0	1	2	3	Bumps into things and people more than normal
0	1	2	3	Tends to cross eyes
0	1	2	3	Difficulty climbing up things/walking up/downstairs
0	1	2	3	Causes inefficient stimulation to the pre-frontal cortex
0	1	2	3	Usually active in kids with ADD and ADHD
0	1	2	3	Holds head forward or to the side
0	1	2	3	Problems with balance when looking up or down
0	1	2	3	Difficulties following directions or movement instructions
0	1	2	3	Difficulty riding a bike
0	1	2	3	Fatigues easily
0	1	2	3	Hypo/hyper muscles
0	1	2	3	Difficulties judging speed, depth, space
0	1	2	3	Fear of heights
0	1	2	3	Sitting in "W" position
0	1	2	3	Vision, speech and auditory difficulties
0	1	2	3	Stiff, jerky movement

8. Rooting Reflex

0	1	2	3	Tongue lies too far forward
0	1	2	3	Hypersensitive around the mouth
0	1	2	3	Difficulty with textures and solid foods
0	1	2	3	Thumb sucking
0	1	2	3	Speech and articulation problems
0	1	2	3	Difficulty swallowing and chewing
0	1	2	3	Dribbling
0	1	2	3	Hormone imbalance
0	1	2	3	Thyroid problems and autoimmune tendency
0	1	2	3	Dexterity problems when talking
0	1	2	3	Overeats
0	1	2	3	Picky eater. Rigid about food choices
0	1	2	3	Emotional challenges
0	1	2	3	Addictive behaviors

9. Spinal Galant Reflex

0	1	2	3	Hyperactivity and restlessness, especially if clothes or chair brush their back
0	1	2	3	If active down only one side of the body, can cause scoliosis, rotates the pelvis, and lower back pain
0	1	2	3	Poor concentration
0	1	2	3	Attention problems/hearing difficulties
0	1	2	3	Bedwetting long after potty training
0	1	2	3	Short-term memory issues
0	1	2	3	Fidgeting and wiggly, "ants in the pants"
0	1	2	3	Posture problems
0	1	2	3	Hip rotation on one side/scoliosis
0	1	2	3	Low endurance
0	1	2	3	Chronic digestion problems
0	1	2	3	Tension in the legs
0	1	2	3	Lower body clumsiness/tripping often

Thank you for your help! I look forward to working with you!

Yours,

Marjorie