



ANNEXURE A
PROGRAMME RESOURCES

PROGRAMME NUMBER 1	MAIN FOCUS OF PROGRAMME	LAYOUT	REQUIRED EQUIPMENT
<p>NAME: <i>THE ACCELERATE PROGRAMMEMES BOOK TWO: MOVEMENT SKILLS PROGRAMMEME</i></p> <p>AUTHORS: Rita Edwards</p> <p>YEAR: 1987</p> <p>PUBLISHER: Educational Workshop</p>	<p>This programme provides daily activities to develop balance and posture, gross and fine motor co-ordination, and bilateral integration.</p> <p>DURATION OF PROGRAMME: Activities daily for 5 days covering a period of 6 weeks</p>	<p>Two to three activities are given daily in the following categories.</p> <p>WEEK 1: Balance and Posture</p> <p>WEEK 2: Building large muscles</p> <p>WEEK 3: Using the two sides of the body in movement</p> <p>WEEK 4: Eye-foot and eye-hand-foot coordination</p> <p>WEEK 5: Eye-hand coordination and small muscle builders</p> <p>WEEK 6: Additional games</p>	<p>Corrugated cardboard Soccer ball Dowel stick Old blanket Rope Carpet cut-offs Tin-can stilts Mealie-meal sacks Beanbags Hula hoops Wooden ladder Balloons Beach ball Old car tyres Clothes pegs Clay Sting and nails Beads and paper</p>
PROGRAMME NUMBER 2	MAIN FOCUS OF PROGRAMME	LAYOUT	REQUIRED EQUIPMENT
<p>NAME: <i>DAILY SENSORIMOTOR TRAINING ACTIVITIES</i></p> <p>AUTHORS: William T. Braley Geraldine Konicki Catherine Leedy</p>	<p>This programme gives daily classroom activities aimed at developing sensory acuity and motor skills. This programme is preventative in nature, designed to help pre-school children overcome deficits that might have developed in</p>	<p>Two to three activities are given daily in the following categories.</p> <p>WEEK 1 to 3: Body Image</p> <p>WEEK 4 to 5: Space and Direction</p> <p>WEEK 6 to 8:</p>	<p>Paper and crayons Chalkboard Walking board Balance board Ladder Twist board Clothes pins Small bells Masking tape</p>



<p>YEAR: June 1968</p> <p>PUBLISHER: Educational Activities Inc</p>	<p>the sensorimotor areas.</p> <p>DURATION OF PROGRAMME: Activities daily for 5 days covering a period of 34 weeks</p>	<p>Balance</p> <p>WEEK 9 to 11: Basic Body Movement</p> <p>WEEK 12 to 14: Hearing Discrimination</p> <p>WEEK 15 to 17: Symmetrical Activities</p> <p>WEEK 18 to 20: Eye-Hand Coordination</p> <p>WEEK 21 to 23: Eye-Foot Coordination</p> <p>WEEK 24 to 25: Form Perception</p> <p>WEEK 26 to 27: Rhythm</p> <p>WEEK 28 to 30: Large Muscle Activity</p> <p>WEEK 31 to 34: Fine Muscle Development</p>	<p>Rope</p> <p>Geometric templates</p> <p>Bean bags</p> <p>Playground ball</p> <p>Ping pong ball</p> <p>Rubber ball</p> <p>Mats</p> <p>Blocks</p> <p>Whiffle ball</p> <p>Balloons</p> <p>Magnets</p> <p>Peg board</p>
<p>PROGRAMME NUMBER 3</p>	<p>MAIN FOCUS OF PROGRAMME</p>	<p>LAYOUT</p>	<p>REQUIRED EQUIPMENT</p>
<p>NAME: SENSORY MOTOR HANDBOOK A Guide For Implementing and Modifying Activities in the Classroom</p> <p>AUTHORS: Julie Bissell Carol Owens</p>	<p>This programme is a framework from which teachers can observe, modify and implement motor-related activities in the classroom. This programme aims to help the teacher to identify the “just right” activity – the one that really works – to meet the varied needs of children with</p>	<p>Each activity is systematically explained under the headings: equipment, activity and teacher observations. Activities are grouped under the following categories.</p> <ul style="list-style-type: none"> ▪ Ball and Balloon Games (12) ▪ Bean Bag Games (13) 	<p>Ball</p> <p>Balloon</p> <p>Bean bags</p> <p>Easily made equipment such as:</p> <p>Beach bottle scoop</p> <p>Two-handed bottle bat</p> <p>Lummi sticks</p> <p>Weighted plastic pop bottles</p> <p>Streamers</p>

<p>Patricia Polcyn</p> <p>YEAR: 1988</p> <p>PUBLISHER: Sensory Integration International</p>	<p>developmental delays, sensory processing problems, or poor motor coordination.</p> <p>DURATION OF PROGRAMME: 95 Activities</p>	<ul style="list-style-type: none"> ▪ Games with Easily Made Equipment (20) ▪ Games Without Equipment (21) ▪ Jump Rope Games (16) ▪ Tool Activities (13) 	<p>Whiffle ball catcher Rope Baking, sewing and craft tools</p>
PROGRAMME NUMBER 4	MAIN FOCUS OF PROGRAMME	LAYOUT	REQUIRED EQUIPMENT
<p>NAME: <i>BRIDGING WITH A SMILE</i></p> <p>AUTHORS: Doreen Maree Margot Ford</p> <p>YEAR: 1996</p> <p>PUBLISHER: Smile Education Systems (Pty) Ltd.</p>	<p>This bridging programme aims at stimulating the preschool learner on an emotional, physical, social, creative, intellectual and cognitive level. Instructions and ideas for gross motor activities are given but not specifically structured.</p> <p>DURATION OF PROGRAMME: Daily stimulation programme of which 30 minutes are proposed for gross motor activities.</p>	<p>95 pages of instructions divided into four columns.</p> <p>Column 1: Most important skills / concepts addressed in each lesson are under these categories.</p> <ul style="list-style-type: none"> ▪ Body Image ▪ Sensory Awareness ▪ Emotional Awareness ▪ Visual Discrimination ▪ Figure ground ▪ Form concepts ▪ Spatial Orientation ▪ Directionality ▪ Visual-Motor Coordination ▪ Part / Whole Relations ▪ Sequencing ▪ Opposites ▪ Categorizing ▪ Number concept ▪ Life skills ▪ Story telling <p>Column 2: Introduction activities and</p>	<p>None specifically required.</p>



		<p>perceptual activities listed that correlate with the lesson of the day.</p> <p>Column 3: Workbook activities are listed that correlate with the lesson of the day.</p> <p>Column 4: Enriching activities correlating with theme and workbook activities</p>	
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ANNEXURE B
GRADE R PROGRAMME QUESTIONNAIRE



GRAAD R PROGRAM VRAELYS

ONTWIKKELINGSMYLPALE	JA	NEE	KOMMENTAAR
Is die ouderdomsgroepe geskik vir graad R?			
Word die ontwikkelingsmylpale eenvoudig uiteengesit?			
Is dit maklik bruikbaar?			
Is dit effektief in terme van tydsduur tydens evaluasie?			
Word meer inligting benodig op vorm?			
Evaluasies vind tans 3 keer per jaar plaas – Januarie, Julie en November. Is dit voldoende?			
Word waardevolle inligting omtrent die kind se vlak van funksionering bekom deur die gebruik van vorms?			
Kan jy as juffrou deur die vorm 'n kind se groot motoriese probleme identifiseer?			
Is dit 'n goeie instrument om kinders toepaslik te verwys na professionele persone?			
Is dit moontlik om vas te stel deur die vorms of 'n kind oor die jaar gevorder het?			
Enige verdere kommentaar, opinies, voorstelle of vrae:			

SAMESTELLING VAN PROGRAM	JA	NEE	KOMMENTAAR
Die program bestaan daagliks uit 'n opwarming, twee aktiwiteite en 'n afkoel gedeelte. Is 45 minute voldoende om program uit te voer?			
Is 10 minute vir opwarming geskik?			
Is 30 minute vir aktiwiteite voldoende?			
Is 5 minute vir afkoel voldoende?			
Die eerste helfte van program het geloop oor 10 weke waarna die 10 weke herhaal is tot op week 20. Het dit glad verloop?			
Die tweede helfte van program het bestaan uit 3 weke van aktiwiteite waarna sommige van die aktiwiteite herhaal is in die 4de week. Het dit glad verloop?			
Watter uitleg voel jy werk beter tussen 10 week herhaling of 3 week met sommige herhaling?			
Dink jy dat daar meer herhaling van vaardighede in program moet voorkom as bogenoemde? Indien ja, hoe gereeld sal jy voorstel?			
Enige verdere kommentaar, opinies, voorstelle of vrae:			
OPWARMING	JA	NEE	KOMMENTAAR
In die eerste deel van program word die dissosiasie oefening gebruik vir opwarming. Is die opwarmingsaktiwiteite geskik vir die ouderdomsgroep?			
Het kinders die take maklik uitgevoer?			



Die tweede gedeelte fokus op bilaterale integrasie aktiwiteite. Is die opwarmingsaktiwiteite geskik vir die ouderdomsgroep?			
Het kinders die take maklik uitgevoer?			
Is aktiwiteite maklik leesbaar uiteengesit?			
Enige verdere kommentaar, opinies, voorstelle of vrae:			

AKTIWITEITE	JA	NEE	KOMMENTAAR
Het kinders die aktiwiteite geniet?			
Het kinders maklik deelgeneem?			
Het kinders die aktiwiteite as "speel" ervaar?			
Was daar enige aktiwiteite wat kinders geweier het om uit te voer?			
Aktiwiteite fokus op 'n verskeidenheid van balans, bewegingsvaardighede, balvaardighede en sensoriese take. Slaag die spesifieke aktiwiteite oor die algemeen om diè doel aan te spreek?			
Is aktiwiteite maklik leesbaar uiteengesit?			
Is aanpassings geskik in die skoolsituasie?			
Is waarnemings maklik waarneembaar? Of word meer detail benodig?			
Is aktiwiteite geskik om binne 'n groepsituasie uit te voer? Indien daar spesifieke aktiwiteite was wat moeilik binne groep was, noem.			
Is daar spesifieke aktiwiteite wat kinders te moeilik gevind het? Noem die weeknommer.			
Is daar spesifieke aktiwiteite wat kinders te maklik gevind het? Noem met weeknommer.			
Is die tabel, wat die primêre komponente wat aangespreek word toon, van enige nut?			
Enige verdere kommentaar, opinies, voorstelle of vrae:			

AFKOEL	JA	NEE	KOMMENTAAR
In die eerste deel van program word diereloop, dramatisering, ontspanningsakt'e en handeklap patrone gebruik vir afkoeling. Is die afkoelaktiwiteite geskik vir die ouderdomsgroep?			
Die tweede helfde van program gebruik bilaterale integrasie en sensorises vir afkoeling. Is die afkoelaktiwiteite geskik vir die ouderdomsgroep?			
Is die take maklik leesbaar en eenvoudig uiteengesit?			
Sommige afkoeltake word herhaal in program. Het kinders dit nog steeds gewillig uitgevoer?			
Enige verdere kommentaar, opinies, voorstelle of vrae:			



TOERUSTING	JA	NEE	KOMMENTAAR
Die toerusting wat benodig word in program – is dit maklik verkrygbaar?			
Is toerusting bekostigbaar?			
Moet toerusting meer algemeen in program gebruik word?			
Is daar spesifieke toerusting of apparate wat jy graag meer gereeld wil gebruik?			
Word 'n wye verskeidenheid apparate gebruik om program interessant en vol pret te hou?			
Enige verdere kommentaar, opinies, voorstelle of vrae:			

PERSOONLIK	JA	NEE	KOMMENTAAR
Het jy dit geniet om die program uit te voer?			
Was die program maklik om te volg?			
Dink jy die program het waardevolle insette in die kinders se ontwikkeling gelever?			
Is daar spesifieke vaardighede wat meer deur aktiwiteite aangespreek moet word? Noem:			
Is die terme in die program maklik verstaanbaar?			
Sal jy gewilliglik die program weer wil uitvoer in jou klassituasie?			
Voel jy dat jy meer opleiding benodig om program korrek uit te voer?			
Enige verdere kommentaar, opinies, voorstelle of vrae:			

ANNEXURE C

EXAMPLE OF THE SEMOSTI PROGRAMME

WEEK 18

DAG 1

OPWEK

Vinnige beweging: Praat vinnig en kragtig en voer uit op harde musiek met 'n vinnige tempo.

Skoenlapper: Spring op en af met beide voete terwyl jy gelyktydig jou arms ook op en af saam met jou voete beweeg (soos sterspronge maar in een beweging). Speel lekker musiek terwyl die skoelappers om mekaar dans.

NET-REG UITDAGINGS

1. Eend, Eend, Gans
2. Touspring

ONTSPAN

Massering: Gebruik 'n sagte stem en praat en beweeg stadiger. Voer uit op kalmerende agtergrondmusiek, soos klassieke musiek, oseaan- of natuurklanke, diep lae gedreun of wit geraas.

Agter punte – twee punte, links en regs waar die nek die skedel ontmoet. Masseer beide punte gelyktydig totdat dit nie meer seer is nie. Hierdie punte is gewoonlik gevoelig as jy 'n hoofpyn het.

Voor punte – twee punte, links en regs onder jou sleutelbene. Dis halfpad tussen jou skouer en jou nek in die natuurlike sleutelbeen holte.

Been punte – twee punte, aan die buitekante van elke bobene. As jy regop staan met jou arms reguit langs jou sye, is dit die laagste en mees gevoelige area op jou bobene.



ANNEXURE D
EXAMPLE OF A JUST-RIGHT CHALLENGE



TOUSPRING

Toerusting Een springtou per kind
(die lengte van die tou moet kind pas van armholte tot armholte)

Aktiwiteit Elke kind hou die tou se punte in elke hand vas. Maak seker die tou se lengte is reg vir die kind. Oortollige tou kan om die hand gedraai word. Die tou moet die grond agter die voete raak.

Laat kinders die tou oor hul kop swaai deur hul arms omtrent heup-hoogte uit te hou na die kante. Begin deur kinders die tou oor hul koppe te laat swaai tot teen hul voete en dan daaroor te trap. Oefen en laat kinders vorder totdat hul oor tou kan spring sonder om te stop.

Aanpassings

- ✓ Kyk vir 'n geneigtheid van sommige kinders om hul hande na die middellyn van hul lyf te bring nadat hul die tou geswaai het. Dit kan veroorsaak dat kinders oor die tou struikel.
Gee kinders wenke om hul knieë te buig en te spring as hul hoor dat die tou teen die grond klap.
- ✓ Moedig kinders aan om 'n voorbereidende sprongetjie te gee terwyl die tou oor hul kop gaan.
- ✓ Probeer spring met twee voete saam of alterneer van een voet na 'n ander voet.

Waarnemings

- Kan die kind beide hande koördineer om die tou oor sy kop te swaai?
- Kan die kind die boonste en onderste helfte van sy lyf saam koördineer om te spring?
- Kan die kind die sprong se tyd akkuraat bereken?



ANNEXURE E

TABLE OF PRIMARY SENSORY AND MOTOR COMPONENTS

AKTIWITEITE WEEK 1

PRIMêRE SENSORIESE EN MOTORIESE KOMPONENTE
AANGESPREEK IN ELKE AKTIWITEIT

	ODITIEWE PROSESSERING	LIGGAAMSBEWUSTHEID	INTEGRASIE VAN TWEË KANTE VAN LIGGAAM	MOTORIESE BEPLANNING	OOGBEWEGINGS	BEWUSTHEID VAN TAS	BEWUSTHEID VAN BEWEGING	VISUEEL-RUIMTELIKE PERSEPSIE	GEBRUIK VAN APPARATE
Simon sê	X	X		X					-
Ballon vlugbal			X	X	X				Ballon
Vliegtuigie		X	X	X					-
Drom Bal				X	X			X	Bal
Knieë Sokker			X	X	X			X	Sokkerbal
Balspel	X	X	X						Bal
Rolbal	X	X	X						Bal
Standbeeldjie	X		X						-
Sirkel Aflos				X				X	-
Kruiwaloop			X	X			X		-



ANNEXURE F

EXAMPLE OF EVALUATION OF MILESTONES



**TIPIESE ONTWIKKELINGSMYLPALE
DIE 5-JAAR-EN-6-MAANDE-OUE KIND**

Kind se naam: _____ Datum van evaluasie: _____ jaar maand dag

Geboortedatum van kind: _____ jaar maand dag

Kronologiese ouderdom: _____ jaar maand

BEWUSTHEID VAN BEWEGING		
Sensitief	Tipies	Soekend
BEWUSTHEID VAN TAS		
Hipersensitief	Tipies	Hiposensitief
OUDITIEWE PROESSERING		JA
Hy kan iets herhaal wat iemand vir hom vertel het.		
Hy gebruik 5 tot 6 woord sinne		
GROF MOTORIESE VAARDIGHEDE		JA
A. Balans		
Hy kan op een been staan vir 12 sekondes met oop oë. Hy gebruik sy arms om hom te help om sy balans te hou.		
Hy kan sywaarts oor die balansbalk loop sonder om sy balans te verloor.		
Hy kan op sy tone staan vir 10 tot 15 sekondes.		
Hy kan hak-toon agteruit loop vir 1 m.		
B. Bewegingsvaardighede		
Hy kan 5 m in 6 sekondes eenbeentjie spring sonder dat ander voet aan die grond raak.		
Hy kan op- en afspring met twee voete saam.		
Hy spring met 'n breë basis, omtrent 75 cm vorentoe met twee voete saam.		
Hy kan huppel en van rigting verander sonder om sy ritme te verloor.		
C. Balvaardighede		
Hy kan 'n bal gooi met skouer rotasie en gewigverplasing na dieselfde kant se voet as die arm waarmee hy gooi.		
Hy kan 'n aankomende bal vang, met twee hande, 4 uit 10 keer.		— 10
Hy vang 'n bal slegs met twee hande (nie meer teen die borskas nie).		— 10
Hy kan 'n groot bal op die vloer bons met een hand tot 8 kere.		— 8
Hy kan 'n tennisbal tot 4 keer bons en vang met twee hande saam.		— 4
LIGGAAMSBEWUSTHEID		
Hy begin nou basiese en kleiner liggaamsdele benoem wat jy uitwys soos elmboë, skouers, vingers ens.		
Hy ken al die funksies van basiese liggaamsdele, „Ek ruik met my neusie“.		
Man-tekening: Hy teken al die basiese liggaamsdele en begin klere teken.		

- Ontwikkelingsmylpale bereik
- 2 of minder areas se mylpale nog nie bereik nie
- 2+ areas se mylpale nog nie bereik

Merk plan van aksie:



- Gaan voort met programme
- Gee meer aandag aan areas
- Verwys kind vir nodige hulp



ANNEXURE G

REVIEW OF FOUR TESTS OF MOTOR COORDINATION



Test		Age group	Subtest	Reliability and Validity
BOTMP		4:5-14:5	<ul style="list-style-type: none"> • Running Speed and Agility • Balance • Bilateral Coordination • Strength • Upper Limb Coordination • Response Speed • Visual Motor Control • Upper Limb Strength and Dexterity 	Some concerns regarding validity and reliability and clinical utility of some of the test items.
				General Remarks
				Well-established motor measure. Extensively used in physical education.
MABC	Performance Test	4:0-12:0	<ul style="list-style-type: none"> • Manual Dexterity • Ball skills • Static & Dynamic Balance 	The review revealed no additional studies on reliability and validity since its publication (1992). The reliability of the revised scores has not been well-evaluated.
				General Remarks
				Well-organised.
	Checklist		<ul style="list-style-type: none"> • Four Motor Sections • A Behaviour Section 	The validity of the Checklist as a discrimination tool is questioned.

PDMS	Birth-6:11	<ul style="list-style-type: none"> • Fine Motor section • Gross Motor section: -Reflexes -Balance -Non-locomotor -Locomotor -Receipt & Propulsion 	The Receipt & Propulsion as well as the Non-locomotor skill categories do not demonstrate good reliability.
			General Remarks
			The gross motor scale can be used as a global measure of change in motor development.
TGMD	3:0-10:0	<ul style="list-style-type: none"> • Locomotion -Run, gallop, hop, leap, Horizontal jump, skip and slide abilities. • Object Control -Two-handed strike, stationary bounce, catch, kick, and overhand throw. 	Validity is reported.
			General Remarks
			Provides limited information for younger children.



ANNEXURE H

**INFORMED CONSENT FORMS:
SCHOOLS**

INFORMATION LEAFLET AND INFORMED CONSENT FOR NON-CLINICAL RESEARCH

TITLE OF STUDY:

THE IMPACT OF THE SEMOSTI PROGRAMME
ON THE GROSS MOTOR PROFICIENCY OF FOUR-TO-SIX-YEAR-OLD CHILDREN

Dear Governing Body and Principal of Laerskool Helderkrui

1) INTRODUCTION

I invite your school to participate in a research study. This information leaflet will help you to decide if you want your school to participate. Before you agree to take part, you should fully understand what is involved. If you have any questions that this leaflet does not fully explain, please do not hesitate to ask the investigator.

2) THE NATURE AND PURPOSE OF THIS STUDY

The investigator, who is also a qualified occupational therapist, has developed a sensory-motor stimulation programme. This programme is based on the GRADE R Programme that has been implemented at Laerskool Helderkrui since 2006. The aim of this study is to determine the effectiveness of the sensory-motor stimulation programme to improve the quality of the gross motor skills of grade R learners. Laerskool Helderkrui's grade R learners are needed as a source of information, to help to determine the effectiveness of this programme. It is proposed that Laerskool Helderkrui's grade R learners act as the experimental group against which the development of the learners of Laerskool Roodekrans will be measured.

3) EXPLANATION OF PROCEDURES TO BE FOLLOWED AT LAERSKOO HELDERKRUI

The study involves the following steps:

- The Grade R teachers have to implement the sensory-motor stimulation programme, named SEMOSTI Programme, on a daily basis, five days a week throughout the school year of 2008.
- In January 2008, I will select 50 learners from the three grade R classes. These 50 learners will be evaluated to collect data.

- The data include 1) measuring the learner's weight and height and 2) assessing their gross motor proficiency using the Bruininks-Oseretsky Test of Motor Proficiency.
- The measurements will be conducted during school hours and in the afternoon at the school. The assessment of each child will take approximately 45 minutes and I hope to complete the assessments at Laerskool Helderkrui in the span of one week.
- I will ask the parents of these learners to complete three sets of questionnaires during the year. The one questionnaire is to collect general information, like date of birth and state of health of child and the second and third questionnaire will be to determine the level of activity of the child.
- The same evaluation procedure will be followed in October of 2008.

4) RISK AND DISCOMFORT INVOLVED

Participation of the grade R learners and grade R teachers in the study involves only minimal risk as associated with everyday life. The learners will be running, rolling, kicking or throwing. The grade R teachers will have the discomfort of implementing the SEMOSTI Programme as the manual intended over a 30-week period. This will add to their work schedules, cause them to lose time from their class schedule and require extra time to monitor the programme. They will be required to complete a feedback questionnaire at the end of the 30-week period. The evaluation process may cause discomfort to the grade R class and teacher as learners will be taken out of the classroom to be evaluated. I will require the use of space at Laerskool Helderkrui, for the evaluation, which may cause discomfort to the school.

5) POSSIBLE BENEFITS OF THIS STUDY

Laerskool Helderkrui will benefit directly from the study, because the school will gain access to and use of the SEMOSTI Programme and at the end of the study, the school will be provided with the programme. The learner's parents will receive the results from the tests via computer generated reports after the study has been concluded.

6) WHAT ARE YOUR RIGHTS AS A PARTICIPANT?

Laerskool Helderkrui, the grade R teachers and the grade R learners' participation in this study are voluntary. The school and the learners can refuse to participate or stop at any time during the study without giving any reason.

7) HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study will first receive written approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria before commencing. A copy of the approval will be available if you wish to have one, once approval is granted.

8) INFORMATION AND CONTACT PERSON

The contact persons for the study are Emily Salzwedel and Marlie Aronstam. If you have any questions about the study, please contact Emily on her home line at tel: 012 667 1641(after hours) or on her cell 072 574 6358. Marlie Aronstam can be contacted at the Occupational Therapy Department of the University of Pretoria at the following number: 012 3541320.

9) COMPENSATION

The school's participation is voluntary. No monetary contribution towards the school will be made for participating. The SEMOSTI Programme will be offered to the school, once the study has been concluded.

10) CONFIDENTIALITY

All information that is gathered from learners will be kept strictly confidential. Once I have analyzed the information, no one will be able to identify the learners. Research reports and articles in scientific journals will not include any information that may identify the school, unless specific permission is granted.

CONSENT TO PARTICIPATE IN THIS STUDY

We, as the Principal and Governing Body of Laerskool Helderkruin, confirm that the person asking our consent to take part in this study has told us about the nature, process, risks, discomforts and benefits of the study to this school. We have also received, read and understood the above written information (Information Leaflet and Informed Consent) regarding the study. We are aware that the results of the study, including personal details, will be anonymously processed into research reports. The school is participating willingly. We have had time to ask questions and have no objection to the school's participation in the study. We understand that there is no penalty should we wish to discontinue the school's participation in the study. We have received a signed copy of this informed consent agreement.

Principal's name:..... (Please print)

Principal's signature: Date.....

Chairman of Governing Body:..... (Please print)

Chairman of Governing Body:..... Date:.....

Investigator's name: Emily Salzwedel

Investigator's signature Date.....

Witness's Name (Please print)

Witness's signature Date.....

INFORMATION LEAFLET AND INFORMED CONSENT FOR NON-CLINICAL RESEARCH

TITLE OF STUDY:

THE IMPACT OF THE SEMOSTI PROGRAMME
ON THE GROSS MOTOR PROFICIENCY OF FOUR-TO-SIX-YEAR-OLD CHILDREN

Dear Governing Body and Principal of Laerskool Roodekrans

1) INTRODUCTION

I invite your school to participate in a research study. This information leaflet will help you to decide if you want your school to participate. Before you agree to take part, you should fully understand what is involved. If you have any questions that this leaflet does not fully explain, please do not hesitate to ask the investigator.

2) THE NATURE AND PURPOSE OF THIS STUDY

The investigator, who is also a qualified occupational therapist, has developed a sensory-motor stimulation programme. This programme includes general play activities such as ball skills, jumping rope, running etc. Since 2006, the first draft of the programme has been implemented in the grade R classes at Laerskool Helderkruijn. The aim of this study is to determine the effectiveness of this programme to stimulate the gross motor skills of grade R learners. Laerskool Roodekrans' grade R learners are needed as a source of information, to help to determine the effectiveness of this programme. It is proposed that Laerskool Roodekrans' grade R learners act as the control group against which the development of the learners of Laerskool Helderkruijn will be measured.

3) EXPLANATION OF PROCEDURES TO BE FOLLOWED AT LAERSKOOL ROODEKRANS

This study involves the following steps:

- In January and October of 2008, I will evaluate approximately 50 learners in grade R, to collect data.
- I will ask the parents of these learners to complete three sets of questionnaires during the year. The one questionnaire is to collect general information, like date of birth and state of health of subject and the second and third questionnaire will be to determine the level of activity of the child.

- I will measure the learner's weight, height and the gross motor proficiency using the Bruininks-Oseretsky Test of Motor proficiency twice during the year. The measurements will be conducted during school hours and in the afternoon at the school in January and October 2008.

4) RISK AND DISCOMFORT INVOLVED

Participation of the grade R learners in the study involves only minimal risk, associated with every day life, namely the child will be running, rolling, kicking or throwing. The evaluation processes, occurring twice during the year (January and October 2008), may cause discomfort to the grade R class and teacher as learners will be taken out of the classroom to be evaluated. The evaluation of one subject will take approximately 45 minutes in total. Subjects will be evaluated during school hours and in the afternoons, if possible. I will required the use of space at Laerskool Roodekrans, which may cause discomfort to the school.

5) POSSIBLE BENEFITS OF THIS STUDY

Although Laerskool Roodekrans will not benefit directly from the study, the results of the study will enable me to provide the SEMOSTI Programme to the school at the end of the study. The learner's parents will receive the results from the tests after the study has been concluded via computer generated reports. However, the results of the study will enable the school to review their physical training programmes in the future.

6) WHAT ARE YOUR RIGHTS AS A PARTICIPANT?

The grade R learners' participation in this study is entirely voluntary. The learners can refuse to participate or stop at any time during the study without giving any reason.

7) HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study will first receive written approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria before commencing. A copy of the approval will be available if you wish to have one, once approval is granted.

8) INFORMATION AND CONTACT PERSON

The contact person for the study is Emily Salzwedel and Marlie Aronstam. If you have any questions about the study please contact Emily on her home line at tell: 012 667 1641(after hours) or on her cell 072 574 6358. Marlie Aronstam can be contacted at the Occupational Therapy Department of the University of Pretoria at the following number: 012 3541320.

9) COMPENSATION

The school's participation is voluntary. No monetary contribution towards the school will be given for participating. The SEMOSTI Programme will be offered to the school, once the study has been concluded.

10) CONFIDENTIALITY

All information that is gathered from learners will be kept strictly confidential. Once I have analyzed the information no one will be able to identify the learners. Research reports and articles in scientific journals will not include any information that may identify your school.

CONSENT TO PARTICIPATE IN THIS STUDY

We, as the Principle and Governing Body of Laerskool Roodekrans, confirm that the person asking our consent to take part in this study has told us about the nature, process, risks, discomforts and benefits of the study to this school. We have also received, read and understood the above written information (Information Leaflet and Informed Consent) regarding the study. We are aware that the results of the study, including personal details, will be anonymously processed into research reports. The school is participating willingly. We have had time to ask questions and have no objection to the school's participate in the study. We understand that there is no penalty should we wish to discontinue the school's participation with the study.

We have received a signed copy of this informed consent agreement.

Principal's name (Please print)

Principal's signature: Date.....

Chairman of Governing Body:..... (Please print)

Chairman of Governing Body:..... Date:.....

Investigator's name (Please print)

Investigator's signature Date.....

Witness's Name (Please print)

Witness's signature Date.....



ANNEXURE I

INFORMED CONSENT FORM: GRADE R TEACHERS

INFORMATION LEAFLET AND INFORMED CONSENT FOR NON-CLINICAL RESEARCH

TITLE OF STUDY:

THE IMPACT OF THE SEMOSTI PROGRAMME
ON THE GROSS MOTOR PROFICIENCY OF FOUR-TO-SIX-YEAR-OLD CHILDREN

Dear Grade R teachers at Laerskool Helderkruin

1) INTRODUCTION

I invite the grade R classes of your school to participate in a research study. This information leaflet will help you to decide if you want your classes to participate. Before you agree to take part, you should fully understand what is involved. If you have any questions that this leaflet does not fully explain, please do not hesitate to ask the investigator.

2) THE NATURE AND PURPOSE OF THIS STUDY

The investigator, who is also a qualified occupational therapist, has developed a sensory-motor stimulation programme. This programme is based on the GRADE R programme that has been implemented in the grade R classes at Laerskool Helderkruin since 2006. The aim of this study is to determine the effectiveness of the sensory-motor stimulation programme, named SEMOSTI Programme, to improve the quality of the gross motor skills of grade R learners. The grade R learners in your classes are needed as a source of information, to help to determine the effectiveness of this programme. It is proposed that Laerskool Helderkruin's grade R learners act as the experimental group against which the development of the learners of Laerskool Roodekrans will be measured. The grade R teachers are required to implement the SEMOSTI Programme to the grade R learners over a 30-week period.

3) EXPLANATION OF PROCEDURES TO BE FOLLOWED AT LAERSKOOL HELDERKRUIJN

The study involves the following steps:

- You, as the grade R teachers have to implement the SEMOSTI Programme, on a daily basis, five days a week throughout the school year of 2008. You will be required to complete a feedback questionnaire regarding the SEMOSTI Programme at the end of the study.

- In January 2008, I will select 50 learners from the three Grade R classes. These 50 learners will be evaluated to collect data.
- The data include 1) measuring the learner's weight and height and 2) assessing the gross motor proficiency using the Bruininks-Oseretsky Test of Motor Proficiency.
- The measurements will be conducted during school hours and in the afternoon at the school. The assessment of each child will take approximately 45 minutes and I hope to complete the assessments at Laerskool Helderkrui in the span of one week.
- I will ask the parents of these learners to complete three sets of questionnaires during the year. The one questionnaire is to collect general information, like date of birth and state of health of child and the second and third questionnaire will be to determine the level of activity of the child.
- The same evaluation procedure will be followed in October of 2008.

4) RISK AND DISCOMFORT INVOLVED

Participation of the grade R learners and grade R teachers in the study involves only minimal risk, associated with everyday life, namely the child will be running, rolling, kicking or throwing. The grade R teachers will have the discomfort of implementing the SEMOSTI Programme as the manual intended over a 30-week period. This will add to their work schedules, cause them to lose time from their class schedule and require extra time to monitor the programme. They will be required to complete a feedback questionnaire at the end of the 30-week period. The evaluation processes may cause discomfort to you and the grade R class, as learners will be taken out of the classroom to be evaluated. I will need the use of space for the evaluations, at Laerskool Helderkrui, for the evaluation, which may cause discomfort to the school.

5) POSSIBLE BENEFITS OF THIS STUDY

Laerskool Helderkrui will benefit directly from the study, because the school will gain access to and use of the SEMOSTI Programme and at the end of the study, the school will be provided with the programme. The learner's parents will receive the results from the tests after the study has been concluded via computer generated reports.

6) WHAT ARE YOUR RIGHTS AS A PARTICIPANT?

Your and the grade R learners' participation in this study are entirely voluntary. The school, grade R teachers and the learners can refuse to participate or stop at any time during the study without giving any reason.

7) HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study will first receive written approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria before commencing. A copy of the approval will be available if you wish to have one, once approval is granted.

8) INFORMATION AND CONTACT PERSON

The contact persons for the study are Emily Salzwedel and Marlie Aronstam. If you have any questions about the study please contact Emily on her home line at tel: 012 667 1641(after hours) or on her cell 072 574 6358. Marlie Aronstam can be contacted at the Occupational Therapy Department of the University of Pretoria at the following number: 012 3541320.

9) COMPENSATION

The school's participation is voluntary. No monetary contribution towards the school will be made for participating. The SEMOSTI Programme will be offered to the school, once the study has been concluded.

10) CONFIDENTIALITY

All information that is gathered from learners will be kept strictly confidential. Once I have analyzed the information, no one will be able to identify the learners. Research reports and articles in scientific journals will not include any information that may identify the teachers.

CONSENT TO PARTICIPATE IN THIS STUDY

We, as the Grade R teachers of Laerskool Helderkruijn, confirm that the person asking our consent to take part in this study has told us about the nature, process, risks, discomforts and benefits of the study to this school. We have also received, read and understood the above written information (Information Leaflet and Informed Consent) regarding the study. We are aware that the results of the study, including personal details of learners, will be anonymously processed into research reports. The grade R teachers are participating willingly. We have had time to ask questions and have no objection to our classes participating in the study. We understand that there is no penalty should we wish to discontinue the classes' participation in the study. We have received a signed copy of this informed consent agreement.

1) Grade R teacher's name:.....(Please print)

Grade R teacher's signature: Date.....

2) Grade R teacher's name:.....(Please print)

Grade R teacher's signature: Date.....

3) Grade R teacher's name:.....(Please print)

Grade R teacher's signature: Date.....

Investigator's name: Emily Salzwedel

Investigator's signature Date.....

INFORMATION LEAFLET AND INFORMED CONSENT FOR NON-CLINICAL RESEARCH

TITLE OF STUDY:

THE IMPACT OF THE SEMOSTI PROGRAMME
ON THE GROSS MOTOR PROFICIENCY OF FOUR-TO-SIX-YEAR-OLD CHILDREN

Dear Grade R teachers at Laerskool Roodekrans

1) INTRODUCTION

I invite the grade R classes of your school to participate in a research study. This information leaflet will help you to decide if you want your classes to participate. Before you agree to take part, you should fully understand what is involved. If you have any questions that this leaflet does not fully explain, please do not hesitate to ask the investigator.

2) THE NATURE AND PURPOSE OF THIS STUDY

The investigator, who is also a qualified occupational therapist, has developed a sensory-motor stimulation programme. This programme includes general play activities such as ball skills, jumping rope, running etc. The programme is based on a Grade R programme that has been implemented at Laerskool Helderkruijn since 2006. The aim of this study is to determine the effectiveness of this programme to stimulate the gross motor skills of grade R learners. The grade R learners in your classes are needed as a source of information, to help to determine the effectiveness of this programme. It is proposed that Laerskool Roodekrans' grade R learners act as the control group against which the development of the learners of Laerskool Helderkruijn will be measured.

3) EXPLANATION OF PROCEDURES TO BE FOLLOWED AT LAERSKOOL ROODEKRANS

This study involves the following steps:

- In January 2008, I will evaluate approximately 50 learners from your grade R classes, to collect data.
- The data include 1) measuring the learner's weight and height and 2) assessing the gross motor proficiency using the Bruininks-Oseretsky Test of Motor Proficiency.

- The measurements will be conducted during school hours and in the afternoon at the school. The assessment of each child will take approximately 45 minutes and I hope to complete the assessments at Laerskool Roodekrans in the span of one week.
- I will ask the parents of these learners to complete three sets of questionnaires during the year. The one questionnaire is to collect general information, like date of birth and state of health of subject and the second and third questionnaire will be to determine the level of activity of the child.
- The same evaluation procedure will be followed in October of 2008.

4) RISK AND DISCOMFORT INVOLVED

Participation of the grade R learners in the study involves only minimal risk, associated with every day life, namely the child will be running, rolling, kicking or throwing. The evaluation processes, may cause discomfort to you and the grade R class, as learners will be taken out of the classroom to be evaluated. I will require the use of space for the evaluations, at Laerskool Roodekrans, which may cause discomfort to the school.

5) POSSIBLE BENEFITS OF THIS STUDY

Although Laerskool Roodekrans will not benefit directly from the study, the results of the study will enable me to provide the SEMOSTI Programme to the school at the end of the study. The learner's parents will receive the results from the tests after the study has been concluded via computer generated reports. However, the results of the study will enable you, as the grade R teachers to review the physical training programmes for your class in the future.

6) WHAT ARE YOUR RIGHTS AS A PARTICIPANT?

Your and the grade R learners' participation in this study are entirely voluntary. The school, grade R teachers and the learners can refuse to participate or stop at any time during the study without giving any reason.

7) HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study will first receive written approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria before commencing. A copy of the approval will be available if you wish to have one, once approval is granted.

8) INFORMATION AND CONTACT PERSON

The contact person for the study is Emily Salzwedel and Marlie Aronstam. If you have any questions about the study please contact Emily on her home line at tell: 012 667 1641(after hours) or on her cell 072 574 6358. Marlie Aronstam can be contacted at the Occupational Therapy Department of the University of Pretoria at the following number: 012 3541320.

9) COMPENSATION

The school's participation is voluntary. No monetary contribution towards the school will be given for participating. The SEMOSTI Programme will be offered to the school, once the study has been concluded.

10) CONFIDENTIALITY

All information that is gathered from learners will be kept strictly confidential. Once I have analyzed the information no one will be able to identify the learners. Research reports and articles in scientific journals will not include any information that may identify the teachers.

CONSENT TO PARTICIPATE IN THIS STUDY

We, as the Grade R teachers at Laerskool Roodekrans, confirm that the person asking our consent to take part in this study has told us about the nature, process, risks, discomforts and benefits of the study to this school. We have also received, read and understood the above written information (Information Leaflet and Informed Consent) regarding the study. We are aware that the results of the study, including personal details of learners, will be anonymously processed into research reports. The grade R teachers are participating willingly. We have had time to ask questions and have no objection to our classes' participating in the study. We understand that there is no penalty should we wish to discontinue the classes' participation with the study.

We have received a signed copy of this informed consent agreement.

1) Grade R teacher's name:.....(Please print)

Grade R teacher's signature: Date.....

2) Grade R teacher's name:.....(Please print)

Grade R teacher's signature: Date.....

3) Grade R teacher's name:.....(Please print)

Grade R teacher's signature: Date.....

4) Grade R teacher's name:.....(Please print)

Grade R teacher's signature: Date.....

Investigator's name: Emily Salzwedel..... (Please print)

Investigator's signature Date.....



ANNEXURE J

INFORMED CONSENT FORM: PARENT/CAREGIVER

INFORMATION LEAFLET AND INFORMED CONSENT FOR NON-CLINICAL RESEARCH

TITLE OF STUDY:

THE IMPACT OF THE SEMOSTI PROGRAMME

ON THE GROSS MOTOR PROFICIENCY OF FOUR-TO-SIX-YEAR-OLD CHILDREN

Dear Parent / Guardian (experimental group)

1. INTRODUCTION

I invite your child to participate in a research study. This information leaflet will help you to decide if you want your child to participate. Before you agree to let your child take part, you should fully understand what is involved. If you have any questions that this leaflet does not fully explain, please do not hesitate to ask the investigator.

2. THE NATURE AND PURPOSE OF THIS STUDY

The investigator, who is also a qualified occupational therapist, has developed a sensory-motor stimulation programme, called SEMOSTI Programme. This programme is based on the Grade R Programme that has been implemented at Laerskool Helderkruijn since 2006. The aim of this study is to determine the effectiveness of the SEMOSTI Programme to improve the quality of the gross motor skills of grade R learners. Your child is needed as a source of information, to help to determine the effectiveness of this programme. It is proposed that your child be part of the experimental group against which the gross motor development of the learners of Laerskool Roodekrans, who are not exposed to the programme, will be measured.

3. EXPLANATION OF PROCEDURES TO BE FOLLOWED

This study involves your child participating in the SEMOSTI Programme that is presented on a daily basis by the grade R teachers at Laerskool Helderkruijn. I will ask you to complete three questionnaires about your child's activity habits and general information, such as your child's date of birth and state of health, twice during the year. I will measure your child's weight, height and gross motor proficiency using subtests of the Bruininks-Oseretsky Test of Motor proficiency twice during the year. The measurements will be conducted mainly during school hours and in the afternoons, if necessary, at the school in January and October 2008.

4. RISK AND DISCOMFORT INVOLVED

Participation in the study involves only minimal risk associated with everyday life, namely the child will be running, rolling, kicking or throwing. The evaluation processes, occurring twice during the year (January and October 2008), may take some of your time to fill in the three questionnaires or to bring your child to the school during one afternoon, if necessary. The child needs to take off his / her shoes when we weigh him / her and that may provide some discomfort. Some of the questions we are going to ask you about your child's activity habits may make you feel uncomfortable, but you need not answer them if you don't want to.

5. POSSIBLE BENEFITS OF THIS STUDY

Your child will benefit directly from the study by participating in the SEMOSTI Programme. At the end of the study, we will provide you with the results of your child's participation via computer generated reports.

6. WHAT ARE YOUR RIGHTS AS A PARTICIPANT?

Your child's participation in this study is entirely voluntary. You can refuse to let your child participate or stop at any time during the year without giving any reason. The withdrawal of your child will not affect his / her access to the stimulation programme presented at the school in any way.

7. HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study has received written approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria and the Controlling Body and Principal of the school. Copies of the approval letters are available if you wish to have one.

8. INFORMATION AND CONTACT PERSON

The contact persons for the study are Emily Salzwedel and Marlie Aronstam. If you have any questions about the study, please contact Emily on her home line at tel: 012 667 1641 (after hours) or on her cell 072 574 6358. Marlie Aronstam can be contacted at the Occupational Therapy Department of the University of Pretoria at the following number: 012 3541320.

9. COMPENSATION

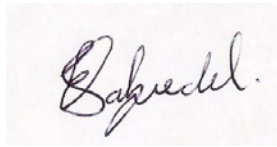
Your child's participation is voluntary. No contribution towards your transport expenses will be made for your child's participation.

10. CONFIDENTIALITY

All information that is gathered from your child will be kept strictly confidential. Once I have analyzed the information, no one will be able to identify your child. Research reports and articles in scientific journals will not include any information that may identify your child.

Thank you

Investigator's name: Emily Salzwedel



Investigator's signature:

Date: 14 /01/2008

Participant nr. _____ .

CONSENT TO PARTICIPATE IN THIS STUDY

I confirm that the person asking my consent for my child to take part in this study has told me about nature, process, risks, discomforts and benefits of the study. I have also received, read and understood the above written information (Information Leaflet and Informed Consent) regarding the study. I am aware that the results of the study, including personal details, will be anonymously processed into research reports. I am willingly letting my child participate. I have had time to ask questions and have no objection against my child participating in the study. I understand that there is no penalty should my child wish to discontinue with the study and my child's withdrawal will not affect any access to the programme in any way.

I have received a signed copy of this informed consent agreement.

Parent's name (Please print)

Parent's signature: Date.....

Child's name:..... (Please print)

Witness's Name (Please print)

Witness's signature Date.....

INFORMATION LEAFLET AND INFORMED CONSENT FOR NON-CLINICAL RESEARCH

TITLE OF STUDY:

THE IMPACT OF THE SEMOSTI PROGRAMME

ON THE GROSS MOTOR PROFICIENCY OF THE FOUR-TO-SIX-YEAR OLD CHILD

Dear Parent / Guardian (control group)

1. INTRODUCTION

I invite your child to participate in a research study. This information leaflet will help you to decide if you want your child to participate. Before you agree to let your child take part, you should fully understand what is involved. If you have any questions that this leaflet does not fully explain, please do not hesitate to ask the investigator.

2. THE NATURE AND PURPOSE OF THIS STUDY

The investigator, who is also a qualified occupational therapist, has developed a sensory-motor stimulation programme, called SEMOSTI programme. The programme includes general play activities such as hitting, throwing and kicking a ball, jumping rope and running. This programme is based on the Grade R Programme that has been implemented at Laerskool Helderkruijn since 2006. The aim of this study is to determine the effectiveness of this programme to stimulate the gross motor skills of grade R learners. Your child is needed as a source of information, to help to determine the effectiveness of this programme. It is proposed that your child acts as the control group against which the gross motor proficiency of the learners of Laerskool Helderkruijn, who are exposed to the programme, will be measured.

3. EXPLANATION OF PROCEDURES TO BE FOLLOWED

This study involves that your child's weight and height be measured. Your child's gross motor proficiency will be assessed using subtests of the Bruininks-Oseretsky Test of Motor proficiency. This evaluation procedure will be done twice during the year, once in January and again in October 2008. We will ask you to complete three questionnaires about your child's activity habits and general information, such as your child's date of birth and state of health, twice during the year. The measurements will be conducted mainly during school hours and in the afternoon, if necessary, at the school in January and October 2008.

4. RISK AND DISCOMFORT INVOLVED

Participation in the study involves only minimal risk associated with every day life, namely the child will be running, rolling, kicking or throwing. The evaluation processes, occurring twice during the year (January and October 2008), may take some of your time to fill in the three questionnaires or bring your child to the school in during one afternoon, if necessary. The child needs to take off his / her shoes when we weigh him / her and that may provide some discomfort. Some of the questions we are going to ask you, about your child's activity habits may make you feel uncomfortable, but you need not answer them if you do not want to.

5. POSSIBLE BENEFITS OF THIS STUDY

Your child will not benefit directly from the study but by the end of the study, the SEMOSTI programme will be offered to Laerskool Roodekrans. At the end of the study, we will provide you with the results of your child's participation via computer generated reports.

6. WHAT ARE YOUR RIGHTS AS A PARTICIPANT?

Your child's participation in this study is entirely voluntary. You can refuse to let your child participate or stop at any time during the year without giving any reason. The withdrawal of your child will not affect him / her in any way.

7. HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study has received written approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria and the Controlling Body and Principle of the school. Copies of the approval letters are available if you wish to have one.

8. INFORMATION AND CONTACT PERSON

The contact persons for the study are Emily Salzwedel and Marlie Aronstam. If you have any questions about the study please contact Emily on her home line at tell: 012 667 1641(after hours) or on her cell 072 574 6358. Marlie Aronstam can be contacted at the Occupational Therapy Department of the University of Pretoria at the following number: 012 3541320.

9. COMPENSATION

Your child's participation is voluntary. No contribution towards your transport expenses will be given for your child's participation.

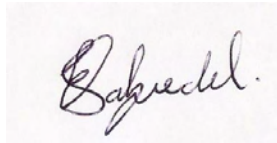
10. CONFIDENTIALITY

All information that is gathered from your child will be kept strictly confidential. Once I have analyzed the information no one will be able to identify your child. Research reports and articles in scientific journals will not include any information that may identify your child.

Thank you

Investigator's name: Emily Salzwedel

Investigator's signature:



Date: 14 /01/2008

Participant nr. .

CONSENT TO PARTICIPATE IN THIS STUDY

I confirm that the person asking my consent for my child to take part in this study has told me about nature, process, risks, discomforts and benefits of the study. I have also received, read and understood the above written information (Information Leaflet and Informed Consent) regarding the study. I am aware that the results of the study, including personal details, will be anonymously processed into research reports. I am willingly letting my child participate. I have had time to ask questions and have no objection against my child participating in the study. I understand that there is no penalty should my child wish to discontinue with the study and my child's withdrawal will not affect any access to the programme in any way.

I have received a signed copy of this informed consent agreement.

Parent's name: (Please print)

Parent's signature: Date.....

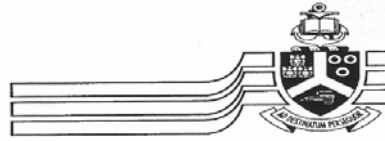
Child's name: (Please print)

Witness's Name: (Please print)

Witness's signature: Date.....



ANNEXURE K
ETHICAL CLEARANCE



University of Pretoria

Faculty of Health Sciences Research Ethics Committee
University of Pretoria

Tel: 012 354 1677 Fax to E-Mail: 086 6516047

E-Mail: deepeka.behari@up.ac.za

Date: 3/10/2007

31 Bophelo Road P O Box 667
HW Snyman South Building Pretoria
Level 2, Room 2.33 0001

Number : S217/2007

Title : The effect of a sensorimotor stimulation program on the gross motor proficiency of typically developing grade R children in the suburb of Helderkruin (Roodepoort)

Investigator : Emily Salzwedel, Department of Occupational Therapy, University of Pretoria
(SUPERVISOR: M ARONSTAM)

Sponsor : None

Study Degree: M. Occ Ther

This Student Protocol has been considered by the Faculty of Health Sciences Research Ethics Committee, University of Pretoria on 2/10/2007 and found to be acceptable.

Advocate AG Nienaber (female)BA(Hons) (Wits); LLB; LLM (UP); Dipl.Datometrics (UNISA)
Prof V.O.L. Karusseit MBChB; MFGP (SA); M.Med (Chir); FCS (SA): Surgeon
Prof M Kruger (female) MB.ChB.(Pret); Mmed.Paed.(Pret); Ph.D. (Leuven)
Dr N K Likibi MB.BCh.; Med.Adviser (Gauteng Dept.of Health)
Snr Sr J. Phatoli (female) BCur (Et.Al) Senior Nursing-Sister
Dr L Schoeman (female) Bpharm, BA Hons (Psy), PhD
Prof J.R. Snyman MBChB, M.Pharm.Med: MD: Pharmacologist
Dr R Sommers (female) MBChB; M.Med (Int); MPhar.Med;
Prof C W van Staden MBChB; Mmed (Psych); MD; FTCL; UPLM; Dept of Psychiatry
Prof TJP Swart BChD, MSc (Odont), MChD (Oral Path) Senior Specialist; Oral Pathology
Dr AP van der Walt BChD, DGA (Pret) Director: Clinical Services, Pretoria Academic Hospital

Student Ethics Sub-Committee

Prof R S K Apatu MBChB(Legon); PhD(Cambridge)
Dr A M Bergh (female) BA (*cum laude*), Rand Afrikaans University BA (Hons) (Linguistics), University of Stellenbosch Secondary Education Diploma (*cum laude*), University of Stellenbosch BA (Hons) (German) (*cum laude*), University of South Africa (Unisa) BEd (Curriculum Research and Non-formal Education) (*cum laude*), University of Pretoria PhD (Curriculum Studies), University of Pretoria
Dr S I Cronje DD (UP) – Old Testament Theology
Dr M M Geyser (female) BSc; MBChB; BSc HONS (Pharm); Dip PEC; MpraxMed; FCEM(SA) and MSc (Clinical Epidemiology)
Advocate T Landman (female) LLB (UP); (Member of the Pretoria Society of Advocates); BA Hons Psychology (UNISA); BCur (RAU)
Mrs N Briers (female) BSc(Stell), BSc (Hons) (Pret),MSc (Pret) DHETP (Pret)
Dr S A S Olorunju B.Sc Hons; M.Sc; Ph.D
Dr L Schoeman (female) BPharm, BA Hons (Psy), PhD
Dr R Sommers SECRETARIAT (female) MBChB; M.Med (Int); MPharMed

DR R SOMMERS; MBChB; M.Med (Int); MPhar.Med.
SECRETARIAT of the Faculty of Health Sciences
Research Ethics Committee
University of Pretoria

DR L SCHOEMAN; Bpharm, BA Hons (Psy), PhD
CHAIRPERSON of the Faculty of Health Sciences Research
Students Ethics Committee – University of Pretoria



Faculty of Health Sciences Research Ethics Committee

29/07/2009

Amendment:	Title change
Number :	S217/2007
Title :	The impact of the SEMOSTI program on the gross motor proficiency of four to six year old children
Investigator :	Emily Salzwedel, Department of Occupational Therapy, University of Pretoria (SUPERVISOR: M ARONSTAM)
Sponsor :	None
Study Degree:	M. Occ Ther

This Amendment (Title change) has been considered by the Faculty of Health Sciences Research Ethics Committee, University of Pretoria on 28/07/2009 and found to be acceptable.

Prof AG Nienaber	(female) BA (Hons) (Wits); LLB (Pretoria); LLM (Pretoria); LLD (Pretoria); Diploma in Datametrics (UNISA)
Prof V.O.L. Karusseit	MBChB; MFGP (SA); M.Med (Chir); FCS (SA)
Prof J A Ker	Deputy Dean: MBChB (Pretoria); MMed (Int) (Pretoria); MD (Pretoria)
Prof M Kruger	(female) MBChB.(Pretoria) M. Med.Paed.(Pretoria) M. Phil. (Applied Ethics) (Stell) PhD.(Leuven) (Special Advisory Member)
Dr N K Likibi	MBChB.; Med.Adviser (Gauteng Dept. of Health)
Dr T S Marcus	(female) BSc (LSE), PhD (University of Lodz, Poland)
Mrs M C Nzeku	(female) BSc (NUL); MSc Biochem (UCL,UK)
Snr Sr J. Phatoli	(female) BCur (Et.Ai); BTech Oncology
Mr Y M Sikweyiya	MPH (Umea University Umea, Sweden); Master Level Fellowship (Research Ethics) (Pretoria and UKZN); Post Grad. Diploma in Health Promotion (Unitra); BSc in Health Promotion (Unitra)
Dr L Schoeman	(female) BPharm (North West); BAHons (Psychology)(Pretoria); PhD (KwaZulu-Natal); International Diploma in Research Ethics (UCT)
Dr R Sommers	Deputy Chairperson: (female) MBChB; M.Med (Int); MPhar.Med
Prof C W van Staden	CHAIRPERSON: MBChB (Pretoria); MMed(Psych) (Pretoria); MD (Warwick,UK); FCPsych (SA); FTCL (London); UPLM (UNISA)
Prof TJP Swart	BChD, MSc (Odont), MChD (Oral Path)
Dr AP van der Walt	BChD, DGA (Pretoria)

Student Ethics Sub-Committee

Prof R S K Apatu	MBChB (Legon,UG); PhD (Cantab); PGDip International Research Ethics (UCT)
Dr A M Bergh	(female) BA (RAU); BA (Hons) (Linguistics) (Stell); BA (Hons) (German) (UNISA); BEd (Pretoria); PhD (Pretoria); SED (Stell)
Mrs N Briens	(female) BSc (Stell); BSc Hons (Pretoria); MSc (Pretoria); DHETP (Pretoria)
Dr S I Cronje	BA (Pretoria); BD (Pretoria); DD (Pretoria)
Dr M M Geysler	(female) MBChB (Pretoria); BSc (Computer Science)(Pretoria); BSc Hons (Pharm) (Potchefstroom); MpraxMed (Pretoria); MSc (Clinical Epidemiology) (Pretoria); FCEM (SA); Dip PEC (SA)
Prof D Millard	(female) B.lur (Pretoria); LLB (Pretoria); LLM (Pretoria); AIPSA Diploma in Insolvency Law (Pretoria); LLD (UJ)
Dr S A S Olorunju	BSc (Hons). Stats (Ahmadu Bello University -Nigeria); MSc (Applied Statistics (UKC United Kingdom); PhD (Ahmadu Bello University - Nigeria)
Dr L Schoeman	CHAIRPERSON: (female) BPharm (North West); BAHons (Psychology)(Pretoria); PhD (KwaZulu-Natal); International Diploma in Research Ethics (UCT)
Dr R Sommers	Deputy Chairperson (female) MBChB; M.Med (Int); MPhar.Med

.....
DR L SCHOEMAN; BPharm, BA Hons (Psy), PhD;
Dip. International Research Ethics
CHAIRPERSON of the Faculty of Health Sciences
Student Research Ethics Committee, University of Pretoria

.....
DR R SOMMERS; MBChB; M.Med (Int); MPhar.Med.
DEPUTY CHAIRPERSON of the Faculty of Health Sciences
Research Ethics Committee, University of Pretoria



ANNEXURE L

QUESTIONNAIRE 1: DEMOGRAPHIC QUESTIONNAIRE



3. BIRTH INFORMATION	
<p>Birth weight:.....kg</p> <p>Please tick the relevant box for the type of delivery procedure that was followed:</p> <p><input type="checkbox"/> Normal vaginal delivery <input type="checkbox"/> Vaginal delivery through the use of instruments, such as forceps or suction</p> <p><input type="checkbox"/> Elective caesarian procedure <input type="checkbox"/> Emergency caesarian procedure</p> <p>Any other type of delivery not listed:.....</p>	<p>V 8 <input type="checkbox"/> <input type="checkbox"/></p> <p>V 9 <input type="checkbox"/></p>
4. HEALTH OF NEWBORN BABY	
<p>If your newborn baby experienced any illness or neurological problems in the first 28 days after birth, please tick the relevant box:</p> <p><input type="checkbox"/> Complications affecting the brain (such as fits, Meningitis, Hydrocephalus or intraventricular bleeding)</p> <p><input type="checkbox"/> Heart problems (such as problems with valves or holes in heart wall)</p> <p><input type="checkbox"/> Lung problems (such as pneumonia, chronic lung disease or if the baby needed oxygen for the first 28 days {bronchopulmonary displasia})</p> <p><input type="checkbox"/> Complications affecting the intestines (such as necrotizing entrecolitis)</p> <p><input type="checkbox"/> Jaundice <input type="checkbox"/> Sepsis (severe infection throughout body)</p> <p>Any other complications not listed:.....</p>	<p>V10 <input type="checkbox"/></p>



Is your child currently receiving any medication: <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No			V 17 <input type="checkbox"/>
Name of medication	Dosage	Duration of use	
If yes, please give details of medication:			
Thank you for taking the time to complete these questionnaires!			



ANNEXURE M

QUESTIONNAIRE 2 WITH COVER LETTER: PHYSICAL ACTIVITY QUESTIONNAIRE

Geagte Ouer / Versorger

Navorsing studie: THE IMPACT OF THE SEMOSTI PROGRAMME ON THE GROSS MOTOR PROFICIENCY OF FOUR-TO-SIX-YEAR-OLD CHILDREN

(conducted by the Dept of Occupational Therapy, University of Pretoria – ethical approval certificate number: S217/2007)

Dankie vir jul vinnige en entoesiastiese respons op die toestemmingsbriewe en eerste rondte van data insameling in verband met die navorsing wat ek doen. Ek het 'n goeie respons ontvang van beide skole. Ek wil u aanmoedig om steeds betrokke te bly.

Aangeheg is 'n fisiese aktiwiteitsvraelys. Die vraelys bestaan uit vier bladsye, maar dit vul vinnig in. Ek wil deur middel van die vraelys vasstel wat die algemene aktiwiteitsdeelname en inherente aktiwiteitsvlak van u kind is. Neem asseblief tien minute uit u dag, lees die vrae sorgvuldig deur en gee 'n ware aanduiding soos van toepassing op u kind. Alle inligting is konfidensieel.

Die tweede rondte van data insameling sal oor September / Oktober 2008 geskied. U kind se resultate van die eerste en tweede rondtes sal, nadat die data verwerk is, aan u bekend gemaak word.

Asseblief, voltooi die vraelys en handig dit in by die onderwyseres teen 25 April 2008.

Dankie by voorbaat

Groete

Emily Salzwedel

E-pos: esalzwedel@telkomsa.net

Telefoon: 072 574 6358



Questionnaire nr. 2

PHYSICAL ACTIVITY QUESTIONNAIRE

For office use only

Name of child: _____ V1

Date completed: _____ Day _____ Month 2008 Year V2
V3

1. LEISURE HABITS OF CHILD

Please indicate the types of formal organized activities your child is **currently** participating in:

Type of formal organized activity	Length of one session: <i>e.g. Swimming lesson =30 min</i>	Number of sessions per 4-week month: <i>e.g. Swimming lesson = 4 sessions</i>	Number of weeks activity is presented in a 52-week year <i>e.g. Swimming lesson =12 weeks</i>	For office use only
<p>Monkeynastix</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V4 <input type="checkbox"/> V5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V6 <input type="checkbox"/> <input type="checkbox"/> V7 <input type="checkbox"/> <input type="checkbox"/>
<p>Playball</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V8 <input type="checkbox"/> V9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V10 <input type="checkbox"/> <input type="checkbox"/> V11 <input type="checkbox"/> <input type="checkbox"/>
<p>Gimkids or Gymnastics</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V12 <input type="checkbox"/> V13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V14 <input type="checkbox"/> <input type="checkbox"/> V15 <input type="checkbox"/> <input type="checkbox"/>
<p>Rugby</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V16 <input type="checkbox"/> V17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V18 <input type="checkbox"/> <input type="checkbox"/> V19 <input type="checkbox"/> <input type="checkbox"/>
<p>Cricket</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V20 <input type="checkbox"/> V21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V22 <input type="checkbox"/> <input type="checkbox"/> V23 <input type="checkbox"/> <input type="checkbox"/>
<p>Netball</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V24 <input type="checkbox"/> V25 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V26 <input type="checkbox"/> <input type="checkbox"/> V27 <input type="checkbox"/> <input type="checkbox"/>



<p>Judo</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V28 <input type="checkbox"/> V29 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V30 <input type="checkbox"/> <input type="checkbox"/> V31 <input type="checkbox"/> <input type="checkbox"/>
<p>Soccer</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V32 <input type="checkbox"/> V33 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V34 <input type="checkbox"/> <input type="checkbox"/> V35 <input type="checkbox"/> <input type="checkbox"/>
<p>Golf</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V36 <input type="checkbox"/> V37 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V38 <input type="checkbox"/> <input type="checkbox"/> V39 <input type="checkbox"/> <input type="checkbox"/>
<p>Tennis</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V40 <input type="checkbox"/> V41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V42 <input type="checkbox"/> <input type="checkbox"/> V43 <input type="checkbox"/> <input type="checkbox"/>
<p>Swimming lessons</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V44 <input type="checkbox"/> V45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V46 <input type="checkbox"/> <input type="checkbox"/> V47 <input type="checkbox"/> <input type="checkbox"/>
<p>Ballet</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V48 <input type="checkbox"/> V49 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V50 <input type="checkbox"/> <input type="checkbox"/> V51 <input type="checkbox"/> <input type="checkbox"/>
<p>Kinderkinetika</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V52 <input type="checkbox"/> V53 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V54 <input type="checkbox"/> <input type="checkbox"/> V55 <input type="checkbox"/> <input type="checkbox"/>
<p>Other:</p> <p>_____</p>	_____ minutes	_____ sessions	_____ weeks	V56 <input type="checkbox"/> V57 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V58 <input type="checkbox"/> <input type="checkbox"/> V59 <input type="checkbox"/> <input type="checkbox"/>
<p>_____</p>	_____ minutes	_____ sessions	_____ weeks	V60 <input type="checkbox"/> V61 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V62 <input type="checkbox"/> <input type="checkbox"/> V63 <input type="checkbox"/> <input type="checkbox"/>



2. DAILY PHYSICAL ACTIVITY / INACTIVITY - Please indicate the **best** number that describes the frequency with which your child displays the following behaviors:

Daily physical activity / inactivity	Place a mark on the scale of frequency with which your child displays the following behaviors	For office use only
<p>a. How much time does your child spend at home in passive play activities? For example, watching TV, playing Play station or computer games, building construction toys or playing with cars, dolls or other objects.</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	V64 <input type="text"/>
<p>b. Does your child prefer less physically active play? For example, watching TV, playing Play station or computer games, building construction toys or fantasy play.</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	V65 <input type="text"/>
<p>c. Does your child avoid physically active play activities? For example running, jumping, climbing, swinging from objects, throwing & catching balls, pulling & pushing objects.</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	V66 <input type="text"/>
<p>d. How much time does your child spend at home in physically active play? For example, running, jumping, climbing, swinging from objects, throwing & catching balls, pulling & pushing objects.</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	V67 <input type="text"/>
<p>e. Does your child prefer physically active play? For example, running, jumping, climbing, swinging from objects, throwing & catching balls, pulling & pushing objects.</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	V68 <input type="text"/>
<p>f. Does your child avoid passive play activities? For example, watching TV, playing Play station or computer games, building construction toys or playing with cars, dolls or other objects.</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	V69 <input type="text"/>
<p>g. Is “on the go” a valid description of your child?</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	V71 <input type="text"/>



<p>h. Is passive or inactive a valid description of your child?</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Never Seldom Occasionally Frequently Always</p>	<p>V72 <input type="text"/> <input type="text"/></p>
<p>i. Does your child take excessive risks during play For example, climbs high into a tree or jumps from high furniture.</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Never Seldom Occasionally Frequently Always</p>	<p>V73 <input type="text"/> <input type="text"/></p>
<p>j. How often does your child cycle? For example, riding on a tricycle or bicycle around the house.</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Never Seldom Occasionally Frequently Always</p>	<p>V74 <input type="text"/> <input type="text"/></p>
<p>k. Does your child participate in active games around the house? For example, chase, tag or hopscotch.</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Never Seldom Occasionally Frequently Always</p>	<p>V75 <input type="text"/> <input type="text"/></p>
<p>l. How often does your child play outdoors? For example, climbing trees or hide and seek.</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Never Seldom Occasionally Frequently Always</p>	<p>V76 <input type="text"/> <input type="text"/></p>
<p>m. How often does your child play in water? For example, in a swimming pool or dam.</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Never Seldom Occasionally Frequently Always</p>	<p>V77 <input type="text"/> <input type="text"/></p>
<p>n. Does your child perform outdoor chores? For example, mowing, raking or gardening.</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Never Seldom Occasionally Frequently Always</p>	<p>V78 <input type="text"/> <input type="text"/></p>
<p>o. Does your child perform indoor chores? For example, mopping, vacuuming or sweeping.</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Never Seldom Occasionally Frequently Always</p>	<p>V79 <input type="text"/> <input type="text"/></p>



3. Further questions

For office use only

How much TV / Video does your child watch per 24-hour day?	Before school	After school	Weekends/Holidays	V80	<input type="text"/>	<input type="text"/>
	_____ hours	_____ hours	_____ hours	V81	<input type="text"/>	<input type="text"/>
	_____ minutes	_____ minutes	_____ minutes	V82	<input type="text"/>	<input type="text"/>
				V83	<input type="text"/>	<input type="text"/>
				V84	<input type="text"/>	<input type="text"/>
				V85	<input type="text"/>	<input type="text"/>
How much video games, Play station or computer games does your child play per 24-hour day?	Before school	After school	Weekends/Holidays	V86	<input type="text"/>	<input type="text"/>
	_____ hours	_____ hours	_____ hours	V87	<input type="text"/>	<input type="text"/>
	_____ minutes	_____ minutes	_____ minutes	V88	<input type="text"/>	<input type="text"/>
				V89	<input type="text"/>	<input type="text"/>
				V90	<input type="text"/>	<input type="text"/>
				V91	<input type="text"/>	<input type="text"/>

I,(name in print) have completed this questionnaire concerning my child.....(name in print) and state that all the information is reliable.

Parent/Caregiver signature:..... Date:.....

Thank you for taking the time to complete this questionnaire!



ANNEXURE N

QUESTIONNAIRE 3 WITH COVER LETTER: PHYSICAL ACTIVITY FOLLOW-UP QUESTIONNAIRE

Geagte Ouer / Versorger

Navorsing studie: THE IMPACT OF THE SEMOSTI PROGRAMME ON THE GROSS MOTOR PROFICIENCY OF FOUR-TO-SIX-YEAR-OLD CHILDREN

(conducted by the Dept of Occupational Therapy, University of Pretoria – ethical approval certificate number: S217/2007)

Dankie vir jou samewerking en vinnige respons. Aangeheg is die laaste vraelys wat 'n opvolg fisiese-aktiwiteitsvraelys is. Die vraelys bestaan uit vyf bladsye, maar dit vul vinnig in. Ek wil deur middel van die vraelys vasstel wat die algemene aktiwiteitsdeelname en inherente aktiwiteitsvlak van u kind huidiglik is. Neem asseblief tien minute uit u dag, lees die vrae sorgvuldig deur en gee 'n ware aanduiding soos van toepassing op u kind. Alle inligting is konfidensieel.

Ek is tans besig met die finale rondte van data-insameling. U kind se resultate van die eerste en tweede rondtes sal, nadat die data verwerk is, aan u bekend gemaak word.

Asseblief, voltooi die vraelys en handig dit in by die onderwyseres teen Woensdag 22 Oktober 2008.

Dankie by voorbaat

Groete

Emily Salzwedel

E-pos: esalzwedel@telkomsa.net

Telefoon: 072 574 6358



Questionnaire nr. 3

PHYSICAL ACTIVITY FOLLOW-UP QUESTIONNAIRE

For office use only

Name of child: _____

V1

Date completed: _____ Day _____ Month 2008 Year

V2

V3

2. LEISURE HABITS OF CHILD

Please indicate the types of formal organized activities your child is **currently** participating in:

Type of formal organized activity	Length of one session: <i>e.g. Swimming lesson =30 min</i>	Number of sessions per 4-week-month: <i>e.g. Swimming lesson = 4 sessions</i>	Number of weeks activity is presented in a 52-week-year <i>e.g. Swimming lesson =12 weeks</i>	For office use only
Monkeynastix <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ minutes	_____ sessions	_____ weeks	V4 <input type="checkbox"/> V5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V6 <input type="checkbox"/> <input type="checkbox"/> V7 <input type="checkbox"/> <input type="checkbox"/>
Playball <input checked="" type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	_____ minutes	_____ sessions	_____ weeks	V8 <input type="checkbox"/> V9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V10 <input type="checkbox"/> <input type="checkbox"/> V11 <input type="checkbox"/> <input type="checkbox"/>
Gimkids or Gymnastics <input checked="" type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	_____ minutes	_____ sessions	_____ weeks	V12 <input type="checkbox"/> V13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V14 <input type="checkbox"/> <input type="checkbox"/> V15 <input type="checkbox"/> <input type="checkbox"/>
Rugby <input checked="" type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	_____ minutes	_____ sessions	_____ weeks	V16 <input type="checkbox"/> V17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V18 <input type="checkbox"/> <input type="checkbox"/> V19 <input type="checkbox"/> <input type="checkbox"/>
Cricket <input checked="" type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	_____ minutes	_____ sessions	_____ weeks	V20 <input type="checkbox"/> V21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V22 <input type="checkbox"/> <input type="checkbox"/> V23 <input type="checkbox"/> <input type="checkbox"/>
Netball <input checked="" type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	_____ minutes	_____ sessions	_____ weeks	V24 <input type="checkbox"/> V25 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V26 <input type="checkbox"/> <input type="checkbox"/> V27 <input type="checkbox"/> <input type="checkbox"/>



<p>Judo</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V28 <input type="checkbox"/> V29 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V30 <input type="checkbox"/> <input type="checkbox"/> V31 <input type="checkbox"/> <input type="checkbox"/>
<p>Soccer</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V32 <input type="checkbox"/> V33 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V34 <input type="checkbox"/> <input type="checkbox"/> V35 <input type="checkbox"/> <input type="checkbox"/>
<p>Golf</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V36 <input type="checkbox"/> V37 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V38 <input type="checkbox"/> <input type="checkbox"/> V39 <input type="checkbox"/> <input type="checkbox"/>
<p>Tennis</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V40 <input type="checkbox"/> V41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V42 <input type="checkbox"/> <input type="checkbox"/> V43 <input type="checkbox"/> <input type="checkbox"/>
<p>Swimming lessons</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V44 <input type="checkbox"/> V45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V46 <input type="checkbox"/> <input type="checkbox"/> V47 <input type="checkbox"/> <input type="checkbox"/>
<p>Ballet</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V48 <input type="checkbox"/> V49 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V50 <input type="checkbox"/> <input type="checkbox"/> V51 <input type="checkbox"/> <input type="checkbox"/>
<p>Kinderkinetika</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	_____ minutes	_____ sessions	_____ weeks	V52 <input type="checkbox"/> V53 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V54 <input type="checkbox"/> <input type="checkbox"/> V55 <input type="checkbox"/> <input type="checkbox"/>
<p>Other:</p> <p>_____</p>	_____ minutes	_____ sessions	_____ weeks	V56 <input type="checkbox"/> V57 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V58 <input type="checkbox"/> <input type="checkbox"/> V59 <input type="checkbox"/> <input type="checkbox"/>
<p>_____</p>	_____ minutes	_____ sessions	_____ weeks	V60 <input type="checkbox"/> V61 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V62 <input type="checkbox"/> <input type="checkbox"/> V63 <input type="checkbox"/> <input type="checkbox"/>



2. DAILY PHYSICAL ACTIVITY / INACTIVITY - Please indicate the **best** number that describes the frequency with which your child displays the following behaviors:

Daily physical activity / inactivity	Place a mark on the scale of frequency with which your child displays the following behaviors	For office use only
<p>a. How much time does your child spend at home in passive play activities? For example, watching TV, playing Play station or computer games, building construction toys or playing with cars, dolls or other objects.</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	V64 <input type="checkbox"/> <input type="checkbox"/>
<p>b. Does your child prefer less physically active play? For example, watching TV, playing Play station or computer games, building construction toys or fantasy play.</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	V65 <input type="checkbox"/> <input type="checkbox"/>
<p>c. Does your child avoid physically active play activities? For example, running, jumping, climbing, swinging from objects, throwing & catching balls, pulling & pushing objects.</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	V66 <input type="checkbox"/> <input type="checkbox"/>
<p>d. How much time does your child spend at home in physically active play? For example, running, jumping, climbing, swinging from objects, throwing & catching balls, pulling & pushing objects.</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	V67 <input type="checkbox"/> <input type="checkbox"/>
<p>e. Does your child prefer physically active play? For example, running, jumping, climbing, swinging from objects, throwing & catching balls, pulling & pushing objects.</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	V68 <input type="checkbox"/> <input type="checkbox"/>
<p>f. Does your child avoid passive play activities? For example, watching TV, playing Play station or computer games, building construction toys or playing with cars, dolls or other objects.</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	V69 <input type="checkbox"/> <input type="checkbox"/>
<p>g. Is “on the go” a valid description of your child?</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	V71 <input type="checkbox"/> <input type="checkbox"/>
<p>h. Is passive or inactive a valid description of your child?</p>	<p>_____</p> <p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	V72 <input type="checkbox"/> <input type="checkbox"/>



<p>i. Does your child take excessive risks during play For example, climbs high into a tree or jumps from high furniture.</p>	<p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	<p>V73 <input type="text"/></p>
<p>j. How often does your child cycle? For example, riding on a tricycle or bicycle around the house.</p>	<p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	<p>V74 <input type="text"/></p>
<p>k. Does your child participate in active games around the house? For example, chase, tag or hopscotch.</p>	<p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	<p>V75 <input type="text"/></p>
<p>l. How often does your child play outdoors? For example, climbing trees or hide and seek.</p>	<p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	<p>V76 <input type="text"/></p>
<p>m. How often does your child play in water? For example, in a swimming pool or dam.</p>	<p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	<p>V77 <input type="text"/></p>
<p>n. Does your child perform outdoor chores? For example, mowing, raking or gardening.</p>	<p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	<p>V78 <input type="text"/></p>
<p>o. Does your child perform indoor chores? For example, mopping, vacuuming or sweeping.</p>	<p>0 1 2 3 4 5 6 7 8 9 10 Never Seldom Occasionally Frequently Always</p>	<p>V79 <input type="text"/></p>



3. Further questions

				For office use only	
a. How much TV / Video does your child watch <u>per 24-hour day</u>?	Before school	After school	Weekends/Holidays	V80	<input type="checkbox"/>
	_____ hours	_____ hours	_____ hours	V81	<input type="checkbox"/>
	_____ minutes	_____ minutes	_____ minutes	V82	<input type="checkbox"/>
				V83	<input type="checkbox"/>
				V84	<input type="checkbox"/>
				V85	<input type="checkbox"/>
b. How much video games, Play station or computer games does your child play <u>per 24-hour day</u>?	Before school	After school	Weekends/Holidays	V86	<input type="checkbox"/>
	_____ hours	_____ hours	_____ hours	V87	<input type="checkbox"/>
	_____ minutes	_____ minutes	_____ minutes	V88	<input type="checkbox"/>
				V89	<input type="checkbox"/>
				V90	<input type="checkbox"/>
				V91	<input type="checkbox"/>

4. Follow-up questions

For office use only

a. Did your child receive any kind of medical assessment or therapy in the period from January to October 2008? 1 Yes 2 No V92

If yes, please indicate the type:

<input type="checkbox"/>	Occupational therapy	V93	<input type="checkbox"/>
<input type="checkbox"/>	Physiotherapy	V94	<input type="checkbox"/>
<input type="checkbox"/>	Speech therapy	V95	<input type="checkbox"/>
<input type="checkbox"/>	Psychology	V96	<input type="checkbox"/>
<input type="checkbox"/>	Medical doctor	V97	<input type="checkbox"/>

Other:..... V98

Reason for referral:.....

b. Is your child currently receiving any medication: 1 Yes 2 No V99



If yes, please give details of medication:

Name of medication	Dosage	Duration of use

c. Has your child been absent from school this year? 1 Yes 2 No V100

If yes, please indicate the number of days your child has been absent since January 2008

Days absent:..... V101

I,(name in print) have completed this questionnaire concerning my child.....(name in print) and state that all the information is reliable.

Parent/Caregiver signature:.....

Date:.....

Thank you for taking the time to complete this questionnaire!



ANNEXURE O

QUESTIONNAIRE 4: TEACHER'S FEEDBACK QUESTIONNAIRE



Questionnaire nr. 4

SEMOSTI PROGRAMME QUESTIONNAIRE

For office use only

Name of teacher: _____

V1

Date completed: _____ Day _____ Month 2008

V2

Number of children in your group:

V3

V4

Please indicate your answer by placing an **x** in the relevant block.

1.	WEEKLY FORMAT					
1.1	Activate (Opwek)			<i>For office use only</i>		
Are instructions clear and precise?		Yes	No		V5	
Is there a good selection of different activities?		Yes	No		V6	
Do activities activate children?		Yes	No		V7	
1.2	Just-Right Activities (Net-Reg uitdaging)					
1.2.1	Equipment					
Is equipment required in activities easily obtainable?		Yes	No		V8	
Is equipment required in activities affordable?		Yes	No		V9	
Are children exposed to a wide variety of different apparatus?		Yes	No		V10	
1.2.2	Activity instructions					
Are instructions clear and precise?		Yes	No		V11	



1.2.3	Adaptations					
Did you make use of the ideas to adapt a Just-Right activity?		Yes	No		V12	
Are the ideas useful?		Yes	No		V13	
1.2.4	Observations					
Did you read the observations of most activities?		Yes	No		V14	
Did you find the observations useful?		Yes	No		V15	
Did the observations help you identify possible problem areas of the child?		Yes	No		V16	
1.3	Calm Down (Afkoel)					
Are instructions clear and precise?		Yes	No		V17	
Is there a good selection of different activities?		Yes	No		V18	
Do activities help children to calm down?		Yes	No		V19	
1.4	Activity component table					
Did you read the activity table weekly?		Yes	No		V20	
Did you find the information table useful?		Yes	No		V21	
Did the information help to guide you in which area of development a child may be delayed?		Yes	No		V22	

Do you think more information should be included in the table?		Yes	No		V23	
Any additional comment on the above aspects?						
2.	MONTHLY FORMAT					
2.1	Fourth week repetition					
Did the children still enjoy the activities which were repeated during the fourth week?		Yes	No		V24	
Is the selection of activities which are repeated adequate?		Yes	No		V25	
Is the cycle for repetition in every fourth week effective?		Yes	No		V26	
2.2	Sixteen week assessment cycle					
Are the assessment weeks well timed during the school year?		Yes	No		V27	
Are the number of assessments scheduled during the course of the programme sufficient?		Yes	No		V28	
Is the time allocated for the assessments of your group sufficient? It is currently scheduled in one week.		Yes	No		V29	
Any additional comment on the above aspects?						



3.	EVALUATION OF DEVELOPMENTAL MILESTONES					
3.1	Form					
Are instructions clear and precise?		Yes	No		V30	
Is the form user-friendly?		Yes	No		V31	
3.2	Aspects assessed					
Did the weekly activity table link up effectively with aspects, such as body awareness, awareness of movement etc, assessed on the form?		Yes	No		V32	
3.3	Plan of action					
Did you indicate a plan of action for every child in your group?		Yes	No		V33	
Did you follow through with the intended plan of action?		Yes	No		V34	
How many children in your group did you refer for professional intervention as a plan of action?		0	1		V35	
		1-2	2		V36	
		3+	3		V37	
<p>Any additional comment on the above aspects?</p> 						

Thank you for taking the time to complete this questionnaire!

ANNEXURE P

DATA RECORD FORM



DATA RECORD FORM

Participant Name:.....

YEAR MONTH DAY

Test Date: _____

Birth Date: _____

Chronological Age: _____

Pre-test: 1

Post-test: 2

Gender: Male 1

Female 2

1. BMI

Weight:kg

Height:.....m² =.....

2. BOT2

PREFERENCE:

Preferred Throwing Hand / Arm: 1 Right 2 Left

Preferred Foot / Leg: 1 Right 2 Left

BEHAVIORAL OBSERVATIONS:

Attention	1	2	3	4
Fluidity of Movement	1	2	3	4
Effort	1	2	3	4
Understanding	1	2	3	4

SUBTESTS:

TOTAL POINT SCORE

Upper-Limb Coordination _____

Bilateral Coordination _____

Balance _____

Running Speed and Agility _____

Strength Push-up: Knee full _____



BOT 2 SUBTESTS

Subtest 6: Running Speed and Agility

Conduct the second trial only if the examinee stumbles or falls on the first trial.

	Raw Score		Point	0	1	2	3	4	5	6	7	8	9	10	11	12	Point Score
	Trial 1	Trial 2															
1 Shuttle Run	<input type="text"/>	<input type="text"/>	Raw	≥16.0	14.0-15.9	13.0-13.9	12.0-12.9	11.0-11.9	10.0-10.9	9.0-9.9	8.0-8.9	7.5-7.9	7.0-7.4	6.5-6.9	6.0-6.4	≤5.9	<input type="text"/>
	seconds	seconds	Point														<input type="text"/>
2 Stepping Sideways over a Balance Beam	<input type="text"/>	<input type="text"/>	Raw	0	1-2	3-5	6-9	10-14	15-19	20-24	25-29	30-39	40-49	≥50			<input type="text"/>
	steps	steps	Point	0	1	2	3	4	5	6	7	8	9	10			<input type="text"/>
3 One-Legged Stationary Hop	<input type="text"/>	<input type="text"/>	Raw	0	1-2	3-5	6-9	10-14	15-19	20-24	25-29	30-39	40-49	≥50			<input type="text"/>
	hops	hops	Point	0	1	2	3	4	5	6	7	8	9	10			<input type="text"/>
4 One-Legged Side Hop	<input type="text"/>	<input type="text"/>	Raw	0	1-2	3-5	6-9	10-14	15-19	20-24	25-29	30-34	35-39	≥40			<input type="text"/>
	hops	hops	Point	0	1	2	3	4	5	6	7	8	9	10			<input type="text"/>
5 Two-Legged Side Hop	<input type="text"/>	<input type="text"/>	Raw	0	1-2	3-5	6-9	10-14	15-19	20-24	25-29	30-39	40-49	≥50			<input type="text"/>
	hops	hops	Point	0	1	2	3	4	5	6	7	8	9	10			<input type="text"/>

Notes & Observations

Total Point Score
Subtest 6
(max = 52)

Subtest 4: Bilateral Coordination

Conduct the second trial only if the examinee does not earn the maximum score on the first trial.

	Raw Score		Point	0	1	2	3	4	Point Score
	Trial 1	Trial 2							
1 Touching Nose with Index Fingers—Eyes Closed	<input type="text"/>	<input type="text"/>	Raw	0	1	2	3	4	<input type="text"/>
	touches	touches	Point	0	1	2	3	4	<input type="text"/>
2 Jumping Jacks	<input type="text"/>	<input type="text"/>	Raw	0	1	2-4	5		<input type="text"/>
	jumping jacks	jumping jacks	Point	0	1	2	3		<input type="text"/>
3 Jumping in Place—Same Sides Synchronized	<input type="text"/>	<input type="text"/>	Raw	0	1	2-4	5		<input type="text"/>
	jumps	jumps	Point	0	1	2	3		<input type="text"/>
4 Jumping in Place—Opposite Sides Synchronized	<input type="text"/>	<input type="text"/>	Raw	0	1	2-4	5		<input type="text"/>
	jumps	jumps	Point	0	1	2	3		<input type="text"/>
5 Pivoting Thumbs and Index Fingers	<input type="text"/>	<input type="text"/>	Raw	0	1	2-4	5		<input type="text"/>
	pivots	pivots	Point	0	1	2	3		<input type="text"/>
6 Tapping Feet and Fingers—Same Sides Synchronized	<input type="text"/>	<input type="text"/>	Raw	0	1	2-4	5-9	10	<input type="text"/>
	taps	taps	Point	0	1	2	3	4	<input type="text"/>
7 Tapping Feet and Fingers—Opposite Sides Synchronized	<input type="text"/>	<input type="text"/>	Raw	0	1	2-4	5-9	10	<input type="text"/>
	taps	taps	Point	0	1	2	3	4	<input type="text"/>

Notes & Observations

Total Point Score
Subtest 4
(max = 24)



Subtest 5: Balance

Conduct the second trial only if the examinee does not earn the maximum score on the first trial.

	Raw Score		Point	0	1	2	3	4	5	6	7	8	9	10	Point Score	
	Trial 1	Trial 2														
1 Standing with Feet Apart on a Line—Eyes Open	<input type="text"/>	<input type="text"/>	Raw	0.0–0.9	1.0–2.9	3.0–5.9	6.0–9.9	10								<input type="text"/>
	seconds	seconds	Point	0	1	2	3	4								<input type="text"/>
2 Walking Forward on a Line	<input type="text"/>	<input type="text"/>	Raw	0	1–2	3–4	5	6								<input type="text"/>
	steps	steps	Point	0	1	2	3	4								<input type="text"/>
3 Standing on One Leg on a Line—Eyes Open	<input type="text"/>	<input type="text"/>	Raw	0.0–0.9	1.0–2.9	3.0–5.9	6.0–9.9	10								<input type="text"/>
	seconds	seconds	Point	0	1	2	3	4								<input type="text"/>
4 Standing with Feet Apart on a Line—Eyes Closed	<input type="text"/>	<input type="text"/>	Raw	0.0–0.9	1.0–2.9	3.0–5.9	6.0–9.9	10								<input type="text"/>
	seconds	seconds	Point	0	1	2	3	4								<input type="text"/>
5 Walking Forward Heel-to-Toe on a Line	<input type="text"/>	<input type="text"/>	Raw	0	1–2	3–4	5	6								<input type="text"/>
	steps	steps	Point	0	1	2	3	4								<input type="text"/>
6 Standing on One Leg on a Line—Eyes Closed	<input type="text"/>	<input type="text"/>	Raw	0.0–0.9	1.0–2.9	3.0–5.9	6.0–9.9	10								<input type="text"/>
	seconds	seconds	Point	0	1	2	3	4								<input type="text"/>
7 Standing on One Leg on a Balance Beam—Eyes Open	<input type="text"/>	<input type="text"/>	Raw	0.0–0.9	1.0–2.9	3.0–5.9	6.0–9.9	10								<input type="text"/>
	seconds	seconds	Point	0	1	2	3	4								<input type="text"/>
8 Standing Heel-to-Toe on a Balance Beam	<input type="text"/>	<input type="text"/>	Raw	0.0–0.9	1.0–2.9	3.0–5.9	6.0–9.9	10								<input type="text"/>
	seconds	seconds	Point	0	1	2	3	4								<input type="text"/>
9 Standing on One Leg on a Balance Beam—Eyes Closed	<input type="text"/>	<input type="text"/>	Raw	0.0–0.9	1.0–2.9	3.0–4.9	5.0–7.9	8.0–9.9	10							<input type="text"/>
	seconds	seconds	Point	0	1	2	3	4	5							<input type="text"/>

Notes & Observations

Total Point Score
Subtest 5
(max = 37)

Subtest 8: Strength

For Item 1, conduct the second trial only if the examinee stumbles or falls on the first trial.

	Raw Score		Point	0	1	2	3	4	5	6	7	8	9	10	11	12	Point Score	
	Trial 1	Trial 2																
1 Standing Long Jump	<input type="text"/>	<input type="text"/>	Raw	≤12	13–18	19–24	25–30	31–36	37–42	43–48	49–54	55–60	61–66	67–72	73–84	≥85		<input type="text"/>
	inches	inches	Point	0	1	2	3	4	5	6	7	8	9	10	11	12		<input type="text"/>
2a Knee Push-ups	<input type="text"/>	<input type="text"/>	Raw	0	1–2	3–5	6–10	11–15	16–20	21–25	26–30	31–35	≥36					<input type="text"/>
2b Full Push-ups			push-ups	Point	0	1	2	3	4	5	6	7	8	9				
3 Sit-ups	<input type="text"/>	<input type="text"/>	Raw	0	1–2	3–5	6–10	11–15	16–20	21–25	26–30	31–35	≥36					<input type="text"/>
			sit-ups	Point	0	1	2	3	4	5	6	7	8	9				
4 Wall Sit	<input type="text"/>	<input type="text"/>	Raw	0	1–4	5–14	15–24	25–44	45–59	60								<input type="text"/>
			seconds	Point	0	1	2	3	4	5	6							
5 V-up	<input type="text"/>	<input type="text"/>	Raw	0	1–4	5–14	15–24	25–44	45–59	60								<input type="text"/>
			seconds	Point	0	1	2	3	4	5	6							

Notes & Observations

Total Point Score
Subtest 8
(max = 42)



Subtest 7: Upper-Limb Coordination

For Items 5 and 6, conduct the second trial only if the examinee does not earn the maximum score on the first trial.

	Raw Score												Point Score	
	Trial 1	Trial 2												
1 Dropping and Catching a Ball—Both Hands	<input type="checkbox"/> catches		Raw	0	1	2	3	4	5					<input type="text"/>
			Point	0	1	2	3	4	5					
2 Catching a Tossed Ball—Both Hands	<input type="checkbox"/> catches		Raw	0	1	2	3	4	5					<input type="text"/>
			Point	0	1	2	3	4	5					
3 Dropping and Catching a Ball—One Hand	<input type="checkbox"/> catches		Raw	0	1	2	3	4	5					<input type="text"/>
			Point	0	1	2	3	4	5					
4 Catching a Tossed Ball—One Hand	<input type="checkbox"/> catches		Raw	0	1	2	3	4	5					<input type="text"/>
			Point	0	1	2	3	4	5					
5 Dribbling a Ball—One Hand	<input type="checkbox"/> dribbles	<input type="checkbox"/> dribbles	Raw	0	1	2	3	4-5	6-7	8-9	10			<input type="text"/>
			Point	0	1	2	3	4	5	6	7			
6 Dribbling a Ball—Alternating Hands	<input type="checkbox"/> dribbles	<input type="checkbox"/> dribbles	Raw	0	1	2	3	4-5	6-7	8-9	10			<input type="text"/>
			Point	0	1	2	3	4	5	6	7			
7 Throwing a Ball at a Target	<input type="checkbox"/> throws		Raw	0	1	2	3	4	5					<input type="text"/>
			Point	0	1	2	3	4	5					

Notes & Observations

Total Point Score
Subtest 7
(max = 39)

Notes & Observations:



ANNEXURE Q

IMPLEMENTATION FIDELITY

TEACHERS' CALENDAR



Mariaan - ✓ T1
Jolani: - ✓ 13
Mari - ✓ 12

JANUARY 2008

SEMOSTI PROGRAM

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9 Skool Begin	10	11	12
13	14 Graad R Oueraand	15	16 Evaluasies	17 Evaluasies	18 Evaluasies	19
20	21 Evaluasies	22	23 Evaluasies	24 Evaluasies	25 Evaluasies SEMOSTI	26
27	28 Week 1 Dag 1 O ✓✓✓ N ✓✓✓ O ✓✓✓	29 Week 1 Dag 2 O ✓✓✓ N ✓✓✓ O ✓✓✓	30 Week 1 Dag 3 O ✓✓- N ✓✓- O ✓✓-	31 Week 1 Dag 4 O ✓✓✓ N ✓✓✓ O ✓✓✓		

Phone: 072 574 6358

E-mail: esalzwedel@telkomsa.net

Emily Salzwedel

FEBRUARY 2008

J - ✓
M - ✓
Mariaan ✓

SEMOSTI PROGRAM

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 Week 1 Dag 5 O - - - N ✓✓✓ O ✓✓✓	2
3	4 Week 2 Dag 1 O ✓✓✓ N ✓✓✓ O ✓✓✓	5 Week 2 Dag 2 O ✓✓- N ✓✓- O ✓✓-	6 Week 2 Dag 3 O ✓✓- N ✓✓- O ✓✓-	7 Week 2 Dag 4 O ✓✓✓ N ✓✓✓ O ✓✓✓	8 Week 2 Dag 5 O ✓✓✓ N ✓✓✓ O ✓✓✓	9
10	11 Week 3 Dag 1 O ✓✓✓ N ✓✓✓ O ✓✓✓	12 Week 3 Dag 2 O ✓✓✓ N ✓✓✓ O ✓✓✓	13 Week 3 Dag 3 O - - - N ✓✓✓ O ✓✓✓	14 Week 3 Dag 4 O ✓✓✓ N ✓✓✓ O ✓✓✓	15 Week 3 Dag 5 O ✓✓- N ✓✓- O ✓✓-	16
17	18 Week 4 Dag 1 O ✓✓- N ✓✓- O ✓✓-	19 Week 4 Dag 2 O ✓✓✓ N ✓✓✓ O ✓✓✓	20 Week 4 Dag 3 O ✓✓- N ✓✓- O ✓✓-	21 Week 4 Dag 4 O ✓✓✓ N ✓✓✓ O ✓✓✓	22 Week 4 Dag 5 O ✓✓✓ N ✓✓✓ O ✓✓✓	23
24	25 Week 5 Dag 1 O ✓✓- N ✓✓- O ✓✓-	26 Week 5 Dag 2 O ✓✓✓ N ✓✓✓ O ✓✓✓	27 Week 5 Dag 3 O ✓✓✓ N ✓✓✓ O ✓✓✓	28 Week 5 Dag 4 O ✓✓✓ N ✓✓✓ O ✓✓✓	29 Week 5 Dag 5 O ✓✓ N ✓✓ O ✓✓	

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Emily Salzwedel



MARCH 2008

J-✓
M-✓
Mar-08 ✓

SEMESTI PROGRAM

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3 Week 6 Dag 1 O ✓✓✓ N ✓✓✓ O ✓✓✓	4 Week 6 Dag 2 O ✓✓✓ N ✓✓✓ O ✓✓✓	5 Week 6 Dag 3 O ✓✓✓ N ✓✓✓ O ✓✓✓	6 Week 6 Dag 4 O ✓✓✓ N ✓✓✓ O ✓✓✓	7 Week 6 Dag 5 O ✓✓✓ N ✓✓✓ O ✓✓✓	8
9	10 Week 7 Dag 1 O ✓✓✓ N ✓✓✓ O ✓✓✓	11 Week 7 Dag 2 O ✓✓✓ N ✓✓✓ O ✓✓✓	12 Week 7 Dag 3 O ✓✓✓ N ✓✓✓ O ✓✓✓	13 Week 7 Dag 4 O ✓✓✓ N ✓✓✓ O ✓✓✓	14 Week 7 Dag 5 O ✓✓✓ N ✓✓✓ O ✓✓✓	15
16	17 Week 8 Dag 1 O ✓✓✓ N ✓✓✓ O ✓✓✓	18 Week 8 Dag 2 O ✓✓✓ N ✓✓✓ O ✓✓✓	19 Week 8 Dag 3 O ✓✓✓ N ✓✓✓ O ✓✓✓	20 Week 8 Dag 4 O ✓✓✓ N ✓✓✓ O ✓✓✓	21 Goedie Vrydag	22
23	24 Gesinsdag	25	26	27 Skool Sluit	28	29
30	31					

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Emily Salzwedel

APRIL 2008

J-✓
M-✓
M-✓

SEMESTI PROGRAM

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14 Week 9 Dag 1 O ✓✓✓ N ✓✓✓ O ✓✓✓ Skole Begin	15 Week 9 Dag 2 O ✓✓✓ N ✓✓✓ O ✓✓✓	16 Week 9 Dag 3 O ✓✓✓ N ✓✓✓ O ✓✓✓	17 Week 9 Dag 4 O ✓✓✓ N ✓✓✓ O ✓✓✓	18 Week 9 Dag 5 O ✓✓✓ N ✓✓✓ O ✓✓✓	19
20	21 Week 10 Dag 1 O ✓✓✓ N ✓✓✓ O ✓✓✓	22 Week 10 Dag 2 O ✓✓✓ N ✓✓✓ O ✓✓✓	23 Week 10 Dag 3 O ✓✓✓ N ✓✓✓ O ✓✓✓	24 Week 10 Dag 4 O ✓✓✓ N ✓✓✓ O ✓✓✓	25 Week 10 Dag 5 O ✓✓✓ N ✓✓✓ O ✓✓✓	26
27	28 Vakansiedag	29 Week 11 Dag 2 O ✓✓✓ N ✓✓✓ O ✓✓✓	30 Week 11 Dag 3 O ✓✓✓ N ✓✓✓ O ✓✓✓			

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Emily Salzwedel



MD - ✓

MAY 2008

SEMESTI PROGRAM

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 Hemelvaart Werkersdag	2 Skoolvakansie	3
4	5 Week 12 Dag 1 O ✓ N ✓ O ✓	6 Week 12 Dag 2 O ✓ N ✓ O ✓	7 Week 12 Dag 3 O ✓ N ✓ O ✓	8 Week 12 Dag 4 O ✓ N ✓ O ✓	9 Week 12 Dag 5 O ✓ N ✓ O ✓	10
11	12 Week 13 Dag 1 O ✓ N ✓ O ✓	13 Week 13 Dag 2 O ✓ N ✓ O ✓	14 Week 13 Dag 3 O ✓ N ✓ O ✓	15 Week 13 Dag 4 O ✓ N ✓ O ✓	16 Week 13 Dag 5 O ✓ N ✓ O ✓	17
18	19 Week 14 Dag 1 O ✓ N ✓ O ✓	20 Week 14 Dag 2 O ✓ N ✓ O ✓	21 Week 14 Dag 3 O ✓ N ✓ O ✓	22 Week 14 Dag 4 O ✓ N ✓ O ✓	23 Week 14 Dag 5 O ✓ N ✓ O ✓	24
25	26 Week 15 Dag 1 O ✓ N ✓ O ✓	27 Week 15 Dag 2 O ✓ N ✓ O ✓	28 Week 15 Dag 3 O ✓ N ✓ O ✓	29 Week 15 Dag 4 O ✓ N ✓ O ✓	30 Week 15 Dag 5 O ✓ N ✓ O ✓	31

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Emily Salzwedel

MD - ✓
JT - ✓
MM - ✓

JUNE 2008

SEMESTI PROGRAM

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 Week 16 Dag 1 Evaluasie van Mylpale	3 Week 16 Dag 2 Evaluasie van Mylpale	4 Week 16 Dag 3 Evaluasie van Mylpale	5 Week 16 Dag 4 Evaluasie van Mylpale	6 Week 16 Dag 5 Evaluasie van Mylpale	7
8	9 Week 17 Dag 1 O ✓ N ✓ O ✓	10 Week 17 Dag 2 O ✓ N ✓ O ✓	11 Week 17 Dag 3 O ✓ N ✓ O ✓	12 Week 17 Dag 4 O ✓ N ✓ O ✓	13 Week 17 Dag 5 O ✓ N ✓ O ✓	14
15	16 Week 18 Dag 1 O ✓ N ✓ O ✓	17 Week 18 Dag 2 O ✓ N ✓ O ✓	18 Week 18 Dag 3 O ✓ N ✓ O ✓	19 Week 18 Dag 4 O ✓ N ✓ O ✓	20 Skole Sluit	21
22	23	24	25	26	27	28
29	30					

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Emily Salzwedel



JULY 2008

Marianne ✓
Mari ✓
Jolandi ✓

SEMESTER PROGRAM

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14 Week 19 Dag 1 O ✓ N ✓ O ✓ Skole Begin	15 Week 19 Dag 2 O ✓ N ✓ O ✓	16 Week 19 Dag 3 O ✓ N ✓ O ✓	17 Week 19 Dag 4 O ✓ N ✓ O ✓	18 Week 19 Dag 5 O ✓ N ✓ O ✓	19
20	21 Week 20 Dag 1 O ✓ N ✓ O ✓	22 Week 20 Dag 2 O ✓ N ✓ O ✓	23 Week 20 Dag 3 O ✓ N ✓ O ✓	24 Week 20 Dag 4 O ✓ N ✓ O ✓	25 Week 20 Dag 5 O ✓ N ✓ O ✓	26
27	28 Week 21 Dag 1 O ✓ N ✓ O ✓	29 Week 21 Dag 2 O ✓ N ✓ O ✓	30 Week 21 Dag 3 O ✓ N ✓ O ✓	31 Week 21 Dag 4 O ✓ N ✓ O ✓		

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Emily Salzwedel

AUGUST 2008

Jolandi ✓
Mari ✓
Marianne ✓

SEMESTER PROGRAM

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 Week 21 Dag 5 O ✓ N ✓ O ✓	2
3	4 Week 22 Dag 1 O ✓ N ✓ O ✓	5 Week 22 Dag 2 O ✓ N ✓ O ✓	6 Week 22 Dag 3 O ✓ N ✓ O ✓	7 Week 22 Dag 4 O ✓ N ✓ O ✓	8 Week 22 Dag 5 O ✓ N ✓ O ✓	9 Vrouedag
10	11 Week 23 Dag 1 O ✓ N ✓ O ✓	12 Week 23 Dag 2 O ✓ N ✓ O ✓	13 Week 23 Dag 3 O ✓ N ✓ O ✓	14 Week 23 Dag 4 O ✓ N ✓ O ✓	15 Week 23 Dag 5 O ✓ N ✓ O ✓	16
17	18 Week 24 Dag 1 O ✓ N ✓ O ✓	19 Week 24 Dag 2 O ✓ N ✓ O ✓	20 Week 24 Dag 3 O ✓ N ✓ O ✓	21 Week 24 Dag 4 O ✓ N ✓ O ✓	22 Week 24 Dag 5 O ✓ N ✓ O ✓	23
24	25 Week 25 Dag 1 O ✓ N ✓ O ✓	26 Week 25 Dag 2 O ✓ N ✓ O ✓	27 Week 25 Dag 3 O ✓ N ✓ O ✓	28 Week 25 Dag 4 O ✓ N ✓ O ✓	29 Week 25 Dag 5 O ✓ N ✓ O ✓	30
31						

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Emily Salzwedel



SEPTEMBER 2008

*Marianne ✓
Jolanda ✓
Mari ✓*

SEMESTER PROGRAM

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 Week 26 Dag 1 O --- N --- O ---	2 Week 26 Dag 2 O ✓ N ✓ O ✓	3 Week 26 Dag 3 O ✓ N ✓ O ✓	4 Week 26 Dag 4 O --- N --- O ---	5 Week 26 Dag 5 O --- N --- O ---	6
7	8 Week 27 Dag 1 O ✓ N ✓ O ✓	9 Week 27 Dag 2 O ✓ N ✓ O ✓	10 Week 27 Dag 3 O ✓ N ✓ O ✓	11 Week 27 Dag 4 O ✓ N ✓ O ✓	12 Week 27 Dag 5 O ✓ N ✓ O ✓	13
14	15 Week 28 Dag 1 O ✓ N ✓ O ✓	16 Week 28 Dag 2 O ✓ N ✓ O ✓	17 Week 28 Dag 3 O ✓ N ✓ O ✓	18 Week 28 Dag 4 O ✓ N ✓ O ✓	19 Week 28 Dag 5 O --- N --- O ---	20
21	22 Week 29 Dag 1 O ✓ N ✓ O ✓	23 Week 29 Dag 2 O --- N --- O ---	24 Erfenisdag	25 Week 29 Dag 4 O --- N --- O ---	26 Week 29 Dag 5 O --- N --- O --- Skole Sluit	27
28	29	30				

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Emily Salzwedel

OCTOBER 2008

Marianne ✓

SEMESTER PROGRAM

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6 --- Skole Begin Evaluasies	7 --- ---	8 ✓ Evaluasies	9 Evaluasies	10 Evaluasies	11
12	13 ✓ Evaluasies	14	15 Evaluasies	16 Evaluasies	17 Evaluasies	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

*Week 31
Week 32
Week 33*

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Emily Salzwedel



ANNEXURE R

INDEPENDENT INVESTIGATOR OF VIDEO FOOTAGE CHECKLIST



**INDEPENDENT INVESTIGATOR OF
VIDEO FOOTAGE**

Participants:

PHYSICAL TESTING ENVIRONMENT	adequate	inadequate
lighting		
furniture		
size of room		
space relatively free from noise or other distractions		

TEST EQUIPMENT	available	not available
chairs with a flat surface		
throwing line to end line		
target on the wall		
balance beam		
tennis ball		
tape measure		
knee pad		
stop watch		
(running course & shuttle block)		

ESTABLISHING & MAINTAINING RAPPORT WITH CHILD	achieved	not achieved
Be open, honest and friendly		
Meet child's physical needs		
Maintain good eye contact and smile often		
Keep up a smooth, steady pace of testing		
Encourage the child to put forth his or her best effort		

BILATERAL COORDINATION	administered	not administered
Item 1: Touching Nose with Index Fingers - Eyes Closed		

PROCEDURE	followed	not followed	unscorable
The examinee stands with arms straight out to the sides, index fingers extended, other fingers tucked in, and eyes closed			
The examinee bends one arm, touches fingertip to the tip of his or her nose, and then returns arm to extended position.			
The examinee bends the other arm, touches fingertip to the tip of his or her nose, and then returns arm to extended position.			



The examinee continues touching index fingers to nose, alternating arms with each touch.
Touches must be performed with continuous movements
Conduct the second trial only if the examinee does not earn the maximum score of 4 on the first trial.

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee			
"Touch your nose with your fingers until I tell you to stop. Ready? Begin."			
After 4 correct touches or an incorrect touch say "Stop"			
Conduct the second trial only if the examinee does not earn the maximum score of 4 on the first trial.			

SCORING	followed	not followed	unscorable
Record the number of correct touches, up to 4			
A touch is incorrect if the examinee opens eyes, fails to maintain continuous movements, fails to touch tip of the nose with index fingers, fails to alternate arms, fails to extend arms fully after touching nose, or moves head to meet index finger.			
If incorrect, stop trial, remind examinee of proper form and conduct second trial.			

BILATERAL COORDINATION	administered	not administered
Item 2: Jumping Jacks		

PROCEDURE	followed	not followed	unscorable
The examinee stands with feet together and arms at sides.			
The examinee performs jumping jacks, first jumping up, spreading feet apart, and moving his or her arms up. Then the examinee jumps up again, bringing feet back together, and moving arms back down to his or her sides			
The examinee continues performing jumping jacks, reversing leg and arm positions with each jump.			
Jumping jacks must be performed with continuous movements.			
Conduct the second trial only if the examinee does not earn the maximum score of 5 correct jumping jacks on the first trial.			



ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee			
" Do jumping jacks until I tell you to stop. Ready? Begin.			
After 5 correct jumping jacks or an incorrect jumping jack, "Stop"			
Conduct the second trial only if the examinee does not earn the maximum score of 5 on the first trial.			

SCORING	followed	not followed	unscorable
Record the number of correct jumping jacks up to 5.			
A jumping jack is incorrect if the examinee fails to maintain continuous movements, jumps with legs but fails to swing arms, swings arms but fails to jump with legs, or fails to synchronize arm and leg movements.			
If incorrect, stop trial, remind examinee of proper form and conduct second trial.			

BILATERAL COORDINATION	administered	not administered
Item 3: Jumping in Place - Same Sides Synchronized		

PROCEDURE	followed	not followed	unscorable
The examinee stands with preferred leg and arm on same side forward, and other leg and arm to the back.			
The examinee jumps up, bringing non-preferred leg and arm on the same side forward, and moving other leg and arm back.			
The examinee continues to jump, reversing leg and arm positions with each jump.			
Jumps must be performed with continuous movements.			
Conduct the second trial only if the examinee does not earn the maximum score of 5 correct jumps on the first trial.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee			
"Jump until I tell you to stop. Ready? Begin.			
After 5 correct jumps or an incorrect jump, "Stop"			
Conduct the second trial only if the examinee does not earn the maximum score of 5 on the first trial.			



SCORING	followed	not followed	unscorable
Record the number of correct jacks up to 5.			
A jump is incorrect if the examinee fails to maintain continuous movements, fails to move leg and arm on same side together, or takes extra steps.			
If incorrect, stop trial, remind examinee of proper form and conduct second trial.			

BILATERAL COORDINATION	administered	not administered
Item 4: Jumping in Place - Opposite Sides Synchronized		

PROCEDURE	followed	not followed	unscorable
The examinee stands with non-preferred leg and opposite arm forward, and other leg and arm to the back.			
The examinee jumps up, bringing preferred leg and opposite arm forward, and moving other leg and arm back.			
The examinee continues to jump, reversing leg and arm positions with each jump.			
Jumps must be performed with continuous movements.			
Conduct the second trial only if the examinee does not earn the maximum score of 5 correct jumps on the first trial.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee			
"Jump until I tell you to stop. Ready? Begin."			
After 5 correct jumps or an incorrect jump, "Stop"			
Conduct the second trial only if the examinee does not earn the maximum score of 5 on the first trial.			

SCORING	followed	not followed	unscorable
Record the number of correct jumps up to 5.			
A jump is incorrect if the examinee fails to maintain continuous movements, fails to move leg and arm on opposite sides together, or takes extra steps.			
If incorrect, stop trial, remind examinee of proper form and conduct second trial.			

BILATERAL COORDINATION	administered	not administered
Item 5: Pivoting Thumbs and Index Fingers		



PROCEDURE	followed	not followed	unscorable
The examinee sits at a table and extends both arms, holding out thumbs and index fingers.			
The examinee touches thumbs to index fingers of opposite hands.			
The examinee separates one thumb and finger, pivots the hands, and brings the thumb and finger back together. Then the examinee separates the other thumb and finger, pivots the hands again, and brings that thumb and finger back together.			
The examinee continues pivoting thumbs and index fingers. Pivots must be performed with continuous movements.			
Conduct the second trial only if the examinee does not earn the maximum score of 5 correct pivots on the first trial.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee "Move your thumbs and fingers until I tell you to stop. Ready? Begin."			
After 5 correct pivots or an incorrect pivot, "Stop"			
Conduct the second trial only if the examinee does not earn the maximum score of 5 on the first trial.			

SCORING	followed	not followed	unscorable
Record the number of correct pivots, up to 5.			
A pivot is incorrect if the examinee fails to maintain continuous movements, fails to place thumbs or index fingers correctly, or allows pivot thumbs and fingers to separate prematurely.			
If incorrect, stop trial, remind examinee of proper form and conduct second trial.			

BILATERAL COORDINATION	administered	not administered
Item 6: Tapping Feet and Fingers - Same Sides Synchronized		

PROCEDURE	followed	not followed	unscorable
The examinee sits at a table with index fingers extended and other fingers tucked in.			
The examinee simultaneously taps foot and index finger on the same side of the body. Then the examinee simultaneously taps the foot and index finger on the other side of the body.			



The examinee continues tapping, alternating same-side taps.
Taps must be performed with continuous movements.

Conduct the second trial only if the examinee does not earn the maximum score of 10 correct taps on the first trial.

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee			
"Tap your feet and fingers until I tell you to stop. Ready? Begin." After 10 correct taps or an incorrect tap, "Stop"			
Conduct the second trial only if the examinee does not earn the maximum score of 10 on the first trial.			

SCORING	followed	not followed	unscorable
Record the number of correct taps, up to 10.			
A tap is incorrect if the examinee fails to maintain continuous movements, fails to simultaneously tap foot and finger on same side of body, or fails to alternate sides with each tap.			
If incorrect, stop trial, remind examinee of proper form and conduct second trial.			

BILATERAL COORDINATION	administered	not administered
Item 7: Tapping Feet and Fingers - Opposite Sides Synchronized		

PROCEDURE	followed	not followed	unscorable
The examinee sits at a table with index fingers extended and other fingers tucked in.			
The examinee simultaneously taps foot and index finger on opposite sides of the body. Then the examinee simultaneously taps the other foot and index finger.			
The examinee continues tapping, alternating opposite-side taps. Taps must be performed with continuous movements.			
Conduct the second trial only if the examinee does not earn the maximum score of 10 correct taps on the first trial.			



ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee			
"Tap your feet and fingers until I tell you to stop. Ready? Begin." After 10 correct steps or an incorrect tap, "Stop"			
Conduct the second trial only if the examinee does not earn the maximum score of 10 on the first trial.			

SCORING	followed	not followed	unscorable
Record the number of correct taps, up to 10.			
A tap is incorrect if the examinee fails to maintain continuous movements, fails to simultaneously tap foot and finger on opposite sides of body, or fails to alternate sides with each tap. If incorrect, stop trial, remind examinee of proper form and conduct second trial.			

BALANCE	administered	not administered
Item 1: Standing with Feet Apart on a Line - Eyes Open		

PROCEDURE	followed	not followed	unscorable
The examinee stands with feet together, preferred foot on and parallel to the line. The examinee places hands on hips.			
The examinee takes one natural step forward, placing non-preferred foot on and parallel to the line, and looks at the target. Conduct the second trial only if the examinee does not earn the maximum score of 10 seconds on the first trial.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee			
"Stand on the line with your feet apart until I tell you to stop. Ready? Begin"			
Begin timing after examinee attains proper form. After 10 seconds or when examinee breaks proper form, "Stop"			
Conduct the second trial only if the examinee does not earn the maximum score of 10 seconds on the first trial.			

SCORING	followed	not followed	unscorable
Record the number of seconds, up to 10 seconds.			
Stop trial after 10 seconds or if examinee steps off the line or fails to keep hands on hips.			



BALANCE	administered	not administered
Item 2: Walking Forward on a Line		

PROCEDURE	followed	not followed	unscorable
The examinee stands with feet together, preferred foot on and parallel to the line.			
The examinee places hands on hips.			
The examinee walks forward in a natural walking stride, placing feet on and parallel to the line with each step.			
Conduct the second trial only if the examinee does not earn the maximum score of 6 correct steps on the first trial.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee			
"Walk on the line until I tell you to stop. Ready? Begin"			
After 6 correct steps or an incorrect step, "Stop"			
Conduct the second trial only if the examinee does not earn the maximum score of 6 correct steps on the first trial.			

SCORING	followed	not followed	unscorable
Record the number of steps, up to 6.			
A step is incorrect if the examinee steps off the line, fails to keep hands on hips, stumbles or falls.			
Stop trial, remind examinee of proper form and conduct the second trial.			

BALANCE	administered	not administered
Item 3: Standing on One Leg on a Line - Eyes Open		

PROCEDURE	followed	not followed	unscorable
The examinee stands with feet together, preferred foot on and parallel to the line.			
The examinee places hands on hips.			
The examinee raises non-preferred leg behind him, with knee bent 90 degrees and shin parallel to the floor, and looks at the target.			
Conduct the second trial only if the examinee does not earn the maximum score of 10 seconds on the first trial.			



ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee			
"Stand on one leg on the line until I tell you to stop. Ready? Begin"			
Begin timing after examinee attains proper form. After 10 seconds or when examinee breaks proper form, "Stop"			
Conduct the second trial only if the examinee does not earn the maximum score of 10 seconds on the first trial.			

SCORING	followed	not followed	unscorable
Record the number of seconds, up to 10 seconds.			
Stop trial after 10 seconds or if examinee fails to keep raised leg lifted to at least 45 degrees, fails to keep hands on hips, or steps or falls off the line.			

BALANCE	administered	not administered
Item 4: Standing with Feet Apart on a Line - Eyes Closed		

PROCEDURE	followed	not followed	unscorable
The examinee stands with feet together, preferred foot on and parallel to the line.			
The examinee places hands on hips.			
The examinee takes one natural step forward, placing non-preferred foot on and parallel to the line, and closes his eyes.			
Conduct the second trial only if the examinee does not earn the maximum score of 10 seconds on the first trial.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee.			
"Stand on the line with your feet apart and your eyes closed until I tell you to stop. Ready? Begin"			
Begin timing after examinee attains proper form. After 10 seconds or when examinee breaks proper form, "Stop"			
Conduct the second trial only if the examinee does not earn the maximum score of 10 seconds on the first trial.			

SCORING	followed	not followed	unscorable
Record the number of seconds, up to 10 seconds.			
Stop trial after 10 seconds or if examinee steps off the line or fails to keep hands on hips or opens eyes.			



BALANCE	administered	not administered
Item 5: Walking Forward Heel-to-Toe on a Line		

PROCEDURE	followed	not followed	unscorable
The examinee stands with feet together, preferred foot on and parallel to the line.			
The examinee places hands on hips.			
The examinee walks forward heel-to-toe on and parallel to the line and touching heel to toe with each step.			
Conduct the second trial only if the examinee does not earn the maximum score of 6 correct steps on the first trial.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee			
"Walk heel-to-toe on the line until I tell you to stop. Ready? Begin"			
After 6 correct steps or an incorrect step, "Stop"			
Conduct the second trial only if the examinee does not earn the maximum score of 6 correct steps on the first trial.			

SCORING	followed	not followed	unscorable
Record the number of steps, up to 6.			
A step is incorrect if the examinee fails to step heel-to-toe, steps off the line, fails to keep hands on hips, stumbles or falls.			
Stop trial, remind examinee of proper form and conduct the second trial.			

BALANCE	administered	not administered
Item 6: Standing on One Leg on a Line - Eyes Closed		

PROCEDURE	followed	not followed	unscorable
The examinee stands with feet together, preferred foot on and parallel to the line.			
The examinee places hands on hips.			
The examinee raises non-preferred leg behind him, with knee bent 90 degrees and shin parallel to the floor, and closes his eyes.			
Conduct the second trial only if the examinee does not earn the maximum score of 10 seconds on the first trial.			



ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee.			
"Stand on one leg on the line with your eyes closed until I tell you to stop. Ready? Begin"			
Begin timing after examinee attains proper form. After 10 seconds or when examinee breaks proper form. "Stop"			
Conduct the second trial only if the examinee does not earn the maximum score of 10 seconds on the first trial.			

SCORING	followed	not followed	unscorable
Record the number of seconds, up to 10 seconds.			
Stop trial after 10 seconds or if examinee fails to keep raised leg lifted to at least 45 degrees, fails to keep hands on hips, steps or falls off the line, or opens eyes.			

BALANCE	administered	not administered
Item 7: Standing on One Leg on a Balance Beam - Eyes Open		

PROCEDURE	followed	not followed	unscorable
The examinee stands with preferred foot on the balance beam and non-preferred foot on the floor.			
The examinee places hands on hips.			
The examinee raises non-preferred leg behind him, with knee bent 90 degrees and shin parallel to the floor, and looks at the target.			
Conduct the second trial only if the examinee does not earn the maximum score of 10 seconds on the first trial.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee.			
"Stand on one leg on the beam until I tell you to stop. Ready? Begin"			
Begin timing after examinee attains proper form. After 10 seconds or when examinee breaks proper form, "Stop"			
Conduct the second trial only if the examinee does not earn the maximum score of 10 seconds on the first trial.			

SCORING	followed	not followed	unscorable
Record the number of seconds, up to 10 seconds.			
Stop trial after 10 seconds or if examinee fails to keep raised leg lifted to at least 45 degrees, fails to keep hands on hips, or steps or falls off the beam.			



BALANCE	administered	not administered
Item 8: Standing Heel-to-Toe on a Balance Beam		

PROCEDURE	followed	not followed	unscorable
The examinee stands with preferred foot on the balance beam and non-preferred foot on the floor. The examinee places hands on hips.			
The examinee takes one step forward, placing non-preferred foot on the balance beam and touching heel of front foot with toe of back foot, and looks at the target.			
Conduct the second trial only if the examinee does not earn the maximum score of 10 seconds on the first trial.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee.			
"Stand heel-to-toe on the beam until I tell you to stop. Ready? Begin"			
Begin timing after examinee attains proper form. After 10 seconds or when examinee breaks proper form, "Stop"			
Conduct the second trial only if the examinee does not earn the maximum score of 10 seconds on the first trial.			

SCORING	followed	not followed	unscorable
Record the number of seconds, up to 10 seconds.			
Stop trial after 10 seconds or if examinee fails to keep feet heel-to-toe, fails to keep hands on hips, or steps or falls off the beam.			

BALANCE	administered	not administered
Item 9: Standing on One Leg on a Balance Beam - Eyes Closed		

PROCEDURE	followed	not followed	unscorable
The examinee stands with preferred foot on the balance beam and non-preferred foot on the floor. The examinee places hands on hips.			
The examinee raises non-preferred leg behind him, with knee bent 90 degrees and shin parallel to the floor, and closes his eyes.			
Conduct the second trial only if the examinee does not earn the maximum score of 10 seconds on the first trial.			



ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee.			
"Stand on one leg on the beam with your eyes closed until I tell you to stop. Ready? Begin"			
Begin timing after examinee attains proper form. After 10 seconds or when examinee breaks proper form. "Stop"			
Conduct the second trial only if the examinee does not earn the maximum score of 10 seconds on the first trial.			

SCORING	followed	not followed	unscorable
Record the number of seconds, up to 10 seconds.			
Stop trial after 10 seconds or if examinee fails to keep raised leg lifted to at least 45 degrees, fails to keep hands on hips, steps or falls off the beam, or opens eyes.			

RUNNING SPEED AND AGILITY	administered	not administered
Item 1: Shuttle Run		

PROCEDURE	followed	not followed	unscorable
Place the shuttle block on its side, at the end of line.			
Stand beside the running course, near the start/finish line, and have the examinee stand just behind the start/finish line.			
The examinee runs to the end of line, picks up the block, and runs with the shuttle block back across the start/finish line. If examinee slows down, remind him to continue running.			
Conduct the second trial only if the examinee stumbles, falls, fails to pick up the shuttle block or drops the block before crossing the start/finish line.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee.			
"When I say go, run as fast as you can to the block, pick it up, and run back to the line. Ready? Set Go"			
Begin timing when you say go and stop timing when the examinee carries the block across the start/finish line.			
Conduct the second trial only if the examinee falls, fails to pick up the shuttle block, or drops the block on the first trial.			



SCORING	followed	not followed	unscorable
Record the number of seconds.			
Continue timing if the examinee stumbles, falls, fails to pick up the shuttle block or drops the block before crossing finish line.			
Conduct second trial.			

RUNNING SPEED AND AGILITY	administered	not administered
Item 2: Stepping Sideways over a Balance Beam		

PROCEDURE	followed	not followed	unscorable
The examinee stands with feet together, next to and parallel to the balance beam.			
The examinee places hands on hips.			
The examinee steps over the beam, one foot at a time, moving entire body to the other side. Then, the examinee steps back over the beam, one foot at a time, returning to the original side.			
The examinee continues to step back and forth over the beam, always stepping with one foot at a time.			
Conduct the second trial only if the examinee stumbles or falls during the first trial.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee.			
"Step back and forth over the beam until I tell you to stop. Ready? Begin"			
Begin timing when you say begin, after 15 seconds or when examinee stumbles or falls stop timing.			
Conduct the second trial only if the examinee falls or stumbles during the first trial.			

SCORING	followed	not followed	unscorable
Record the number of correct steps performed in 15 seconds.			
Note: each foot correctly placed counts as one step.			
A step is incorrect if the examinee fails to keep hands on hips or fails to move one foot at a time.			
Stop trial if examinee stumbles or falls, and conduct the second trial.			



RUNNING SPEED AND AGILITY	administered	not administered
Item 3: One-Legged Stationary Hop		

PROCEDURE	followed	not followed	unscorable
The examinee stands with feet together on the end line.			
The examinee places hands on hips.			
The examinee raises non-preferred leg behind him with knee bent 90 degrees and shin parallel to the floor.			
The examinee hops up and down on preferred leg, maintaining proper form with each hop.			
Conduct the second trial only if the examinee stumbles or falls during the first trial.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee.			
"Hop up and down on one leg until I tell you to stop. Ready? Begin"			
Begin timing when you say begin, after 15 seconds, "Stop".			
Conduct the second trial only if the examinee falls or stumbles during the first trial.			

SCORING	followed	not followed	unscorable
Record the number of hops performed in 15 seconds.			
A hop is incorrect if the examinee touches raised foot to the floor or fails to keep hands on hips. Remind him of proper form and continue the trial. If examinee rotates while hopping, count hops as correct.			
Continue with trial if examinee stumbles or falls, and conduct the second trial.			

RUNNING SPEED AND AGILITY	administered	not administered
Item 4: One-Legged Side Hop		

PROCEDURE	followed	not followed	unscorable
The examinee stands with feet together, next to and parallel to the line.			
The examinee places hands on hips.			
The examinee raises non-preferred leg behind him with knee bent 90 degrees and shin parallel to the floor.			
The examinee hops back and forth over the line, maintaining proper form with each hop.			
Conduct the second trial only if the examinee stumbles or falls during the first trial.			



ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee. "Hop on one leg, back and forth over the line until I tell you to stop. Ready? Begin"			
Begin timing when you say begin, after 15 seconds, "Stop".			
Conduct the second trial only if the examinee falls or stumbles during the first trial.			

SCORING	followed	not followed	unscorable
Record the number of hops performed in 15 seconds.			
A hop is incorrect if the examinee touches raised foot to the floor, fails to keep hands on hips, or fails to attain sideways movement of at least 10.2 cm . Remind him of proper form and continue the trial. If examinee touches the line or drifts forwards or backwards, count hops as correct.			
Continue with trial if examinee stumbles or falls, and conduct the second trail.			

RUNNING SPEED AND AGILITY	administered	not administered
Item 5: Two-Legged Side Hop		

PROCEDURE	followed	not followed	unscorable
The examinee stands with feet together, next to and parallel to the line.			
The examinee places hands on hips.			
The examinee hops back and forth over the line, maintaining proper form with each hop.			
Conduct the second trial only if the examinee stumbles or falls during the first trial.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee "Hop back and forth over the line until I tell you to stop. Ready? Begin"			
Begin timing when you say begin, after 15 seconds, "Stop".			
Conduct the second trial only if the examinee falls or stumbles during the first trial.			



SCORING	followed	not followed	unscorable
Record the number of hops performed in 15 seconds.			
A hop is incorrect if the examinee fails to keep feet together (5 cm), fails to keep hands on hips, or fails to attain sideways movement of at least 10.2 cm . Remind him of proper form and continue the trial. If examinee touches the line or drifts forwards or backwards, count hops as correct.			
Continue with trial if examinee stumbles or falls, and conduct the second trail.			

UPPER-LIMB COORDINATION	administered	not administered
Item 1: Dropping and Catching a Ball - Both Hands		

PROCEDURE	followed	not followed	unscorable
The examinee holds the tennis ball in both hands and extends both arms in front of his body.			
The examinee drops the ball and, after it bounces once on the floor, catches the ball with both hands.			
The examinee may bend over or move to catch the ball.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee - allow to practice one drop & catch.			
"Now try it again. Drop and catch the ball with both hands. Ready? Begin"			
Allow examinee to attempt five drops and catches.			

SCORING	followed	not followed	unscorable
Record the number of correct catches, up to 5.			
A catch is incorrect if the examinee traps the ball against his body or catches the ball in one hand.			

UPPER-LIMB COORDINATION	administered	not administered
Item 2: Catching a Tossed Ball - Both Hands		

PROCEDURE	followed	not followed	unscorable
The examinee stands just behind the end line/examiner throwing line.			



From just behind the examiner throwing line, carefully toss the tennis ball underhanded to the examinee. The ball should be tossed with a slight arc so that it comes between the examinee's shoulders and waist.

The examinee catches the ball with both hands.

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee - allow to practice catching one tossed ball.			
"Now try it again. Catch the ball with both hands when I throw it to you. Ready? Begin"			
Allow examinee to attempt five catches.			

SCORING	followed	not followed	unscorable
Record the number of correct catches, up to 5.			
A catch is incorrect if the examinee traps the ball against his body or catches the ball in one hand.			

UPPER-LIMB COORDINATION	administered	not administered
Item 3: Dropping and Catching a Ball - One Hand		

PROCEDURE	followed	not followed	unscorable
The examinee holds the tennis ball in preferred hand and extends preferred arm in front of his body.			
The examinee drops the ball and, after it bounces once on the floor, catches the ball with preferred hand.			
The examinee may bend over or move to catch the ball.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee - allow to practice one drop & catch.			
"Now try it again. Drop and catch the ball with one hand. Ready? Begin"			
Allow examinee to attempt five drops and catches.			

SCORING	followed	not followed	unscorable
Record the number of correct catches, up to 5.			
A catch is incorrect if the examinee traps the ball against his body or catches the ball in both hand, or catches with non-preferred hand.			



UPPER-LIMB COORDINATION	administered	not administered
Item 4: Catching a Tossed Ball - One Hand		

PROCEDURE	followed	not followed	unscorable
The examinee stands just behind the end line/examiner throwing line.			
From just behind the examiner throwing line, carefully toss the tennis ball underhanded to the examinee. The ball should be tossed with a slight arc so that it comes between the examinee's shoulders and waist.			
The examinee catches the ball with preferred hand.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee - allow to practice catching one tossed ball.			
"Now try it again. Catch the ball with one hand when I throw it to you. Ready? Begin"			
Allow examinee to attempt five catches.			

SCORING	followed	not followed	unscorable
Record the number of correct catches, up to 5.			
A catch is incorrect if the examinee traps the ball against his body, catches the ball in both hands, or catches the ball with non-preferred hand.			

UPPER-LIMB COORDINATION	administered	not administered
Item 5: Dribbling a Ball - One Hand		

PROCEDURE	followed	not followed	unscorable
The examinee holds the tennis ball in preferred hand and extends preferred arm in front of his body.			
The examinee drops the ball and then uses preferred hand for each dribble, moving if necessary to continue dribbling.			
Conduct the second trial only if the examinee does not earn the maximum score of 10 correct dribbles on the first trial.			



ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee.			
"Dribble the ball with one hand until I tell you to stop. Ready? Begin"			
If examinee does not earn the maximum score of 10 correct dribbles, conduct second trial.			

SCORING	followed	not followed	unscorable
Record the number of correct dribbles, up to 10.			
A dribble is incorrect if the examinee dribbles with non-preferred hand, catches ball, or allows ball to bounce more than once between dribbles. Conduct second trial.			

UPPER-LIMB COORDINATION	administered	not administered
Item 6: Dribbling a Ball - Alternating Hands		

PROCEDURE	followed	not followed	unscorable
The examinee holds the tennis ball in preferred hand and extends preferred arm in front of his body.			
The examinee drops the ball and then alternates hands for each dribble, moving if necessary to continue dribbling.			
Conduct the second trial only if the examinee does not earn the maximum score of 10 correct dribbles on the first trial.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee.			
"Dribble the ball, changing hands with each dribble until I tell you to stop. Ready? Begin"			
If examinee does not earn the maximum score of 10 correct dribbles, conduct second trial.			

SCORING	followed	not followed	unscorable
Record the number of correct dribbles, up to 10.			
A dribble is incorrect if the examinee does not alternate hands with each dribble, catches ball, or allows ball to bounce more than once between dribbles. Conduct second trial.			



UPPER-LIMB COORDINATION	administered	not administered
Item 7: Throwing a Ball at a Target		

PROCEDURE	followed	not followed	unscorable
The examinee stands just behind end line/examinee throwing line facing the wall with the target.			
The examinee uses preferred hand to throw the tennis ball at the target, either overhanded or with a modified sidearm motion.			
The examinee may take one step toward the target while throwing. However, if the examinee chooses to take a step forward while throwing, have him start far enough behind the line so that the step does not cross over the line.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee - allow one practice throw at target.			
"Now try it again. Throw the ball at the target. Ready? Begin"			
Allow the examinee to attempt five throws.			

SCORING	followed	not followed	unscorable
Record the number of correct throws, up to 5.			
A throw is incorrect if the examinee misses the target, throws underhand, or steps over the line while throwing. If examinee's throw hits the black perimeter of target, count as correct.			

STRENGTH	administered	not administered
Item 1: Standing Long Jump		

PROCEDURE	followed	not followed	unscorable
The examinee stands just behind end line, with feet about shoulder-width apart.			
The examinee bends knees and leans forward.			
The examinee swings arms back and then jumps forward, swinging arms forward and landing on both feet.			
Conduct second trial only if examinee stumbles or falls.			



ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee.			
"Stand behind the line and jump forward as far as you can. Try to land on your feet. Ready? Begin"			
If examinee stumbles or falls, conduct second trial.			

SCORING	followed	not followed	unscorable
Record the distance the examinee jumped forward.			
Use tape measure to measure from the end line to the examinee's heels. Measure to the heel nearest to end line. If examinee stumbles backwards measure from body part nearest to end line. Conduct second trial.			

STRENGTH	administered	not administered
Item 2a: Knee Push-ups		

PROCEDURE	followed	not followed	unscorable
The examinee kneels down on the knee pad and leans forward to put hands on the floor. The examinee's hands should be directly beneath shoulders.			
The examinee crosses ankles and raises feet from the floor. The examinee's back and neck are straight, and he or she is looking at the floor.			
The examinee performs knee push-ups, each time lowering toward the floor and then pushing back up until arms are straight. If the examinee tires before 30 seconds have elapsed and is unable to continue, allow the examinee to stop.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee.			
"Do knee push-ups until I tell you to stop. Ready? Begin"			
Begin timing after you say "Begin" and stop after 30 seconds.			

SCORING	followed	not followed	unscorable
Record the number of correct knee push-ups performed in 30 seconds.			
A knee push-up is incorrect if the examinee allows back to sag or lifts hips so that back is not straight. Remind examinee of proper form and continue with trail.			



STRENGTH	administered	not administered
Item 3: Sit-ups		

PROCEDURE	followed	not followed	unscorable
The examinee lies on his back on the floor, with arms at sides and palms down.			
The examinee bends knees to a 90 degrees angle, placing feet flat on the floor.			
The examinee performs sit-ups, each time raising head, shoulders, and shoulder blades from the floor; reaching for knees, and lowering body back to the floor (doesn't have to return arms to floor)			
If the examinee tires before 30 seconds have elapsed and is unable to continue, allow the examinee to stop.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee.			
"Do sit-ups until I tell you to stop. Ready? Begin"			
Begin timing after you say "Begin" and stop after 30 seconds.			

SCORING	followed	not followed	unscorable
Record the number of correct sit-ups performed in 30 seconds.			
A sit-up is incorrect if the examinee pushes up from the floor with elbows, pulls on the floor or uses clothing to "climb" to the knees, fails to keep feet flat on the floor (body rocks) or fails to touch shoulder blades to the floor before attempting another sit-up. Remind examinee of proper form and continue with trail.			

STRENGTH	administered	not administered
Item 4: Wall sit		

PROCEDURE	followed	not followed	unscorable
The examinee stands with back against the wall and feet flat on the floor.			
The examinee walks his feet out for two or three steps, keeping his back against wall.			
The examinee lowers into a sitting position by sliding his back down the wall and bending knees to a 90 degree angle.			
The examinee crosses arms across chest.			



ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee. "Sit against the wall until I tell you to stop. Ready? Begin"			
Begin timing when examinee attains proper wall sit form and stop after 60 seconds.			

SCORING	followed	not followed	unscorable
Record the number of seconds that the examinee maintains proper wall sit form .			
Stop trial after 60 seconds or if the examinee fails to keep knees bent to a 90 degree angle, fails to keep back against wall, uncrosses arms, or indicates inability to maintain a wall sit any longer.			

STRENGTH	administered	not administered
Item 5: V-up		

PROCEDURE	followed	not followed	unscorable
The examinee lies face down on the floor, with arms extended forward, legs extended behind, and feet touching floor.			
The examinee raises head, chest, arms, and legs off the floor. Shoulders and knees must be raised at least 5 cm off the floor.			

ADMINISTRATION RULES	followed	not followed	unscorable
Teach the task to examinee. "Raise your head, chest, arms, and legs. Keep them up until I tell you to stop. Ready? Begin"			
Begin timing when examinee attains proper v-up form and stop after 60 seconds.			

SCORING	followed	not followed	unscorable
Record the number of seconds that the examinee maintains v-up form.			
Stop trial after 60 seconds or if the examinee touches head, chest, arms or legs to the floor, or indicates inability to maintain a v-up any longer.			



ANNEXURE S

EXAMPLE OF BOT-2 REPORTS GIVEN TO PARENTS



BOT 2

Examinee Information

Name: ██████████
ID Number: 014
Birth Date: 09/23/2002
Age: 6:0
Sex: Female
Preferred Drawing Hand: Right
Preferred Throwing Hand/Arm: Right
Preferred Foot/Leg: Right
Ethnicity: White
Current Grade: K
School/Clinic: ROODEKRANS
Testing Site:
ROODEKRANS
Present Classification/Diagnosis:
NONE

Test Information

Test Date: 10/17/2008
Norms: Female
Examiner Name: EMILY SALZWEDEL, MRS
Examiner ID:
Reason for Assessment:
POST-TEST FOR RESEARCH
Other Information:



The Bruininks-Oseretsky Test of Motor Proficiency, Second Edition measures gross and fine motor skills of individuals from age 4 through 21. Results contained herein are confidential, and should only be viewed by those with proper authorization. This computer-generated report should not be the sole basis for making important decisions related to diagnosis, treatment, or qualification for program eligibility.

Scores and narratives text are based on normative data from the Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2).



BOT-2

██████████
ID#: 014

Age: 6:0
Test Date: 10/17/2008

Motor Score Summary
Female Norms

Subtest / Composite	Total Point Score	Scale Score	Standard Score	Conf. Interval: 90%		Percentile Rank	Age Equiv.	Descriptive Categories
				Band	Interval			
Fine Motor Precision								
Fine Motor Integration								
Fine Manual Control								
Manual Dexterity								
Upper-Limb Coordination	13	10		± 3	7-13		5:6-5:7	Below Average
Manual Coordination								
Bilateral Coordination	19	17		± 3	14-20		6:9-6:11	Average
Balance	30	14		± 3	11-17		5:8-5:9	Average
Body Coordination	Sum = 31**		51	± 5	46-56	54		Average
Running Speed and Agility	32	21		± 4	17-25		8:0-8:2	Above Average
Strength (Knee Push-up)	19	19		± 4	15-23		7:6-7:8	Average
Strength and Agility	Sum = 40**		60	± 6	54-66	84		Above Average
Total Motor Composite								

* Represents the sum of the composite standard scores
 ** Represents the sum of the subtest scale scores
 *** Caution is required when interpreting this age equivalent



[REDACTED]
ID#: 014

Age: 6:0
Test Date: 10/17/2008

Parent/Caregiver Letter

On 10/17/2008, [REDACTED] completed the Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2). The BOT-2 measures hand and arm coordination, balance, mobility, and strength using fun activities like drawing shapes, bouncing a ball, standing on a small balance beam, hopping on one foot, and performing sit-ups.

The skills that the BOT-2 measures play an important role in everyday tasks, including drawing and writing, using small objects, walking and running, and participating in recreational and competitive sports. Learning about how an individual performs these tasks helps to identify special needs so that plans can be made to accommodate these needs and develop programs to improve performance.

An individual's performance on the BOT-2 can be described by comparing her scores to the scores obtained by the norm group. The norm group is a representative sample of individuals from across the United States. One type of score, called the percentile rank, indicates the percentage of individuals from this group who performed at or below a specific score. For example, a percentile rank of 20 indicates that 20% of the group performed at or below that score.

[REDACTED]'s performances in the following motor skill areas are described below: Body Coordination and Strength and Agility.

[REDACTED]'s performance on Body Coordination, which measures control of the large muscles that aide in maintaining posture and balance, corresponds to a percentile rank of 54, which is considered Average for females her age.

[REDACTED]'s performance on Strength and Agility, which measures upper and lower body strength and control of the large muscles used in walking and running, corresponds to a percentile rank of 84, which is considered Above Average for females her age.

More specific areas of motor performance within each assessed motor skills area are also reported. For each of these specific areas, [REDACTED]'s score is rated well-above average, above average, average, below average, or well-below average. [REDACTED]'s abilities in the Manual Coordination skills area were Below Average for Upper Limb Coordination. [REDACTED]'s abilities in the Body Coordination skills area were Average for Bilateral Coordination and Average for Balance. [REDACTED]'s abilities in the Strength and Agility skills area were Above Average for Running Speed and Agility and Average for Strength.

Sincerely,



ANNEXURE T

QUERIES REGARDING SEMOSTI PROGRAMME



Please contact Emily Salzwedel for any queries regarding the
SEMOSTI Programme
at
Emily.S.Salzwedel@gmail.com