Pilot Plan for SMHP

If you are considering a Pilot Study, talk first to your administrators. You may need permission.

Time Frame
- Beginning date: _______________  End date: _______________
- Number of minutes per sessions: _______________
- Number of sessions per week: _______________
- How SMHP will be embedded across the curriculum the rest of the day: _______________

Who is implementing SMHP during the Pilot Study?
Certified SMHP Affiliates are assigned to each Pilot School to guide the process and answer questions.

☐ Teachers  ☐ Occupational Therapists  ☐ Aides  ☐ Parents

When when and how much time will be allocated to train them? _______________

What materials will be used? Include quantities. Recommended # in italics.

☐ Adapted Writing Paper Master Guide 1/school  #____  Unit Cost: ________  Total: ________
☐ Alphatrangles 1/student. Can be shared  #____  Unit Cost: ________  Total: ________
☐ Student Workbooks 1/student  #____  Unit Cost: ________  Total: ________
☐ Posters 1 set/class  #____  Unit Cost: ________  Total: ________
☐ Magnetic Rectasquare Board 1/class  #____  Unit Cost: ________  Total: ________
☐ The Dice Game 1/class  #____  Unit Cost: ________  Total: ________
☐ Letterbox Worksheets 1/2-4 students  #____  Unit Cost: ________  Total: ________
☐ Therapist Instruction Manual 1/class  #____  Unit Cost: ________  Total: ________
☐ Teacher Instruction Manual 1/OT  #____  Unit Cost: ________  Total: ________

Who is included in the study and what data will be collected:
Grade(s): _______________
Teacher(s): ________________________________ (Circle) Control (Circle) Intervention

☐ Random or Convenience Assignment (Circle)

How will results be presented?
☐ Formal report
☐ Keynote/PowerPoint Slide Show, Presentation to the faculty, etc.
☐ Before and After measurements and
☐ Before and After pictures. (Permission letters will be issued.)

Prepared By: ________________________________  Date: ______________