

RESOURCE GUIDE FOR GUIDANCE COUNSELORS  
AND TEACHERS OF STUDENTS WITH SENSORY INTEGRATION DISORDER  
AND BEHAVIOR ATTENTION PROBLEMS

by

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Abstract

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Resource Guide For Guidance Counselors and Teachers of Students with Sensory  
(Title)

Integration Disorder and Behavior Attention Problems

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The purpose of this resource guide was to develop sensory integration curriculum for guidance counselors and teachers who work with or have students with behavior or attention problems. The curriculum is geared for students kindergarten through eighth grade. Guidance counselors and teachers may use the curriculum as either a six-week session or can be used separately as activities. The curriculum focuses on the use of the three largest joints in the human body; the jaw, the shoulders, and the hips. Research was gathered from many different sources.

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## CHAPTER ONE

## Introduction

Today's schools contain many students who are on some sort of prescription drug such as Ritalin, Cylert, and Dexedrine to alleviate difficult situations they are having in the classroom focusing their attention or controlling behavior. In general students are taking the drugs to help them behave better (Diller, 1998). Diller commented that preadolescent students began objecting to taking their medication because they did not like being teased by peers. This dilemma of being teased has been a problem for both students taking medication and those with the following dysfunctions. Many people have heard of or know something about attention deficit disorder (ADD/ADHD), Asperger's syndrome, autism, cerebral palsy, Down syndrome, spina bifida, pervasive developmental disorder (PDD), and nonverbal learning disorder (NLD) (Kranowitz, 2003). However, a majority of the population have not heard of nor know anything about sensory integration disorder (SID), which can be a part of these dysfunctions. This resource guide provides a history, definition, and curriculum for guidance counselors and teachers on sensory integration disorder (SID). Sensory integration disorder may coexist with any of the above disorders (Kranowitz, 2003). Since SID can coexist with these other dysfunctions there may be a way to help regain the student's attention and help the student behave better.

Behavior and/or attention problems, which can create disruption in the classroom, are often symptoms of the identified dysfunctions above. However, there is more to SID than just the diagnosis; the therapy has many good ideas that were used for this guide. In this research paper, the researcher created a resource guide for guidance counselors and

teachers with students with SID who are hypersensitive or hyposensitive to touch, light, sound, movement, and behavior or attention problems. This resource guide was designed to inform guidance counselors and teachers about activities that help students cope with sensitivities and those who associate with SID. The suggested activities for students with SID could be recreated in individual and classroom settings. The use of sensory integration methods could be a remedy for students who feel out of tune, out of place, out of control or “out of it” altogether (Kranowitz, 2003).

Sensory Integration serves two main functions. It protects from over-stimulation by sifting through sensations, disregarding some and reacting to others. It also helps when interacting with others and learning from the environment. The following are signs that a student may have a dysfunction in sensory-motor processing.

- Avoiding touch
- Over-reacting to touch
- Spinning, hand-flapping, head banging
- Biting
- Poor eye contact
- Short attention span, distractibility, and hyperactivity
- Lack of physical coordination
- Fear of movement, avoids motor play
- Outbursts
- Difficulty using both sides of the body
- Repetitive or slow speech

- Difficulty with copying
- Emotionally immature, lacks coping skills
- Behavior problems
- Difficulty relating to peers
- Learning or academic problems
- Poor fine motor control
- Poor gross motor skills
- Poor handwriting
- Fear and anxiety in new situations
- Objecting to change
- Ritualistic behavior

Formal tests can be done to assess deficits; however observations of a student's normal daily life are needed to provide a complete picture. (Yisrael, 2001, p. 2)

Sensory integration disorder falls within the field of occupational therapy and may be misdiagnosed. However, if the school system is too small to have an occupational therapist on staff, this guide allows guidance counselors and teachers an opportunity to help students who display some of these symptoms. An occupational therapist's role is to help guide activities in treatment sessions and to provide confidence for students lacking in sensory and motor skills. This resource guide will provide guidance counselors and teachers with six treatment sessions/activities that may be used by an occupational therapist that can be reproduced in school. Some students with mild difficulties, who do not warrant professional therapy, can benefit greatly from programs and participation in sensory-motor activities (Henry, 1997). The students would be participating with their

peers and raise their self-esteem, self-concept, and coordination. All students would benefit from participating in these activities because the senses are awakened and used in different ways.

Students will learn an alternative way of coping with their sensory integration disorder through activities provided in this guide. The guide allows guidance counselors or teachers to treat the student in ways other than prescription drugs or in conjunction with a drug treatment. Activities that are provided in this resource guide are versatile and usable for kindergarten to eighth grade. A time frame of about five to thirty minutes for each session should be allocated, depending on the activity chosen.

Treatments presented in the guide enable all students to concentrate better and be more attentive in the classroom setting. Specifically, the resource guide provides a new innovative resource that combines the latest methods of treatment that will be beneficial not only for students with SID, but also for all students in the classroom. When using sensory integration activities, there should be fewer disruptions in the classroom, less redirection from the teacher, and an improved learning environment for the entire class. Results from the implementation of sensory integration activities should be evident.

### **Statement of the Problem**

The purpose of this study was to develop a sensory integration curriculum for guidance counselors and teachers who work with or have students with behavior or attention problems. Data will be collected through an extensive online and library search. The curriculum will be ready for implementation in May of 2003.

### **Objectives**

There are 4 objectives in this curriculum. They are:

1. Guidance counselors and teachers will use this resource guide with students who are hypersensitive or hyposensitive to certain stimuli.
2. This resource guide will provide an alternative to prescription drugs or may be used in conjunction with medication for students who have sensory integration disorder.
3. This resource guide will provide a means for students to develop a higher self-esteem.
4. Students who participate in these activities may develop more self-control.

### **Definition of Terms**

There are a number of terms that need to be defined for clarity of understanding.

These are:

**Behavior problem** – continuous redirection is needed to remain on task.

**Discriminative touch** – provides information about the quality of stimuli such as hard or soft, rough or smooth.

**Hypersensitive** – over responsive to certain sensory stimuli.

**Hyposensitive** – under responsive to certain sensory stimuli.

**Protective touch** – pain and temperature alert to potentially harmful stimuli.

**Sensorimotor Integration** – the integration of information provided by the senses. The nervous system receives and organizes information in order to make an appropriate response.

### **Assumptions and Limitations**

It is assumed that both guidance counselors and teachers will be able to implement this guide. It is assumed that the guide will be applicable to different age

groups. Limitations would consist of lack of viable research and the researcher not being a certified occupational therapist.

## CHAPTER TWO

### Review of Related Materials

The first step in developing a curriculum for students with behavior and attention problems is to work with students that have sensory integration disorder. An extensive search for related sources needed to be collected to create this curriculum that will be used by guidance counselors and teachers. After numerous online and library searches, the majority of information was obtained through online sources and information written by Carol Stock Kranowitz.

Sensory integration dysfunction can be associated with many different disorders. This curriculum is geared specifically for students with sensory integration dysfunction and students with behavior and attention problems.

#### **History**

Jean Ayres, an occupational therapist and licensed clinical psychologist, was a pioneer in the field of learning disabilities and the first to identify sensory integration dysfunction. The Ayres Clinic was founded in 1976. She was interested in the way in which sensory processing and motor planning disorders interfere with daily life and learning (SII FAQ Center, n.d., n.p). The clinic became her private practice where she evaluated and treated children. Hundreds of children are evaluated for sensory integration dysfunction each year. The clinic is located in California and is closely affiliated with the University of Southern California and Sensory Integration International, a non-profit organization that provides research and treatment. On going research projects are still being developed at The Ayres Clinic. Many clinic directors have carried on the traditions

of Dr. Ayres by becoming experts in this field and have published books and in professional journals.

### **Definition of Sensory Integration Dysfunction**

The senses work together to give feedback of what is going on all around us. Each sense provides information to the brain that then is turned into a picture of who we are, where we are, and what is going on all around us (The Ayres Clinic, n.d.b). For the majority of the population, sensory integration occurs unconsciously. Students may look fine and have superior intelligence, but may be awkward and clumsy, fearful and withdrawn, or hostile and aggressive. According to many resources, sensory experiences include touch, movement, body awareness, sight, sound, and the pull of gravity. The brain interprets all of this information in a concise manner so that we consciously are unaware it is happening. According to Henry (1997), the process of sensory integration begins before birth and continues throughout life. However, the majority of development occurs before we are teenagers. The Ayres Clinic stated that sensory integration develops over the course of ordinary childhood activities. Some students do not develop these skills as efficiently and thus they are diagnosed with sensory integration dysfunction. “When the process is disordered, a number of problems in learning, development, or behavior may become evident” (SII FAQ Center, n.d., n.p.).

### **Signs of Sensory Integration Dysfunction**

As stated earlier, there are many signs that can be seen with students with sensory integration dysfunction. Some signs included behaviors that fall under hypersensitive or hyposensitive to touch, movement, sights, or sounds, easily distracted, having an activity level that is unusually high or low and more. These signs are similar to those of

hyperactivity. Ross and Ross (1976) defined hyperactivity as a child, who is continually in motion, often distractible, has a short attention span, has a disciplinary problem, and has academic difficulty in school.

According to Martin (2001), the most common sensory problems among students are being hypersensitive and hyposensitive. If a student is hypersensitive to touch sensations, he/she avoids being touched and stays away from messy activities, physical contact, and certain fabrics. Other indicators of a hypersensitive student are that he/she will not leave the ground, they refuse to play on playground equipment, dislike riding in cars, and refuse to be picked up. If a student is hyposensitive to touch, he/she craves touching and being touched. These students like activities such as finger painting, crashing objects together, or bumping into people and objects. Hyposensitive students crave intense movement and like to be upside-down, swinging, jumping, rocking, or swaying. Hyper and hyposensitive are the exact opposite.

### **Sensory Integration Therapy**

Sensory integration therapy originated in the occupational therapist field. In school systems, the occupational therapist's role is to help guide activities that are therapeutic in value to the student. The occupational therapist should also provide a program specific to the student that teachers might use in their class. However, not all school districts retain an occupational therapist on staff. Another reason for this curriculum is to help teachers of students with mild difficulties who do not warrant professional therapy, but can benefit from classroom activities (Henry, 1997). Henry also stated that some schools, rather than admit they can not provide what the student needs,

insist that the student does not need sensory integration or that it is not relevant to educational outcomes.

Cunningham (n.d.) believes that students are generally seen two to four school terms for programming. Some improvements are seen after the first six weeks, however the students needs may be more long term to allow the student to develop. Sensory integration therapy also has been said to positively affect the student's self-confidence and self-esteem.

### **Facts**

Almost 30 percent all school-aged students are estimated to have a learning disability. Research indicates that a majority of these students, although normal in intelligence, are likely to have sensory integrative problems (The Ayres Clinic, n.d.a). According to the Ayres Clinic (n.d.a), numerous studies indicate that some students with learning disabilities are at later risk for delinquency, substance abuse, and stress related disorders. Sensory integration, if provided early, could prevent this vicious cycle and provide greater satisfaction in the student's school and home environment.

When a student is hypersensitive or hyposensitive to the input, they are disorganized in movement, have difficulty learning new tasks, lack confidence, and have poor attention skills. In addition, the students may have sensory integration issues including hypersensitivity and hyposensitivity to touch, taste, smell, sound, sight, movement sensations or have unusual activity levels, and problems with motor coordination (Martin, 2001). Because a person perceives many different things at any given moment, organization and integration of all the various perceptions helps make people aware of the world around them. Henry, an occupational therapist, believes that

the principles have been used for eons by parents who instinctively know what their child needs (Henry, 1997). Sensory integration development occurs before we are teenagers and many times is automatic and unconscious. However, some students may not have the proper parenting or experiences that allow them to properly learn how to handle certain sensory input that is being received. Thus, the purpose of the guide is to provide different stimulations for the student.

### **Similarities to Attention Deficit Hyperactive Disorder (ADHD)**

Armstrong wrote a book that pertained to ADHD in the classroom (1999). In his book, Armstrong makes note of space and sound being a problem for students with ADHD. Space, according to Armstrong, needs to work in favor of the students. Under arousal for the students was occurring when they needed a highly stimulative environment. This is similar to the students being hyposensitive to sensations around them. Sound is another characteristic that is very similar. Background noise in the classroom can serve as either an enhancement or a disruption to students, thus affecting their behavior (Armstrong, 1999). The same is stated for hyper or hyposensitive students, sound can affect them in a similar manner.

### **Drug Treatment**

A quote in Ross and Ross states, “The basic flaw of drug treatment is that it cannot teach a student anything, and it is not yet established that drug treatment makes the student more accessible to other intervention techniques” (1976, p. 95). This guide provides alternatives or activities that go along with that and can be recreated on their own. Society appears to be promoting prescribed drugs as the solution without looking at other methods of treatment. Sensory integration therapy might be a possible solution to

some behavior and attention problems. Diller stated that people should resist the use of labels like ADD/ADHD when describing a student (1998). Labels lower a student's self-esteem and confidence in his/her academic performance; thus the student displays behavior and attention problems in the classroom.

### **Transitions**

Many students with special needs have difficulty making transitions. To help make this transition many different resources were used to compile the following information about activities for hyper or hyposensitive students. Students who have these sensitivities have trouble planning and completing their tasks. These activities would be useful to help students who are hyperactive or having problems paying attention or have behavior problems. Each activity is designed to take a few minutes when students transition or to create spontaneous transitions that may guide the student to get back on track.

## CHAPTER THREE

### Methodology

The rationale of this research paper was to develop a curriculum for guidance counselors and teachers who have students with sensory integration dysfunction and students who have difficulty with behavior and attention problems. There are several steps required in developing this curriculum. First, it required extensive research to find existing curriculum and knowledge of sensory integration dysfunction. The next step was to summarize the information collected, and then sort the information into what information would be most useful to this resource. Finally, the outline and content was developed to create the curriculum.

#### **Data Collection**

Even though this label has been around for over 30 years, there really didn't seem to be any new discoveries until recently. Carol Stock Kranowitz wrote a book about the challenges she had with some students who refused to participate in the activities through disruptive and inappropriate behaviors. She was puzzled by the student's responses and set out to find the solution. Kranowitz provides explanations, examples, and a few treatment strategies for the different issues with SID. Then in 2003 Kranowitz wrote another book that gave activities that could be used for each separate sense. This activity book is exactly what this researcher has been searching for. However, none of the activities in this curriculum came from Kranowitz's research.

The online research retrieved general information about sensory integration dysfunction. The online articles provided the history, definition, signs, and steps that are

taken with SID. Through the articles came links to other online resources that gave more information on SID.

Another resource and start for this curriculum was a college class that talked briefly on sensory integration dysfunction. The main source of information stated that students gain much of their feedback from the three major joints; the jaw, the shoulders, and the hips. The jolting or pulling on these joints provides feedback to the students. This curriculum supports the philosophy.

### **Limitations**

Limitations of this curriculum would be the lack of resources available to the researcher. Another limitation would be the lack of expertise the researcher has on the development of curriculum.

### **Curriculum**

This curriculum is to be used by guidance counselors and teachers. Guidance counselors could use this guide as a six-week session with a student. Teachers could use this guide as a six-week session or select an activity at random and as needed. Each activity can be used for elementary students and there are age appropriate suggestions also. The curriculum focuses on the three major joints; the jaw, the shoulders, and the hips. The student(s) are guided through activities that challenge his/her ability to respond appropriately to sensory input. All of these activities can also be used as a screening process and allow for referrals to be made if the guidance counselor or teacher notices improvement.

This curriculum has suggestions of activities that may work. However, some of these activities may be too challenging for some students. Individual student abilities and

needs should be taken into consideration when using this guide. Supervision by an adult is important at all times. If concerns should arise, staff should consult with an occupational therapist.

**Activity 1 – (Hip Joint)**

Activity Title: Pop Goes the Weasel or Pop Your Top (use age appropriate title)

Grade level: K-8

Student Objective: To calm the student down through the pressure that is applied to their hips and to release some energy in a short amount of time.

Materials needed: Tape player

Tape of Pop Goes the Weasel (for K-3 graders)

Time Requirement: Maximum 5 minutes

Preparation: Have a tape of Pop Goes the Weasel in the tape player.

Procedure: (For K-3) This may be done with one or more students.

- 1) Instruct the student(s) to stand up next to their desks.
- 2) Inform them at each time they hear the song say, “Pop goes the Weasel” they are to squat down and touch their toes and then spring up as high as they can jump.
- 3) During the verses of the song have them jog around their desks or in a circle.
- 4) Repeat step two and step three

Procedure: (For 4-8)

- 1) Do not use the tape.
- 2) Instruct them to jump 10 times as fast and as high as they can go. And if needed they could jog around their desks or in a circle.

Evaluation: Students should be breathing heavy and be calmer to continue participating in class lecture or activity.

Alternatives: For older students staff could place a colored piece of paper or tape high on the wall or door as a goal for the students to jump at and touch.

**Activity 2 – (Shoulder Joint and Hip Joint)**

Activity Title: Heavy Hot Potato

Grade level: K-8

Student Objective: The pressure placed on the student's shoulder and possible hip joints will cause students to relax and be able to listen better at the completion of the exercise.

Materials needed: Heavy Object that students can push (K-4 graders)

1 medicine ball for every 4-5 students (5-8 graders)

Time requirement: 15 to 25 minutes (may be shorter with fewer students)

Preparation: Locate Medicine Balls (Physical Education Department may have these)

Procedure:

- 1) Break the students into small groups. Preferably no more than 4 or 5.
- 2) Instruct them to pass the ball across and around in every direction among their group.
- 3) Safety guidelines may need to be given before the activity begins on how to properly toss and receive the medicine ball.

Evaluation: Students will obtain feedback through their shoulders, then allowing them to be able to listen better in class.

Alternatives: If the school does not have medicine balls use a five pound bag of flour or sugar wrapped in a plastic bag.

**Activity 3 – (Shoulder Joint)**

Activity Title: Freeze N' Squeeze

Grade level: 3-8

Student Objective: Regain concentration on the class lessons through quiet self-contained activity with something the student makes.

Materials needed: Balloons

Couple pounds of fine grain sand (Found at many craft stores)

A funnel

Time requirement: Initially 25 minutes, then self directed use.

Preparation: A balloon for each student

Bag of fine grain sand

Funnel

Newspaper to cover the table

A bowl for the sand

Procedure:

First time using this activity:

- 1) Give each student a balloon.
- 2) Allow each student to put a cup of sand in his or her balloon. (amount of sand will depend on size of balloon)
- 3) Tie the end of the balloon.
- 4) Allow students time to squeeze their new creation.
- 5) Instruct the students to quietly pull their Freeze N' Squeeze toy from their desks whenever they feel they cannot remain focused on the lesson.
- 6) The Freeze N' Squeeze toy is to be used as a tool that they are to squish, squeeze and use to help them place their extra energy somewhere else while also listening to the teacher.

Evaluation: Student will be placing the uncontrolled energy on one particular area thus allowing them to be able to listen to the teaching.

Alternatives: Freeze N' Squeeze balloons could be made up by the guidance counselor or teacher.

**Activity 4 – (Hip Joint)**

Activity Title: Hallway Hop

Grade level: K-8

Student Objective: Reduce energy level in the student through pressure applied on their hip joints.

Materials needed: Possible lines of colored tape on the floor or even thin boards.

Time requirement: 15 minutes

Preparation: Locate lines on the floor or make some.

Procedure:

- 1) Have students form a line.
- 2) Instruct them to hop from one side of the line to the other with both feet together.  
Modify by using one foot or the other. Be creative and make harder patterns for the older students.

Evaluation: Students should be able to focus better on instruction after releasing energy in this manner.

Alternatives: Have them hop over thin boards.

**Activity 5 – (Shoulder Joint)**

Activity Title: Finger Folly

Grade level: K-8

Student Objective: Use their hands to create something by applying different amounts of pressure.

Materials needed: Play dough for the younger students

Clay for the older students

Time requirement: Good activity to accompany a class lesson or 15 minutes alone.

Preparation: Having enough play dough and sticks of clay for each person.

Newspaper placed over the students work area, for easier clean up.

Build some kneading time into the lesson.

Procedure:

- 1) Make a list of different objects they could make out of play dough/clay.
- 2) Have some easy and some hard structures or something from the lesson (i.e. Native American Hunts or math equations).

Evaluation: Students will be using their hands to mold the substance by kneading it and applying pressure.

Alternatives: Have each student create something that they remember from the lesson.

Another example would be to have students knead dough for bread

**Activity 6 – (Jaw Joint)**

Activity Title: Chompers

Grade level: K-8

Student Objective: Students use their jaws to awaken senses.

Materials needed: Bag of Baby carrots

Napkins or small plates

Time requirement: 5 minutes

Preparation: Place a few carrots on each napkin.

Procedure:

1) Have a quick snack in the midst of the day when students are not very responsive.

Evaluation: Students will become more attentive from their senses becoming more alert through the movement of their jaws.

Alternatives: Could also use caramel or crackers as different selections.

## References

- Anderson, E., & Emmons, P. (1996). *Unlocking the mystery of sensory dysfunction*. Arlington, TX: Future Horizons.
- Armstrong, T. (1999). *ADD/ADHD alternatives in the classroom*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Ayres, J. (1982). *Sensory integration and the child*. New York, NY: WPS.
- Cunningham, M. (n.d.) *Sensory integration therapy*. Retrieved June 22, 2002 from:  
<http://www.sensory.integration.btinternet.co.uk/page5.htm>
- Diller, L. (1998). *Running on Ritalin*. New York, NY: Bantam Books.
- Henry, B. (1997). *Sensory integration*. Retrieved June 22, 2002 from:  
<http://webhome.idirect.com/~born2luv/sensory.html>
- Kranowitz, C. (1998). *The out-of-sync child*. New York, NY: Penguin Putnam.
- Kranowitz, C. (2003). *The out-of-sync child has fun: activities for kids with sensory integration dysfunction*. New York, NY: Penguin Putnam.
- Martin, A. (2001). *Sensory integration dysfunction*. Retrieved June 22, 2002 from:  
[http://www.comeunity.com/disability/sensory\\_integration/carol-kranowitz.html](http://www.comeunity.com/disability/sensory_integration/carol-kranowitz.html)
- Ross, D., & Ross, S. (1976). *Hyperactivity: research, theory, and action*. New York, NY: John Wiley and Sons.
- SII FAQ Center. (n.d.) *Frequently asked questions*. Retrieved June 22, 2002 from:  
<http://home.earthlink.net/~sensoryint/faq.html>
- The Ayres Clinic. (n.d.a). Retrieved June 22, 2002 from:  
<http://www.sensoryint.com/ayres.html>

*The Ayres Clinic*. (n.d.b). Retrieved June 22, 2002 from:

<http://www.sensoryint.com/faq.html>

*The NetMark Group*. (n.d.) Retrieved June 22, 2002 from: <http://www.nmark.com/si/>

Yisrael, L. (2001, May). *Fast facts on developmental disabilities*. Retrieved June 22,

2002 from: <http://www.moddrc.com/information-disabilities/fastfacts/sensoryintegration.htm>