

Washington Elks Therapy Program for Children, Inc.

THERAPIST VISITATIONS

A Lodge may, through their respective Therapy Program Trustee, invite a therapist to visit. The purpose of the visit may be any of the following:

1. **Therapy Program Demonstration** - A program in which the therapist asks a family to come to the Lodge with a child who is receiving services from the Therapy Program. The therapist demonstrates therapy techniques used in the program established to assist the child in reaching specific goals.
2. **Presentation** - such as:
 - a. Introduction to the Lodge/Community (get acquainted visit). Used as a means for a Lodge/Community to meet a newly assigned therapist. The therapist will provide information relative to their background, education and experiences.
 - b. A day in the life of an Elks therapist. The therapist details everyday challenges experienced in operating a mobile "in-home" therapy unit.
 - c. Equipment Demonstration. The therapist empties their car and illustrates how the various pieces of equipment and toys are used as part of the therapeutic process.
 - d. Specific topic/disability. The therapist presents information on a specific topic or disability, such as downs syndrome, cerebral palsy, fetal alcohol syndrome, "Why home visits?", or special programs.
3. **Fund Raising Function** - The therapist attends a fund raising function, such as a Coin Box Dinner, etc. and is available to answer questions

PROCEDURES:

1.0 Scheduling

- 1.1 The Lodge Tall Elk Chairman or Ladies Organization Tall Lady Chairman will:
 - a. select a variety of dates for a Therapist Visit for consideration.
 - b. contact the **Therapy Program Trustee** responsible for that Lodge to schedule a Therapist Visit. Therapy Program Trustee Lodge responsibilities are listed in the current State Association Directory.

Washington Elks Therapy Program for Children, Inc.

THERAPIST VISITATIONS

c. make the request as early as possible but at least six (6) weeks prior to the dates requested.

d. schedule the program early if a child is involved. This will allow the child to be home for their normal bedtime.

1.2 The Therapy Trustee will:

- a. Check with the State Office to ensure the availability of the requested date.
- b. Contact the therapist in the area as to the availability of the dates being considered.
- c. Once the date has been cleared with the State Office and Therapist, the Trustee will:
 - (1.) submit Visitation Confirmation Form (Page 7).
 - (2.) schedule a pre-planning meeting.

1.3 The Therapist will:

- a. determine availability of dates.
- b. Select an appropriate family for a demonstration.
- c. identify any special equipment requirements during the pre-planning meeting.
- d. make any recommendation for a toy or gift for a child.
- e. refer any calls requesting a Lodge visit to the Therapy Trustee.

1.4 The State Office will:

- a. provide the Therapy Trustee with the availability of requested dates from the master calendar.

Washington Elks Therapy Program for Children, Inc.

THERAPIST VISITATIONS

- b. complete the Visitation Confirmation Form and provide copies to:
 - 1) Lodge Chairman
 - 2) Therapy Trustee
 - 3) Visiting Therapist
 - 4) Therapy Program Chairman
 - 5) Therapy Supervisor
- c. respond to requests for the Therapy Displays.
- d. formalize and provide copies of the agenda, news releases and flyers to the Tall Elk Chairman. (See Paragraph 2.3 below)

2.0 Pre-Planning Meeting:

- 2.1 The pre-planning meeting will be conducted, usually at the Lodge involved. Other locations may be used as mutually agreed upon by the participants.

The pre-planning meeting should be attended by the Exalted Ruler, Tall Elk and Tall Lady Chairmen, the Therapist and the Therapy Trustee.

- 2.2 The purpose of the pre-planning meeting is to formalize the details of the Therapist Visit. The Pre-Planning Check List will be reviewed and completed by the Therapy Trustee. (See pages 4 - 6 of this Appendix.)
- 2.3 Complete and mail to the State Office the following blank forms:
 - a. Promotional Flyer
 - b. News Releases
 - c. Agenda

3.0 Conduct of the Visit:

- 3.1 Introduce the principals involved
- 3.2 Conduct program
- 3.3 Close and offer thanks

Washington Elks Therapy Program for Children, Inc.

THERAPIST VISITATIONS



Therapist Visit

PRE-PLANNING CHECK LIST

Date: _____ Lodge: _____

Trustee: _____

Therapist: _____

Tall Elk/Tall Lady Chairmen: _____

Type of Visit Being Planned:

- Presentation - Check
 - Introductory _____
 - Equipment Demonstration..... _____
 - A day in the life of a Therapist _____
 - Specific topic/disability (_____) _____
- Therapy Demonstration _____
- Attend a Therapy Function:
 - Coin Box Dinner _____



INVITATIONS

Send invitations to: Check

- All State Officers and Committeemen in your District:
 - Vice President _____
 - Financial Trustee _____
 - District Trustee..... _____
 - District Trustee..... _____
 - State Committee Chairmen _____
 - Other Committee Members _____

Washington Elks Therapy Program for Children, Inc.

THERAPIST VISITATIONS

All Therapy Program Personnel:

- Program Chairman _____
- Tall Elks _____
- Tall Ladies _____
- Bequest _____
- Living Tribute _____
- Other Trustee in your District..... _____

District Deputy Grand Exalted Ruler..... _____

Local civic and government leaders _____

Other Fraternal and/or Service Organizations.... _____



PUBLICITY

Use the talent of your Lodge Public Relations Chairman to:

Complete blanks on flyer _____

Prepare and submit an article for the next two issues of your
Lodge bulletin _____

Prepare and submit an article for local newspaper _____

Prepare and submit material for local radio station _____



FACILITIES/EQUIPMENT NEEDS

Area in Lodge where visit will be held: _____

Identify audio/visual needs:

<u>Item</u>	<u>Responsible Person</u>
Microphone	_____
Flip chart	_____

Washington Elks Therapy Program for Children, Inc.

THERAPIST VISITATIONS

Projector _____

Therapy Display * _____

Other: _____

*** Order the Therapy Display from the State Office (1-800-TAL-ELKS). Please note:** The Large Display requires a space approximately ten feet wide with accessibility to an electrical outlet. The Small Display is "table top" size and requires a six foot table.



THERAPY DEMONSTRATION

Child/family: Family Size: _____

Invited to meal? _____

Any special meal requirements or other special requirements of family? _____

Toy gift recommendation of therapist: _____

Alternate plan if child becomes ill: _____



AGENDA

Master of Ceremonies: _____

Introductions by: _____

Other Presenters: _____

Closing: _____

Washington Elks Therapy Program for Children, Inc.

THERAPIST VISITATIONS

THERAPIST VISITATION CONFIRMATION FORM

Section 1

(To be completed by the Therapy Trustee)

Date Submitted: _____

Chairman _____

has requested that therapist _____

visit _____ Lodge
on _____

(Day, Month, Date, Year)

for the purpose of _____.

The submission of this form is to confirm that this date is available on the State Association calendar as well as being available on the therapist schedule.

Submitted by: _____

Trustee, _____ District

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Section 2

(To be completed by the State Office)

This confirms the date of _____ for the Therapist Visitation.

This date has been reserved on the master calendar at the State Office.

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After confirmation -

- Copy to: Lodge Chairman
- Therapy Trustee
- Visiting Therapist
- Therapy Supervisor
- Therapy Program Chairman