

# Simplify Worksheet

First simplify your home. Go through different rooms of your home and sort items to be thrown away, donated, or items to keep.

## Shared space

Look at the furniture.

- Does it need to be rearranged?
- Is there too much?

Now look around the furniture

- Is there walking room to get around furniture or do you need to step over objects?
- Do you have an organization system for objects?

## Kitchen

- Is there adequate space to walk around?
- Are cooking utensils and knives stored in a safe location?
- Are the counters cleared?
- Do you have an appropriate organization system for all your kitchen essentials and food?

## Bedroom

Your child's bedroom should be a safe and comfortable space for them.

- Does furniture need to be rearranged and is it the right furniture?
- Do they have some preferred activities available in their room?
- Are you able to navigate the room without stepping over objects?

# Motivation Worksheet

Use this worksheet to track what motivates your child to complete demands.

List your child's interests in the areas of,

- Toys \_\_\_\_\_
- Music \_\_\_\_\_
- TV/video \_\_\_\_\_
- Games \_\_\_\_\_
- Books \_\_\_\_\_
- Activities \_\_\_\_\_

Write other ways you can motivate your child, such as, high fives, hugs, or praise.

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Keep track of motivators and their effectiveness.

Date/time: \_\_\_\_\_ Motivator: \_\_\_\_\_ Was it successful: \_\_\_\_\_

Date/time: \_\_\_\_\_ Motivator: \_\_\_\_\_ Was it successful: \_\_\_\_\_

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## Relax

Each family member can complete their own exercise. Then get together and share what you have committed to, so you can support each other along the way.

List activities you may do on a daily basis to relax. These activities may last for five minutes to an hour at a time.

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List activities you may do on a weekly or monthly basis to relax. These activities may take over an hour to complete.

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Determine your relaxation time and stick to it.

Daily activity: \_\_\_\_\_

Time of day: \_\_\_\_\_

Weekly/monthly activity: \_\_\_\_\_

Schedule a time: \_\_\_\_\_

Do arrangements need to be made to ensure your relaxation time? If so, plan in advance for these arrangements.

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Feel like you're in a rut? List activities you think you may find relaxing, but haven't tried yet.

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# Treatment

Record your goals as a parent, what outcomes would you like to see in your child's treatment within the coming year.

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Who does your treatment team consist of? Keeping a list of these professionals in one place can help you stay organized.

Name:  
Profession:  
Company:  
Phone Number:  
Email:

Name:  
Profession:  
Company:  
Phone Number:  
Email:

Name:  
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