



kids on the move

empowering families, one child at a time

At Kids On The Move, our mission is simple: to support the healthy development of young children and families. We empower families, one child at a time, to lead successful lives and to be less dependent on government assistance.

To fulfill our mission, we provide innovative, high quality services through **five major service programs:**

Autism Center

Children with autism and their parents receive individualized 1:1 ABA therapy to address their specific needs. Services are provided throughout the state of Utah.

Preschool & Child Care

Children of working parents receive engaging kindergarten readiness education in a safe and loving environment where the social, emotional, physical, and mental needs of each child are addressed and nurtured.

Early Head Start

Prenatal mothers and children from birth to age 3 are supported in their development by using strength-based and an all-inclusive approach to help families meet and exceed desired outcomes.

Early Intervention

Infants and toddlers with developmental delays or disabilities receive help learning key skills typically developed in the first 3 years of life.

Respite Care

Parents of children with special needs receive short periods of rest to relieve stress, renew energy, and restore balance.

**For further information
contact us at www.kotm.org**





KIDS ON THE MOVE

Kids On The Move provides an array of services through our five programs. Here are some ways we can help. Please call us at the number below or fill out the form and give to your doctor or a nurse.

Does your child...

AUTISM CENTER
CHILD CARE
EARLY HEAD START
EARLY INTERVENTION
RESPIRE CARE

OFTEN FEEL WORRIED, SCARED, OR NERVOUS?					
ACT AS THOUGH THEY DON'T HEAR YOU WHEN YOU TALK?					
TANTRUM MULTIPLE TIMES A DAY?					
HAVE ANY KIND OF DISABILITY OR DELAY?					
LIVE WITH ONLY ONE PARENT OR IN FOSTER CARE?					
SEEM TO NOT DEVELOP AS FAST AS OTHERS THEIR AGE?					
FAIL TO MAKE EYE CONTACT WHILE COMMUNICATING?					
QUALIFY FOR LOW INCOME SERVICES?					
SUFFER FROM GRIEF, LOSS, OR TRAUMA?					
NEED SPECIAL OR EXTRA CARE WHEN YOU ARE AWAY?					

Name: _____

Date: _____

Email: _____

Phone: _____

Concern or diagnosis: _____
