

PERMISSION TO DEPOSIT DOCTOR OF OCCUPATIONAL THERAPY PROGRAM DOCTORAL PROJECT

Please read this document carefully before signing. If you have questions please contact Emily Asch at ejasch@stkate.edu or 651.690.6650.

Title of Project (please print clearly):	Sleep Promotion in Children with Developmental Disabilities: Implications for Occupational Therapy Practice
Author's Name: (Last name, first name)	Stommes, Paula
5 or 6 Keywords Describing Your Project:	Sleep, Children, developmental disabilities, interventions

Sophia.stkate.edu is our web-based institutional repository for digital content produced by St. Catherine faculty, students, and staff. It is a **permanent** archive. By placing your doctoral project in Sophia, all materials are searchable via Google Scholar and other search engines. Materials that are located in Sophia are freely accessible to the world; however, your copyright protects against unauthorized use of the content. Although you have certain rights and privileges with your copyright, there are also responsibilities. Please review the following statements and identify that you have read them by signing below.

By signing below, I certify that the version I submitted is the same as that approved by my department and project advisor.

I hereby grant to St. Catherine University and its agents the non-exclusive license to archive and make accessible my Doctoral Project in whole or in part in all forms of media, now or hereafter known. However, I retain all ownership rights to the copyright of the doctoral project, and I also retain the right to use in future works (such as articles or books) all or part of the project.

I understand that this Doctoral Project will be accessible on and off campus once released.

I have read the above statements and agree to make my Doctor of Occupational Therapy Program Doctoral Project available to the St. Catherine University community and to the larger scholarly community in our permanent digital archive, <http://Sophia.stkate.edu> or its successor technology. PS (initial here)

I request that my doctoral project be embargoed for one year. _____ (initial here if you wish an embargo)

Signed Paula Stommes Date 6/20/22

Approved by Advisor Darla Cox OTD, OTR/L, CHT Date 6/20/22

NOTICE OF ORIGINAL WORK AND USE OF COPYRIGHT PROTECTED MATERIALS:

If your work includes images that are not original works by you, you must include permissions from original content provider or the images will not be included in the electronic copy. If your work includes discs with music, data sets, or other accompanying material that is not original work by you, the same copyright stipulations apply. If your work includes interviews, you must include a statement that you have permission from the interviewees to make their interviews public.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT ALL WORK CONTAINED IN THIS PAPER IS ORIGINAL WORK BY ME OR INCLUDES APPROPRIATE CITATIONS AND/OR PERMISSIONS WHEN CITING OR INCLUDING EXCERPTS OF WORKS(S) BY OTHERS. All students must sign here.

Signature: Paula Stommes Date: 6/20/22