



- Screening Only**
(sections 1-3) Date: _____
- Evaluation Only**
(sections 1-7) Date: _____
- Full IFSP**
(sections 1-14) Date: 13 Mar 2007

Individualized Family Service Plan (IFSP) Process Document (PD)

Educational and Developmental Intervention Services
Early Intervention Services

EDIS Location:

Berghof

For use of this form, see MEDCOM Cir 40-4

1. General Information

Child's Name George William Wonder	<input checked="" type="checkbox"/> boy <input type="checkbox"/> girl	Date of Birth 01 Aug 2004	Age 30 months	Gestational Age n/a full term
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Parents/Guardians Name
Sgt. Hank and Paris Wonder

<input checked="" type="checkbox"/> Initial Referral Date: 14 Feb 2007 Referral Source: Parents	<input type="checkbox"/> Annual re-evaluation
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When did you arrive at this duty station? Feb. 2004	Expected departure from this duty station? Feb. 2008
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Service Coordinator initial or ongoing
Pinsa Grasp

Early intervention recognizes that parents know their child best. We value your input and will include you in every step.
Please describe expectations you have or considerations for your involvement we should be aware of before we begin.
Parents want to know if William is behind in his development. Father is currently deployed.

What is the best way for Early Intervention to share information with you (written, demonstration, discussion, etc)?
Sharing things in writing is helpful - email is good - talking and discussing things is also helpful.

2. Family Questions/Concerns - Reason for Referral

- Please describe the questions/concerns you have about your child's development.
- Describe what is happening now as well as what you wish or think your child should be doing.

Paris, William's mother, is concerned about William's talking. She feels that he should be doing more talking at this age. William currently is not using words to tell what he wants and does not regularly respond to simple questions or requests without needing some prompting (e.g., pointing and gesturing along with simple requests such as: go get your shoes, go put this in the trash). William is an easy going little guy, he plays by himself, but does not interact much with others. Paris would like ideas of how to help William learn to talk and be able to understand more.

Child's Name: George William Wonder

3. Screening

Functional Vision & Hearing Screening

Does the child: (Y=yes; N=no; N/A=not applicable)

- N Make eye contact with adults
- Y Follow a moving object with eyes
- Y Make eye contact with the task or object
- Y Hold objects at a normal distance (after 6 months)
- Y Look at people/things without crossing or squinting eyes
- Y Look at people and things without covering one eye
- Y Walk without frequently bumping into objects
- Y Walk smoothly across shadows that look different
- Y Have eyes that are clear and not red or watery

- Is there a family history of vision impairment?
 No Yes (explain)
- Has your child had his/her vision checked before?
 No Yes (explain)
- Do you have questions/concerns about your child's vision?
 No Yes (explain) Parent has noticed that it is difficult to get and maintain William's eye contact, but they do think that he can see.

Does the child: (Y=yes; N=no; N/A=not applicable)

- N/A Raise eyebrows to sounds (bell, other noise) (until 4 months)
- N/A Startles to loud noises (until 6 months)
- Y Show awareness of noises, door knock, television, toys...
- N Imitate sounds (after 1 year)
- Y Use a voice that is not too loud or too soft
- Y Listen to stories, records, CDs, or TV without difficulty
- Y Come to you when called from a distance (after 18 months)
- N Use some word endings "s" or "ing" (after 2 yrs.)
- N/A Speak so most people can understand (after 2 ½ yrs.)
- Y Has history of ear infections

- Is there a family history of hearing loss?
 No Yes (explain) Father and grandfather experienced hearing loss - but this was likely work related.
- Has your child had his/her hearing checked before?
 No Yes (explain)
- Do you have questions/concerns about your child's hearing?
 No Yes (explain) William had several ear infections during his first year and currently often has nasal congestion.

Developmental Screening

Date: 20 Feb 2007

Annual re-evaluation – Developmental Screening not required.

Screening instrument, observations, and results

William was screened at his home with his mother and baby brother present. Results from the Denver II screening supported parent concerns about William's talking. He did not pass the language portion of the screening, which requires that a child his age say more words than he is currently using. William says about five words and on occasion will imitate some words or sounds, but he does not maintain them. William plays well with his toys and can entertain himself for an hour easy – just playing with his toys.

Next step options were explained and offered to Paris. She expressed interest in a comprehensive evaluation to take a closer look at William's developmental progress and determine if he might be eligible for early intervention services.

- No further evaluation at this time Further evaluation recommended
- Re-screen recommended (indicate date/timeframe for re-screening) _____

Parent/s Signature: Paris Wonder

20.Feb.2007

Date

Screeener's Signature: Pinsa Grasp

20.Feb.2007

Date

Child's Name: George William Wonder

4. Health Information

Where do you take your child for health care?

Berghof Health Clinic

Who is your child's primary care manager (PCM) or provider?

Dr. Smart

o Child's Current Health: Date and results of most recent well baby exam (*refer if later than 6 months ago*).

Most recent physical exam was at 2 months ago (December 2006) – results indicated a well child although concerns were noted about his communication skill development. His immunizations are up to date.

o Other health information relevant to the referral. For Example: diagnosis; prenatal complications; birth complications; weight gain concern; developmental milestones; illnesses; allergies/medications, frequent trips to the ER or clinic; other information.

Pregnancy - Mrs. Wonder was sick throughout most of her pregnancy with morning sickness or a kidney infection. With this infection, she experienced a high fever. She was in bed most of the first two trimesters.

Birth - was induced after the due date. A vacuum delivery was necessary due to William's large size. He had jaundice, but was otherwise a healthy baby.

1st year - William experienced a number of ear infections and developed seasonal allergies. He is not on any medications. Development - William sat by himself early and met all motor milestones early or on time – he was walking independently by 11 months. First words were spoken at 12 months. Drinking from a sippy cup around 15 months.

o Are there any questions/concerns about: Pain, Dental, Nutrition, Sleeping, Behavior (*If yes please explain*).

o Pain your child may have? No Yes

o Your child's eating/nutrition/growth? No Yes
William will not eat many veggies. He will eat fruit, grains, and meat.

o Your child's sleeping? No Yes
He could be better - he does not nap, he gets up after he's in bed

o How does your child express pain?
He sleeps more, but does not get upset.

o Your child's oral/dental health? No Yes

o Your child's behavior? No Yes

o Is there any family health history or mental health information that would be useful for us to know?

Not at this time

o The team recommends the following referrals be discussed with the PCM/provider (describe who will do what):

Early intervention will help family get an audiology referral for William. Parents will call to make the appointment Mrs Wonder will talk with pediatrician about William's diet.

5. Developmental Evaluation and Eligibility Status

Methods & Procedures: family report natural observation standardized evaluation criterion referenced assessment

o General observations: Were special arrangements/adaptations needed? Child's health and behavior, etc.?

William generally participated well with assessment activities. He was particularly engaged with items requiring assembly or construction. He was curious about the test kit, though not distracted by it. He transitioned between test items fairly easily. Eye contact and engagement with the examiners and his mother were occasional. His mother reported that his performance on the day of testing was fairly typical. Parent report and naturalistic observation helped the team understand the skills that William has and how he typically behaves.

Child's Name: George William Wonder

Results			
Domains	Instruments, Dates & Results		
Adaptive/Self-help	Battelle Developmental Inventory 2nd ed. (BDI)		27 Feb. 2007
	Developmental Quotient 91	Standard Deviation: -0.6	
Social/Emotional	Developmental Quotient 82	Standard Deviation: -1.2	27 Feb. 2007
Communication	Developmental Quotient 61	Standard Deviation: > - 2.00	27 Feb 2007
Physical Motor	Developmental Quotient 105	Standard Deviation: + .33	27 Feb 2007
Cognitive	Developmental Quotient 78	Standard Deviation: -1.47	27 Feb 2007
Other			

Summary (Address family concerns. Summarize information gathered to this point, including evaluation findings. Identify child strengths & needs *if any*). Describe next steps and any major recommendations.

William is a 30 month-old little boy who lives at home with his mother, baby brother and father (though his father is currently deployed) in Berghof, Germany. He was referred to Early Intervention due to parent concerns about his limited talking. A developmental screening supported parent concerns as William did not pass the language portion of the Denver II screener. A comprehensive evaluation was completed using the Battelle Developmental Inventory II, observation, play, and parent report. Test results, parent report and clinical observations revealed that William is demonstrating a delay in the areas of expressive and receptive language skills, as he uses only a few true words to express himself and does not respond to what others ask of him. In the area of problem solving and preacademic activities William demonstrates skills below-average range, though they appear to be impacted by his delayed expressive language functioning. William's play with toys is somewhat atypical as he engages in repetitive play. Socially, William is reserved. He expresses ownership and inconsistently expresses a desire for praise for things he has done. William enjoys manipulating the finer details of toys, like the wheels on his cars. He can independently feed himself, drink from an open cup and use a fork and spoon with some spilling. William is independent in climbing, walking, running and jumping. His motor skills are a relative strength. William is an easy going little guy who prefers to play on his own with his cars.

Upon completion of the evaluation, the team discussed eligibility and determined that William and his family are eligible for early intervention (EI). Participation in EI was discussed and Mrs. Wonder stated that she is very interested in receiving help with facilitating William's developmental skills.

Plans were made to conduct a routines-based interview. This will be used to help identify family priorities and develop outcomes the family wishes to address with early intervention support and services.

Eligibility Status: Complete "Report of Eligibility" for initial eligibility determination and when eligibility status changes
George William _____ is is not continues to be eligible for early intervention services.

Signatures		
Printed name	Signature	Discipline/Family Role
Paris Wonder	<i>Paris Wonder</i>	Mother
Ohna Lisp	<i>Ohna Lisp</i>	Speech Language Pathologist (SLP)
Pinsa Grasp	<i>Pinsa Grasp</i>	Occupational Therapist (OT) and family service coordinator
Names of others who provided information included in this document		Discipline/Family Role
Dr. Woo - child psychologist - provided consultation		

Child's Name: George William Wonder

Family and Child Routines & Activities Worksheet

File this page as a protocol in the child's record

Early Intervention focuses on supporting your child's development during his/her everyday activities with your family. To understand how Early Intervention may be able to help, we'd like to learn more about your family and the activities you and your child enjoy and any activities or routines that may be difficult. The information you choose to share is voluntary.

Routine/Activity	Description: Consider what others are doing during the routine/activity. Consider the child's interests and engagement ; his/her social relationships and communication ; as well as his/her independence and abilities .	Is this routine/activity going OK
Wake up and breakfast	William often wakes up by baby brother crying. He comes into mom's room jabbering. He goes by himself to her room and brings her glasses to her. All go to table to eat breakfast – he entertains self- while mom makes breakfast or showers. His transition to the table at breakfast is an easy one. He's independent with eating and drinking. He stays at the table for about 15 minutes. Mom eats with him. He sometimes jargons during this time. When he wants more he goes to the kitchen, pulls mom to what he wants or hands her a cup. He likes cereal and toast, but not hot cereal. He expresses his likes/dislikes through facial gestures.	1=poor 5=great 5 *This is mom's favorite time
After breakfast	Mom allows W to pick from two videos. She knows what he wants because he either reaches or looks at the video he wants. W does not use words to say what he wants. During this time she checks emails or showers. He has some favorite TV shows and will watch the entire show. He sits quietly while watching and is not distracted by what others do around him. Mom gets baby dressed and changed.	4 – all ok
Dressing	Mom has tried giving him a choice of clothes to put on but he doesn't seem to "get" it. He has begun lying still to allow mom to dress him. He will reach arms through. She wishes he would help more with this. He can remove his own clothes because he prefers to have them off. She is trying to teach him body parts at this time but he does not repeat the words. He stays with the activity, but participates passively.	3 – wishes he would help more
If errands	He is ok with transitions. She tries to give him a warning (we're going to go bye-bye soon") 15 min before going. She has him put shoes on before the door. William can get started, but needs help to get them on all the way. When she mentions best friend Lindsey, he goes and gets his shoes. He might try to say, "Lindsey," but otherwise jabbars or says nothing. He's a good traveler and likes the car ride. He seems to try to sing along with music in the car. Getting out of the house is a bit hectic, because of the extra needs for getting the baby set and ready to go. Getting groceries up stairs is hard – 3 flights of stairs. Better when mom has help with the children.	4-5 - stressful for baby, but ok for W.
If no errands	Playtime – he gets mad when his mom tries to play with him with his toys. Typically he entertains himself without demanding mom's attn. or else he climbs on mom and wants to be in her lap – where baby brother is. He does not pay much attn to baby brother. He frequently runs circles around the house or runs in circles and throws himself into mom. He does not seem to follow many verbal directions (i.e. get your car or put it in the box). Baby is content to be on blanket and watch what's going on.	2 – he won't let mom show him new ways to play
Lunch	Typically W does not want to sit at the table – wants to climb on mom or run around and play. Mom often fixes finger foods for him to snack on on the run. W jabbars a bit but no real words. Fixing lunch is sometimes hard when the baby wants to be held and W seems to want to be near mom when she is holding the baby. This can make fixing food difficult. Lunch is less structured than dinner. It's ok except when W gets upset – mom can't understand what he wants.	3-4 it's ok 1 – W's talking
Diaper Change	Really good now. He will stay still. When dirty diaper he may go to his mom with a funny look or funny walk. It will be better when he learns to use the potty later.	4- no trouble,

**FILE THIS PAGE AS A PROTOCOL IN THE CHILD'S RECORD
DO NOT KEEP IT AS PART OF THE FINAL IFSP**

Child's Name: George William Wonder

Family and Child Routines & Activities Worksheet

Continuation Page

Routine/Activity	Description: Consider what others are doing during the routine/activity. Consider the child's interests and engagement ; his/her social relationships and communication ; as well as his/her independence and abilities .	Is this routine/activity going OK
nap	Doesn't nap any more. Mom gave up trying to make him – too stressful. He plays well on his own and Mom has time to read the paper or talk on the phone. Although sometimes W. wants to be on her lap when she's on the phone – this works if baby brother is sleeping.	OK 3
Bath	He likes it a lot. Sometimes plays in the tub up to one hour. Favorite toys are Winnie the Pooh, rubber ducks, dumping water, splashes. He does not like to be washed with the washcloth. It is very hard to wash and rinse his hair – he goes wild and tries to get out of the tub. Working on body parts during bathtime – he knows nose only. Mom said he loves music so she tries singing “head, shoulders...” song. He does not sing with her though. She may get some eye contact, but he is content to play with the toys in the water more on his own – he does not initiate interaction.	2 – end is hard because he doesn't like to be cleaned.
Dinner	Mom announces “dinnertime.” At first W does not seem ready and then he eventually comes to the table where mom and baby brother are sitting. He picks at his food but stays at the table longer for dinner. He loves noodles and stays longer for that – he also likes pancakes and does real well at the table then. Recently he has not wanted to try new things. If baby brother is fussy then dinner is more hectic.	3-4 – hectic time. Mom is tired. Baby is demanding.
Sunday - church	W. goes to nursery – typically goes to the corner of the room and plays alone. He may snack with others or color with them at the table briefly. His transitions into this nursery vary – sometimes if we are rushed and the baby is fussy then transition is much harder than other times he does ok.	4-5 – family enjoys this outing
Bed time	Mom has routine – she says, “bedtime” and creates low lighting, short movie, pjs on. He is beginning to help his mom by turning the lights down. When she leaves him in his room he sometimes gets upset and cries and more often gets up out of bed and wanders back into the living room. When he does Mom puts him back to bed – this can happen up to 6 times and sometimes he just stays up with Mom watching TV. She has tried looking at books with him in bed, but he is not interested in sharing them with her.	2-3 – he doesn't read books and stay in bed once mom leaves.
W asleep for the day	Mom has time for herself and the baby – mom likes to watch TV to wind down from the day.	

**FILE THIS PAGE AS A PROTOCOL IN THE CHILD'S RECORD
DO NOT KEEP IT AS PART OF THE FINAL IFSP**

Child's Name: George William Wonder

6. Family and Child Strengths and Resources

Early Intervention focuses on helping you help your child develop during his/her everyday activities with your family. To understand how we may be able to help; we'd like to learn more about your family and the activities you and your child enjoy and any activities or routines that may be difficult. The information you choose to share is voluntary.

- Please tell me a little about your family. Who lives at home with you and your child? Who else is involved (extended family, friends, service/support agencies/providers, community groups, work colleagues, etc.)?

Living at home: Paris (mother), William and Stevie (baby brother 3 months). Hank (father) is currently deployed to Iraq. He is expected to return home for a visit in 3 months (May) and finish up the deployment in Nov or Dec of this year.

Family/Friends: phone conversations with husband 1-2 times per week, regular phone contact with Paris's mother and sisters in the States, Lindsey - mother's close friend – lives in the same area. Paris gets together or talks with Lindsey almost daily.

Services/agencies/groups: The family attends church every Sunday and participates in weekly sponsored church activities, Paris participates in FRG once per month, Brittney, a student from the church helps Paris with household tasks and plays with William once per week, Brittney's older sister - occasionally babysits, family receives WIC services.

- What is your child really good at? What does your child like to do (e.g., favorite toys, activities, people, places)?

William entertains himself well. He loves to play with his cars. He likes to put them in garages and other containers and he is very protective of them. He can share other toys but not his cars. He likes to build with LEGOS. William loves to slide when they go to the playground. His mother's friend, Lindsey, is one of his favorite people. He says, "Lindsey" and pronounces her dog's name "T" for Toad. He hugs Toad and they follow each other around.

- What do you and your child/family enjoy doing or consider fun parts of the day at home or in community?
 Are there things that you would like to do but are unable to?

Paris and the children like to go to the park when the weather is nice. It is easiest when Lindsey can come along. The family enjoys going to church and participating in church sponsored activities.

Commissary shopping is very hard. Paris occasionally gets help with the kids so that she can shop with less stress, or she at least has someone watch them while she transports the groceries from the car to their third floor apartment.

- Are there any questions/concerns you have for your family regarding childcare, transportation, finance, safety, etc?
 Please tell me about work, or any current/pending deployments, or events that may affect your family.

Hank deployed in January and is expected to be gone for 12 months.

- Is there anything about your cultural or spiritual beliefs that would be good for us to know in working with your family?

Not at this time.

Child's Name: George William Wonder

7. Functional Abilities, Strengths, and Needs (Present Levels of Development)

- ♦ *Adaptive: (Eating, dressing, bathing, toileting, sleeping).*
- ♦ *Social/Emotional: (Interacting with others, learning to cope).*
- ♦ *Communication: (Understanding and talking).*
- ♦ *Physical Motor: Gross Motor (whole body movements) & Fine Motor (movement of small muscles & hands).*
- ♦ *Cognitive: (Playing, thinking, exploring, and understanding concepts).*

Describe the child's integrated skill development and functioning in terms of:

1. Social-emotional skills including social relationships.
 2. Acquiring and using knowledge and skills.
 3. Taking appropriate action to get needs meet.
-

Positive social-emotional development and social relationships:

William is an easy going little boy who is content to play on his own, in doing so he is not distracted by other people around him, even when he is at play group or the church nursery. William shows some desire to have back and forth turn-taking communication, often using gestures and nonsense words, but he does not initiate this type of interaction. He is not interested in his baby brother, but does enjoy receiving praise from his mother. William has a strong attachment to his mother. He also seems to enjoy the company of the family friend Lindsey and her dog Toad. William will pull Lindsey to bring her to things he wants her to do or play; he does this by moving Lindsey rather than asking or showing her what he wants (as if using her as an extension of himself). William will say Lindsey's name and tries to say Toad, but it comes out "t" and is not always with intent. Just recently, William started to imitate his mother's facial expressions, such as eyebrows up and down, but it continues to be difficult to get William to make eye contact or maintain it if he does look at her. He enjoys hugs and kisses, but his interest in this appears to be for the sensory input. William expresses ownership of his things by pulling them back. In the company of other children, William will play along side others for a short period then tends to play on his own. He will inconsistently join a group activity, but needs prompting to join. In this area, William is demonstrating skills below what is expected of children his age, although he has many emerging and foundational skills to build upon. Sparking his engagement and interaction with others will continue to be important for William.

Acquiring and using knowledge and skills:

William uses less than five words consistently, but mostly jabbars or pulls others to request or express himself. When asked to follow simple directions (e.g., go get, put) during the day William inconsistently responds and usually needs a prompt or assistance. He does not consistently point to request something. William demonstrates a strong attention span, especially with toys involving putting things together and taking them apart (e.g., stringing beads, nesting cups). Even when these tasks were challenging during the evaluation, he stayed with them and attempted them repeatedly without frustration. During these activities he became so focused that it was difficult to get his attention to transition him to another activity. His mother reports that he can get this way when playing with his cars or watching TV as well. William searches for objects after they are put away. His mother said that they try to play a game – hiding something in one hand for him to find. Mrs. Wonder shared that William is not yet matching colors, but he is beginning to match simple shapes. When asked to identify a big or little item he is not showing understanding of what is asked of him. Although he is not especially interested in books, he will sometimes point to pictures. If his mom tries to direct his play, he will get upset, as he prefers to play on his own. William is beginning to demonstrate some pretend play, such as acting like a dog by getting on all fours, carrying something in his mouth, and barking. A favored play activity for William is pushing his cars and putting them in and taking them out of containers, however he rarely builds on this play beyond putting in and taking out and pushing the cars. William shows skills below what other children his age are doing, this is in part due to his limited communication skills. In addition, there are concerns about the way William plays. While his attention to desired activities is encouraging, his repetitive play is a concern.

Functional Abilities, Strengths, and Needs (continued)

Ability to take actions to get his needs met:

William is an independent little guy. He goes up and down stairs by himself, runs without falling or tripping, and is learning to jump – right now he bounces up and down on both feet. William enjoys being active and engaging in roughhouse play. When playing with smaller toys and things, William uses his fingers effectively. For example he pinches the wheels of his small cars as he explores them and is learning to use a three finger grasp (like a pencil is typically held) about half of the time when he is coloring. The other half of the time, he holds the crayon in his fist with either his thumb up or down. William enjoys scribbling and tries to imitate lines and circular strokes. When it comes to meal times, William is reportedly a picky eater. He can however, use a spoon to feed himself and drink from a cup independently. To request more he pulls at his mother or hands her his cup. William can take his clothes off and actually prefers to have them off. When getting dressed William is more passive, but he will reach his arms through his shirts. William does a funny walk when his diaper is dirty and may go to his mother with a funny look on his face, but this is inconsistent and difficult to tell if he is requesting a diaper change. William's primary means to get what he wants is to get it on his own. When he needs help, he will pull someone (most often his mom) to assist him, rather than point or express what he desires. William is quite independent at getting his needs met without calling upon the assistance of others. With the exception of using language to request and engage others, William is demonstrating a mix of skills similar to other children his age.

8. Family Concerns and Priorities

Thinking of all the information we've gathered through the routines-based interview and other activities, let's record the concerns/desires you have for your child and family that you would like to address through early intervention. Together, we'll use this information to develop functional outcomes. Outcomes describe what you would like to see happen for your child and family as a result of your involvement with early intervention. After the desires/concerns are identified, please prioritize them. Sometimes the family may choose to address identified needs at a later time. Identify areas of need that may be addressed later.

Priority	Desires/Concerns	What's happening now?	Outcome
1	For William to use words and say things that are understandable so that he can tell his mom and others what he wants.	He is jabbering and uses about 5 words	1
2	For William to allow his mom to participate in play so she can teach him how to use new toys and learn.	William plays repetitively with the same toys over and over on his own. He gets upset when mom tries to teach him something new to do with his toys.	2
3	That William can let his mom wash him at bath time without crying.	He plays very well in the bath but stands up to get out when Mom comes to wash him.	3
4	For William to read books before bed and stay in bed once there.	Mom goes through their nighttime routine, he is hard to calm for book reading and he gets out of bed once he is put to bed.	4
5	That William will learn to dress and undress himself.	He can undress all but shirts, and he helps put arms through to dress, but mostly participates passively.	5

Child's Name: George William Wonder

9. Outcomes

Initial/Annual Addition Date: _____

Outcome # 1 (*♦What we would like to see happen? ♦When, where, or with whom? ♦What will be better?*)

William will use words during day-to-day activities with his mom and familiar others so that he can tell them what he wants and so that others can understand him.

Strategies to Reach the Outcome

(*♦Who will do what? ♦Consider what is currently in place. ♦Consider child/family interests, routines, activities*)

- Paris will continue to get down on his level and attempt to get his eye contact when talking and playing with William.
- Paris has increased the amount she talks to him and will continue with this during daily routines.
- Family will continue to use and increase language facilitation strategies: label, repetitions, choice making, imitations, singing, using silly voices, reading books, wait time.
- During bath time, Paris will offer William choices of toys to play with.
- Family and EI will explore ways to include movement and words (i.e. songs with finger play, “ready, set, go” with sliding or swinging) and increase communication during roughhouse play (“I’m gonna get your foot”).

Progress Toward Achieving the Outcome

Criteria: We will know there is progress when: (*♦What will be observed? ♦Where/with whom? ♦When/how often?*)

William consistently (for a week) repeats the name of 2 familiar desired items (e.g., car, duck...) after his Mom labels it for him. E.g., William says “duck” at bath time to request the duck after Mom names the labels it a duck.

Procedures: Progress will be measured by: (*♦Who will do what?*)

Parent report and clinical observation

Timeline: Progress will be reviewed in:

6 months

Outcome Review Document review on IFSP Review/Change Form.

<input type="checkbox"/> No Change _____ Dates	<input type="checkbox"/> Making progress _____ Dates	<input type="checkbox"/> Met _____ Dates
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Outcome Status: Continue _____ Discontinue _____ Modify _____
Dates Dates Dates

Child's Name: George William Wonder

9. Outcomes

Initial/Annual Addition Date: _____

Outcome # 2 (*What we would like to see happen? When, where, or with whom? What will be better?*)

During play times with his mother William will imitate new actions (e.g., push car down ramp, put people in toy cars and drive them on track) with toys to expand his play and learn new concepts.

Strategies to Reach the Outcome

(*Who will do what? Consider what is currently in place. Consider child/family interests, routines, activities*)

- Paris will continue to join William in his play (jump in, share materials, create a need for him to request, and follow his lead). EI will provide support and assistance with these strategies.
- Paris will continue to play with William using toys that draw on his interests (cars, LEGOS, slide outside).
- Paris will add new materials (e.g., cars and playdoh, wash cars with water, ramp to push cars up/down) to help engage him and to work on expanding his play.
- Family will use crazy voices and sounds to better engage William and maintain his attention.
- Paris and EI will explore putting away certain toys (on which he fixates) to help expand the toys he plays with and will use his favorite toys to help with choice-making opportunities.

Progress Toward Achieving the Outcome

Criteria: We will know there is progress when: (*What will be observed? Where/with whom? When/how often?*)

During play with cars William will regularly imitate 2 new actions that are modeled for him. For example – sliding the car down a ramp, pushing the car in the playdoh, adding toy people to the car, match cars by color, find same/different cars...

Procedures: Progress will be measured by: (*Who will do what?*)

Parent report and clinical observation and possibly video tape that Paris and EI will review

Timeline: Progress will be reviewed in:

6 months

Outcome Review Document review on IFSP Review/Change Form.

<input type="checkbox"/> No Change _____ Dates	<input type="checkbox"/> Making progress _____ Dates	<input type="checkbox"/> Met _____ Dates
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Outcome Status: Continue _____
Dates Discontinue _____
Dates Modify _____
Dates

Child's Name: George William Wonder

9. Outcomes

Initial/Annual Addition Date: _____

Outcome # 3 (*What we would like to see happen? When, where, or with whom? What will be better?*)

During bath time, William will assist with washing by rubbing the cloth on himself and letting his Mom wash him without crying, so he can learn to be more independent and so that the washing part of bath time is more enjoyable.

Strategies to Reach the Outcome

(*Who will do what? Consider what is currently in place. Consider child/family interests, routines, activities*)

- ♦ Paris will continue to model bath time with baby brother, Stevie to see if that decreases William's anxiety. Paris and EI will explore ways for William to assist as big brother with Stevie's bath time.
- Paris and EI will review the sensory profile, which Paris is completing, to help understand William's sensory likes and dislikes.
- Paris will explore different things to wash him (variety of soaps or sponges, ways to rinse – pouring from cup, giving him some control with rinsing).
- Paris will try pretend play washing another doll or toys, during bath time and maybe turn taking – give baby doll a wash then William.
- Paris will try putting the washcloth in the bathtub to start, instead of bringing it out at the end.

Progress Toward Achieving the Outcome

Criteria: We will know there is progress when: (*What will be observed? Where/with whom? When/how often?*)

When William can participate in a bath letting his mom wash the lower part of his body without crying for two days during a week.

Procedures: Progress will be measured by: (*Who will do what?*)

Parent report and clinical observation

Timeline: Progress will be reviewed in:

5 months

Outcome Review Document review on IFSP Review/Change Form.

<input type="checkbox"/> No Change _____ Dates	<input type="checkbox"/> Making progress _____ Dates	<input type="checkbox"/> Met _____ Dates
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Outcome Status: Continue _____
Dates Discontinue _____
Dates Modify _____
Dates

Child's Name: George William Wonder

9. Outcomes

Initial/Annual Addition Date: _____

Outcome # 4 (*♦What we would like to see happen? ♦When, where, or with whom? ♦What will be better?*)

We want William to calm and participate in book reading before bed and so that he tires and can stay in bed once there.

Strategies to Reach the Outcome

(*♦Who will do what? ♦Consider what is currently in place. ♦Consider child/family interests, routines, activities*)

- Paris will continue to follow their well-established night time routine.
- Paris will explore the possibility of massage before bed as well as quiet songs or music.
- Paris will look into getting books of greater interest for William. EI will assist with possible book ideas.
- Paris and EI will explore sensory activities that help (i.e. dim lighting, quiet music or white noise with fan).
- Paris and EI will develop a plan for responding to William when he gets out of bed after being put to bed. When William gets out of bed Paris will put him back to bed and not let him stay up watching TV.

Progress Toward Achieving the Outcome

Criteria: We will know there is progress when: (*♦What will be observed? ♦Where/with whom? ♦When/how often?*)

After being put to bed, William gets out of bed less than 3 times a night for a week.

Procedures: Progress will be measured by: (*♦Who will do what?*)

Parent report

Timeline: Progress will be reviewed in:

5 months

Outcome Review Document review on IFSP Review/Change Form.

<input type="checkbox"/> No Change _____ Dates	<input type="checkbox"/> Making progress _____ Dates	<input type="checkbox"/> Met _____ Dates
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Outcome Status: Continue _____
Dates Discontinue _____
Dates Modify _____
Dates

9. Outcomes

Initial/Annual Addition Date: _____

Outcome # 5 (*♦What we would like to see happen? ♦When, where, or with whom? ♦What will be better?*)

During dressing and undressing times (morning and evening) William will put on and take off pants, shoes, and loose shirts (not fasteners) so he can be more independent.

Strategies to Reach the Outcome

(♦Who will do what? ♦ Consider what is currently in place. ♦ Consider child/family interests, routines, activities)

- Paris will continue to follow a dressing routine/sequence so that William knows/anticipates what comes next.
- Paris will add verbal prompts to increase William's participation and help teach him body parts.
- Paris will try having William dress in front of the mirror to increase his enjoyment and interest.
- Paris will pause during various steps in dressing to allow him a chance to participate.

Progress Toward Achieving the Outcome

Criteria: We will know there is progress when: (*♦What will be observed? ♦ Where/with whom? ♦ When/how often?*)

During morning dressing time, William independently puts his feet in his pants/shorts and pulls them up every day for a week.

Procedures: Progress will be measured by: (*♦Who will do what?*)

Parent report and possibly clinical observation.

Timeline: Progress will be reviewed in:

5months

Outcome Review *Document review on IFSP Review/Change Form.*

No Change _____
Dates

Making progress _____
Dates

Met _____
Dates

Outcome Status: Continue _____ Discontinue _____ Modify _____
Dates Dates Dates

Child's Name: George William Wonder

10. Transition

Initial/Annual Addition Date: _____

Type of Transition

Transition out of EI to preschool as William turns three years of age.

Anticipated Date of Transition

August 2007 - when William turns 3.

Steps to be taken to support the transition:

- Family and EI will discuss preschool options.
- With parent consent, EI will update any needed developmental testing and provide information to the school to assist with transition planning and exploring eligibility for School based preschool services.
- Family will complete initial school registration to assist with the transition meeting.
- Parents will keep EI staff informed if any pending changes or transitions or possible moves.
- EDIS staff will attend the school Case Study Committee meetings upon parent request.
- Family will continue to provide William opportunities to play with other children through the church activities and participation in community playgroup.

11. Other Services

Transportation (specify) None needed at this time

Assistive Technology (specify)

Team will explore using pictures to help William with choice making and understanding daily routines.

12. Support Service

Describe support services EDIS will provide and how they will be provided.

None at this time.

Describe relevant services the family needs or receives from other agencies. Include who will do what to pursue the needed services.

Family receives WIC services.

Family is interested in community playgroup. EI will provide further information on playgroup options.

Child's Name: George William Wonder

13. Services

Service Occupational Therapy		Provided by Occupat. Therapist		Outcome all 1-5	<input checked="" type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency (how often) 4 x a month For a minimum of <u>28</u> sessions	Intensity (time/session) 60 min.	Location Home		
Start Date: 13.Mar.07		End Date: 01Nov.07		<input type="checkbox"/> Discontinued Date:	
Additional information: including justification if services are not provided in the natural environment and description of any co-visits					

Service Speech Therapy		Provided by Speech Therapist		Outcome all 1-5	<input checked="" type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition
<input type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input checked="" type="checkbox"/> Monitor	Frequency (how often) 1 x a month For a minimum of <u>7</u> sessions	Intensity (time/session) 60 min.	Location Home		
Start Date: 13.Mar.07		End Date: 01.Nov.07		<input type="checkbox"/> Discontinued Date:	
Additional information: including justification if services are not provided in the natural environment and description of any co-visits Co-visit with occupational therapist					

Service Speech Therapy		Provided by Speech Therapist		Outcome all 1-5	<input checked="" type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition
<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency (how often) 1 x a month For a minimum of <u>8</u> sessions	Intensity (time/session) 15 min.	Location EDIS program		
Start Date: 13.Mar.07		End Date: 01.Nov.07		<input type="checkbox"/> Discontinued Date:	
Additional information: including justification if services are not provided in the natural environment and description of any co-visits					

Service		Provided by		Outcome	<input type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition
<input type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency (how often) For a minimum of _____ sessions	Intensity (time/session)	Location		
Start Date:		End Date:		<input type="checkbox"/> Discontinued Date:	
Additional information: including justification if services are not provided in the natural environment and description of any co-visits					

Child's Name: George William Wonder

14. IFSP Agreement

Initial Annual

Date IFSP Developed:
13.March.2007

Projected Review Date:
August 2007

Service Coordinator:
Pinsa Grasp

Next Service Plan Date:
When William turns 3 years of age and transitions

IFSP Team Members and Signatures

Attendee's Name	Specialty/Relationship to Child	Signature
Paris Wonder	Mother	<i>Paris Wonder</i>
Pinsa Grasp	Occupational Therapist	<i>Pinsa Grasp</i>
Ohna Lisp	Speech-Language Pathologist	<i>Ohna Lisp</i>

Other Contributors Not Present (signature not required)

Parent(s) Statement

- Yes No I have received a copy of Procedural Safeguards and Due Process Procedures.
- Yes No This information has been explained to me and I understand it.
- Yes No I have participated as a team member in the development of this IFSP for my child and family.
- Yes No As a full member of the team I am in agreement with this IFSP.

Paris Wonder
Parent/Guardian Signature

Parent/Guardian Signature

13.Mar.2007
Date

IFSP Review/Change Dates (see IFSP Review/Change form/s)

