

**EARLY CHILDHOOD SPECIAL EDUCATION PROGRAM
SPED 668 EARLY CHILDHOOD SPECIAL EDUCATION RUBRIC: STUDENT COMPETENCY CHECKLIST**

Student Name: Kristy Stallon

Early Intervention or Preschool Program: Level of Upwards - 0 song

Date Completed: August 3, 2010

Student's RIC Supervisor: Amanda Kelly

To what extent has this student participated in these experiences and demonstrated the competencies? Non-highlighted indicators are typically found in Preschool Special Education Internship. Highlighted indicators reflect competency that can be found in either Early Intervention Internship or Preschool Internship, but most often occur during Early Intervention.

Competency	Level of Demonstration				
	No Opportunity For Observation	Skill Marginally Demonstrated	Skill Moderately Demonstrated	Skill 4	Skill Consistently Demonstrated
Select and use a variety of informal and formal assessment instruments and procedures, including observational methods, to make decisions about children's learning and development.			Highlighted ✓	✓	
Select and administer assessment instruments and procedures based on the purpose of the assessment being conducted and in compliance with established criteria and standards.			Highlighted ✓	✓	
Develop and use authentic, performance-based assessments of children's learning to assist in planning, communicate with children and parents, and engage children in self-assessment.			✓	✓	
Involve families as active participants in the assessment process.					✓
Participate and collaborate as a team member with other professionals in conducting family-centered assessments.					✓

90% (ACCEPTABLE) MEETS

KNOWLEDGE: Domain Specific Knowledge, Technology Knowledge, Learning Environments and Social Interaction (CEC-5) Instr. Strategies (CEC-4)
PRACTICE: Communication & Expression, Reflective Problem Solving, Professional Practice, Assessment (CEC-8), Instr. Plan (CEC-7), Prog. Prac (CEC-9)
PROFESSIONALISM: Professional Ethics, Leadership, Collaboration, Collaboration (CEC-10)
DIVERSITY: Individual Differences/Cultural Diversity, Family Centeredness & Engagement, Individual Learn. Diff (CEC-3), Dev/Char. Learners (CEC-2)

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Competency	No Opportunity For Observation:	Level of Demonstration				
		Skill Marginally Demonstrated 1	2	Skill Moderately Demonstrated 3	4	Skill Consistently Demonstrated 5
Communicate assessment results and integrate assessment results from others as an active team participant in the development and implementation of the individualized education program (IEP) or individual family service plan (IFSP).						✓
Monitor, summarize, and evaluate the acquisition of child and family outcomes as outlined on the IFSP or IEP.						✓
Communicate options for programs and services at the next level and assist the family in planning for transition.						✓
Implement culturally unbiased assessment instruments and procedures.	✓					
Plan and implement developmentally and individually appropriate curricula and instructional practices based on knowledge of individual children, the family, the community, and curricula goals and content.				✓ for steps		
Develop an IFSP or IEP, incorporating both child and family outcomes in partnership with family members and other professionals.						✓
Incorporate information and strategies from multiple disciplines in the design of intervention strategies.						✓

KNOWLEDGE: Domain Specific Knowledge, Technology Knowledge, Learning Environments and Social Interaction (CEC-5), Instructional Strategies (CEC-4)
PRACTICE: Communication & Expression, Reflective Problem Solving, Professional Practice, Assessment (CEC-8), Instructional Plan (CEC-7), Prof. Prac. (CEC-9)
PROFESSIONALISM: Professional Ethics, Leadership, Collaboration, Collaboration (CEC-10)
DIVERSITY: Individual Differences/Cultural Diversity, Family Centeredness & Engagement, Individual Learning Diff. (CEC-1), Diverse Learners (CEC-2)

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		Skill Marginally Demonstrated 1	2	Skill Moderately Demonstrated 3	4	Skill Consistently Demonstrated 5
Develop and select learning experiences and strategies that affirm and respect family, cultural, and societal diversity, including language differences.	<i>Minimal opportunity for language</i>			<i>broader definition</i>		✓
Plan for and link current developmental and learning experiences and teaching strategies with those of the next educational setting.						✓
Select intervention curricula and methods for children with specific disabilities including motor, sensory, health, communication, social-emotional, and cognitive disabilities.						✓
Implement developmentally and functionally appropriate individual and group activities using a variety of formats, including play, environmental routines, parent-mediated activities, small-group projects, cooperative learning, inquiry experiences, and systematic instruction.						✓
Develop and implement an integrated curriculum that focuses on children's needs and interests and takes into account culturally valued content and children's home experiences.						✓
Use appropriate health appraisal procedures and recommend referral and ongoing follow-up to appropriate community health and social services.						✓

KNOWLEDGE: Domain Specific Knowledge, Technology Knowledge, Learning Environments and Social Interaction (CEC-5), Instr. Strategies (CEC-4)
 PRACTICE: Communication & Expression, Reflective Problem Solving, Professional Practice, Assessment (CEC-8), Instr. Plan (CEC-7), Prof. Prac. (CEC-9)
 PROFESSIONALISM: Professional Ethics, Leadership, Collaboration, Collaboration (CEC-10)
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Competency	Level of Demonstration					
	No Opportunity For Observation	Skill Marginally Demonstrated 1	2	Skill Moderately Demonstrated 3	4	Skill Consistently Demonstrated 5
Identify aspects of medical care for premature, low birth weight, and other medically fragile babies, including methods of care for young children dependent on technology and implications of medical conditions on child development and family resources, concerns, and priorities.						✓
Recognize signs of emotional distress, child abuse, and neglect in young children and follow procedures for reporting known or suspected abuse or neglect to appropriate authorities.				✓		
Provide a stimulus-rich indoor and outdoor environment that employs materials, media, and technology, including adaptive and assistive technology.				✓		✓
Organize space, time, peers, materials, and adults to maximize child progress in group and home settings.					✓	
Implement basic health, nutrition, and safety management practices for young children, including specific procedures for infant and toddlers and procedures regarding childhood illness and communicable diseases.				✓		
Use individual and group guidance and problem-solving techniques to develop positive and supportive relationships with children; to encourage and teach positive social skills; and interaction among children; to promote positive strategies of conflict resolution; and to develop personal self-control, self-motivation, and self-esteem.						✓

KNOWLEDGE: Domain Specific Knowledge, Technology Knowledge, Learning Environments and Social Interaction (CEC-5), Instructional Strategies (CEC-4) IV
PRACTICE: Communication & Expression, Reflective Problem Solving, Professional Practice, Assessment (CEC-8), Instructional Plan (CEC-7), Program (CEC-9)
PROFESSIONALISM: Professional Ethics, Leadership, Collaboration, Collaboration (CEC-10)
DIVERSITY: Individual Differences/Cultural Diversity, Family Centeredness & Engagement, Individual Learning Difficulties (CEC-3), Diverse Learners (CEC-2)

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Competency	Level of Demonstration					
	No Opportunity For Observation	Skill Marginally Demonstrated 1	2	Skill Moderately Demonstrated 3	4	Skill Consistently Demonstrated 5
Select and implement methods of behavior support and management appropriate for young children with special needs, including a range of strategies from less directive, less structured methods (e.g., verbal support and modeling) to more directive, more structured methods (e.g., applied behavior analysis).						✓
Support and facilitate family and child interactions as primary contexts for learning and development.						✓
Establish and maintain positive, collaborative relationships with families.						✓
Apply family systems theory and knowledge of the dynamics, roles, and relationships within families and communities.						✓
Demonstrate sensitivity to differences in family structures and social and cultural backgrounds.						✓
Assist families in identifying their resources, priorities, and concerns in relation to their child's development.						✓
Respect parents' choices and goals for children and communicate effectively with parents about curriculum and children's progress.						✓
Involve families in assessing and planning for their children.						✓

KNOWLEDGE: Domain Specific Knowledge, Technology Knowledge, Learning Environments and Social Interaction (CEC-5) *Insur: Strategies (CEC-4)*
 PRACTICE: Communication & Expression, Reflective Problem Solving, Professional Practice, Assessment (CEC-8), *Inst. Plan (CEC-7), Prof Prac (CEC-9)*
 PROFESSIONALISM: Professional Ethics, Leadership, Collaboration, *Collaboration (CEC-10)*
 DIVERSITY: Individual Differences/Cultural Diversity, Family Centredness & Engagement, *Individual Learn: Diff (CEC-3), Dev/Char Learners (CEC-2)*

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Implement a range of family-oriented services based on the family's identified resources, priorities, and concerns.						✓
Implement family services consistent with due process safeguards.						✓
Evaluate services with families.						✓
Collaborate/consult with other professionals and with agencies in the larger community to support children's development, learning, and well being.			✓			✓
Identify structures supporting interagency collaboration, including interagency agreements, referral, and consultation.						✓
Participate as a team member to identify dynamics of team roles, interaction, communication, team building, problem solving, and conflict resolution.						✓
Evaluate and design processes and strategies that support transitions among hospital, home, and infant/toddler, preprimary, and primary programs.						✓

KNOWLEDGE: Domain Specific Knowledge, Technology Knowledge, Learning Environments and Social Interaction (CEC-5), Instr. Strategies (CEC-4)
PRACTICE: Communication & Expression, Reflective Problem Solving, Professional Practice, Assessment (CEC-8), Instr. Plan (CEC-7), Prof Prac (CEC-9)
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DIVERSITY: Individual Differences/Cultural Diversity, Family Centeredness & Engagement, Individual Learn. Diff (CEC-3), Dev/Char Learners (CEC-2)

Weekly schedule of EI activities

Monday June 28, 2010

9:30 Visit a student @ his child development center w/ Carolyn (SW)

3:15 Went to visit a child w/ Andrea (OT) @ his home.

Tuesday June 29, 2010

9:00 Participated in the first orientation session of The Hanen Group.

2:30 Visited 6-month old triplets with Karen (nurse). These babies were born premature and require a visit from the nurse every other week to check up them and ensure that they are developing on target.

Wednesday June 30, 2010

8:00 Went to visit a child with Jessie (SLP) who has speech delays.

9:30 Continued with Jessie (SLP) to another student's house who also has language delays.

11:00 Visited a little girl at her daycare with Jessie (SLP). She had some articulation concerns and we worked on requesting activities using toys such as dollhouse, eggs, and puzzles.

Thursday July 1, 2010

8:15 Went to a home with Amy (SLP) for an evaluation.

12:00 Participated in a Jump and Jabber class.

Friday July 2, 2010

8:00 Participated in the Aquidneck Island Day Camp that is run by Looking Upwards.

Tuesday July 6, 2010

8:00 Went to a visit with Andrea (OT) that was a no-show.

9:30 Went with Andrea (OT) to the home of a 3 month old baby who is currently in foster care.

Wednesday July 7, 2010

12:00 Staff meeting with the Early Intervention team.

Thursday July 8, 2010

8:30 Attended an IFSP meeting with Carolyn (SW), Tim (PT), Celeste (FSC, Special Educator), Jessie (SLP), Andrea (OT), and Betsy (RIPIN parent consultant).

12:00 Participated in a Jump and Jabber class.

Friday July 9, 2010

9:00 Went to daycare with Andrea (OT) to help make suggestions and modifications for a student who just started.

11:00 Went with Andrea (OT) to see a child who is about one year old. She is on feeding tubes and requires care from an in-home nurse about 40 hours per week.

3:00 Went to the home of a one year old boy with Beckwith-Wiedemann syndrome.

Tuesday July 13, 2010

9:00 Participate in session 1 of 'It takes two to talk'. We discussed what it means to be a good listener and some beginner strategies for talking to children.

2:00 Went with Celeste (Special Educator) and Andrea (OT) to the home of a child who has limited use of the right side of his body.

4:00 Met with Carolyn (Supervisor) to discuss internship thus far and talk about Baby Steps.

Wednesday July 10, 2010

9:00 Attended Eligibility meeting with Amy (SLP) in Newport

10:30 Visited with Amy (SLP) was canceled by family

Thursday July 15, 2010

9:00 Went with Sadie (SLP) to Cornerstone school in Cranston.

10:10 Went with Sadie (SLP) to a visit in Warwick

12:00 Jump and Jabber

2:30 Went with Sadie (SLP) to a daycare in Barrington

Monday July 19, 2010

2:00 Went with Andrea (OT) to a visit

Tuesday July 20, 2010

9:30 Hanen Group-It takes Two to Talk

12:00 Went with Andrea (OT) to a visit in West Warwick

Wednesday July 21, 2010

8:00 Went with Carolyn (FSC, SW) to a visit in Warren

10:00 Visit with Amy (SLP)

12:00 Staff meeting

2:30 Went with Andrea (OT) to a home visit

Thursday July 22, 2010

9:00 Went with Celeste (Special Educator) to do an intake visit

12:00 Jump and Jabber

2:00 Went with Amy (SLP) to home visit

3:30 Went with Tim (PT) to home visit

Friday July 23, 2010

9:15 With Carolyn (SW, FSC) to a daycare to see a student

10:15 Went with Celeste (SLP) to a visit at a daycare

12:00 Meeting with Carolyn (Supervisor) to discuss project

Monday July 26, 2010

8:00 Went with Maryanne (SLP) to a Child Development Center in Newport

9:15 Went with Maryanne (SLP) to a home visit

12:00 Went with Maryanne (SLP) to a home visit

Tuesday July 27, 2010

8:00 Went to an aquatics program to observe a student

9:30 Hanen Group-It takes Two to Talk

Wednesday July 28, 2010

8:30 With Andrea (OT) to see child

10:00 With Andrea (OT) to see another child

Thursday July 29, 2010

9:15 Evaluation with Celeste (Special Educator) and Maryanne (SLP)

12:00 Jump and Jabber

3:00 Went to the home of a child with Amy (SLP)

Friday July 30, 2010

8:30 Helped evaluate a child using the Mullen

Monday August 2, 2010

1:30 Went to visit a student with OT

Tuesday August 3, 2010

9:30 Hanen Group-It takes Two to Talk

12:00 Meet with Carolyn and Sue Dell

Wednesday July 21, 2010

12:00 Staff meeting

Thursday August 5, 2010

12-1 Jump and Jabber

1:30 Met with Supervisor and Sue Dell

Description of children seen regularly

How old is JB now?

JB- Was born full term weighing 7lbs 10 oz. There were no complications noted at 6-month check-up except that mom noticed he wasn't moving the right arm as much as the left. They would keep an eye on it. At 7 months, I was called and was found to have had a stroke in utero. He was also found to have a significant deficit in the left side of brain.

How could mom see his brain? Do you mean his left side? Did he have a CT scan/MRI?

He is very strong with his left side and can pull himself up using a strong base such as couch, chair, etc. He used to stay with grandpa while mom was at work and just recently started attending daycare on Fridays to prepare him for transition in September. He receives speech and language services, occupational therapy, and physical therapy. He also has aquatics once a week through Hasbro Children's Hospital.

frequency

age

EM- Was referred to early intervention by his parents due to concerns regarding lack of expressive language and socialization skills. The daycare he was attending encouraged the referral. He currently receives speech and language services 4 times a month for one hour, as well as 50 minute visits 4 times a month by the family service

coordinator. He has difficulty transitioning from one activity to the next and unscheduled plans or changes are a challenge for him.

VP- Was referred to early intervention by Woman and Infants Hospital. She spent time in the Neo-natal Intensive Care Unit (NICU) after being born at 32 weeks. She has ^{what is this?} polymicrogyria. She has a nurse for 8 hours a day, 5 days a week while mom is at work. She receives speech, physical therapy, occupational therapy, a visit from a nurse, as well as the family service coordinator.

MD- A child who receives speech, OT, PT, and attends the Jump and Jabber group. Mom also attends the Hanen classes to help with speech needs at home. She has difficulty with motor coordination and often loses her balance. _{with mom?}

Description of the assessment and curriculum utilized

The assessment tools that are utilized are the *Preschool Language Scales (PLS)*, *Mullen Scales of Early Learning*, and the *Battelle Developmental Inventory*.

Preschool Language Scale is a standardized and norm referenced evaluation tool used to assess receptive and expressive language skills in infants and young children (2 weeks through 6 years, 11 months of age). It also assesses behaviors considered to be language precursors. The tool directly screens children and interviews caregivers.

Mullen Scales of Early Learning is an individually administered comprehensive measure of cognitive functioning of infants and preschool children, from birth through 68 months. It assesses a child's abilities in visual, linguistic, and motor domains, and distinguish between receptive and expressive processing. The five Mullen Scales are Gross Motor, Visual Reception, Fine Motor, Receptive Language, and Expressive Language. Assessment with the Mullen Scales is untimed and individually administered. Although administration time varies, depending on the age and other characteristics of the child, the Mullen Scales typically can be administered in approximately 15 minutes for one-year-olds, 30 minutes for three-year-olds, and 60 minutes for five-year-olds.

Battelle Developmental Inventory is a standardized, individually administered assessment battery of key developmental skills in children birth through 7 years of

age. It is primarily designed for use by infant interventionists; preschool, kindergarten, and primary school teachers; and special educators. The full BDI-2 battery consists of 450 items grouped into the following five domains: adaptive, personal-social, communication, motor, and cognitive.

The curriculum that Looking Upwards Early Intervention uses is based on the Rhode Island Early Learning Standards. These standards provide guidance to families and services providers on what children should know and be able to do in the early years. They are available online at <http://www.ride.ri.gov/els/doc.asp>.

Methods used to encourage and support active family involvement

Looking Upwards also provides a wide variety of services, family networking groups and play groups to help promote family involvement.

After each home visit, families are given a copy of the Services Rendered Form (SRF). This includes details of all activities that took place during the visit as well as ideas and activities to be completed for 'homework' with the family.

Jump and Jabber is a speech/language and motor/movement group that involves children who receive services from SLP and the PT. This class has a variety of therapists who attend and service the children. First we do a small group time activity that involves a greeting and some songs. Next, the students go upstairs to an obstacle course that involves crawling, jumping, rolling balls, and building with blocks. After about 30 minutes, the children have a snack with the therapists while the social worker meets with the parents to discuss ideas and strategies to use with their children.

'It takes Two to Talk' is based on two principles: the importance of involving parents in their child's early language intervention, and the need to get started as early as possible. This program is for parents of children whose speech and language development is delayed. The children whose parents take this class have difficulty with communication for many different reasons, but the reason for the delay doesn't matter.

Together, Looking Upwards and the Rhode Island Parent Information Network (RIPIN) also set up some family networking groups. Memos were sent out to families to try and get them together to discuss strategies that work as well as local events in the community. There is one group for families dealing with mild to moderate delays and another for families who are dealing with more medical needs.

Baby Steps is a program for underprivileged children and families. This group meets once a month and provides parenting strategies as well as activities for the whole family. It is closely modeled after the Harlem Children's Zone and uses the Rhode Island Early Learning Standards as a basis for its curriculum.

a bit more
into on the focus
should be helpful
discipline?
parenting?
maintaining communication?

Specific strategies used to promote development in children

Jump and Jabber is a speech/language and motor/movement group that involves children who receive services from SLP and the PT. This class has a variety of therapists who attend and service the children. First we do a small group time activity that involves a greeting and some songs. Next, the students go upstairs to an obstacle course that involves crawling, jumping, rolling balls, and building with blocks. After about 30 minutes, the children have a snack with the therapists while the social worker meets with the parents to discuss ideas and strategies to use with their children.

I have seen the Occupational Therapist use a hand guard to help spread out the fingers on a child who had limited use of that hand, as well as a splint to use on his other 'good arm' in order to encourage the use of the opposite hand. I also attended a daycare with this therapist who provided modification suggestions to the teacher such as using a smaller chair with no sides. This modification was suggested so that the child could sit with more ease. This OT also suggested the use of a cup with two handles so that the child could use both hands for drinking rather than relying on just one. Andrea (OT) also explained that when a child is working on coloring or standing, it is important for them to place the other hand on the table so that they have input from that part of the body.

The Physical therapist also suggests placing a hand on the back foot of a child as he is standing so that he can learn to push off that foot. I have seen him work with

other students on building core muscles by sitting them upright, walking up stairs, jumping on a bridge, and bouncing on a ball.

The Speech and Language Therapists place objects near their mouths while pairing that with the word so children can learn the relationship between an object and a spoken word. Another similarity that I have noticed between the speech and language therapists is the repetition of words such as 'zip, zip zip' or 'up, up, up'.

I have also noticed that most therapists will go along with what the child is interested in so that they get the maximum amount of involvement possible. Although therapists bring along a bag full of activities, they are flexible enough to participate in toys and games that the children select.

Therapists almost always give children a choice between two objects. (Example: do you want to do the book or the car and hold up both objects on different sides in order to assess eye contact.

Description of transition activities

Rhode Island's statewide Early Intervention system provides services to families with children age birth to 3 who have been diagnosed with, or at risk for, developmental delay. Local school districts are responsible for the education of children with special needs from age 3 to 21. When a child is 2 ½, the Service Coordinator begins a plan with families to prepare for the transition from EI.

At 28 months, EI makes a referral to the local school district or other community early childhood programs with the parents consent.

At 30 months, the transition team meets to share information about the child, plan for next steps, and write an Individual Transition Plan.

At 30 to 35 months, the evaluation team decides whether the child is eligible for special education. If the child is eligible, an Individualized Education Program meeting is scheduled.

By 36 months an IEP meeting takes place where the team discussed a program for the child, and determines the services and placement (if appropriate) where the child will receive those services. The child is discharged from Early Intervention.

Looking Upwards provides families with a transition packet that includes:

- RIPIN brochure

- RI Early Learning Standards packet

- Transition from EI family guide

- A blank copy of an Individualized Education Program

- Families prep for a preschool IEP

- New RI timelines for referral, evaluation, eligibility, IEP and re-evaluation

- Resources for children transitioning from EI

- Transition at a glance

- Authorization for release of confidential information

- EI Receipt of Transition information

- EI Individualized Transition Plan

Description of team approach utilized to collaborate with families and therapists

Looking Upwards Early Intervention uses a Trans-disciplinary approach. The Trans-disciplinary Approach is designed to combine the knowledge that parents have about their child, with the expertise of the rest of the Early Intervention team to improve services for the child.

Although the therapists specialize in a certain area, the ultimate goal is to be able to teach the families how to work with their children. Therefore, they will often go out on visits together in order to learn the others goals and see what they are working on. That way, when any one service provider is on a visit alone, they are still servicing the 'whole child' and teaching the family how to work on all goals.

Throughout the day, therapists will consult with one another on how sessions went and whether or not the child is making progress. Therapists also keep each updated on recent appointments and any developing news that comes up or appears to be relevant to the case.

Self-evaluation

One of the strengths that I feel I have within early intervention is my ability to connect to families on a personal level. I tend to go above and beyond the required tasks in order to make sure children and families are receiving all the help they possibly can. I am very flexible and can change my plans and work activities on the drop of a dime. I am very good at taking on a project and moving forward with it on my own. I have great foresight and can think ahead to projects and tasks that will become important or useful in the future. I am also very organized and like to have arranged, labeled, and easily accessible.

Although I am very organized and thorough, I have a tendency to over-think projects and fixate over little details that some might find miniscule. One of the challenges that I continue to work on in early intervention as well as preschool is the fact that I take every case to heart. I become attached to families and find it very difficult to say goodbye when the year is over or the services are up. I need to learn to separate emotions from my work and remember that although I work with families, it is still a profession and there must be some form of separation.

*24
You underestimate your
strengths. I could write
pages.*

Kristy Scallon
Looking Upward Early Intervention

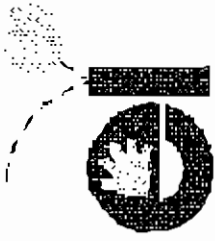
	Date	Times	Hours
Monday	6-28	8-430	8.5
Tuesday	6-29	8-4	8
Wednesday	6-30	730-430	9
Thursday	7-1	8-4	8
Friday	7-2	7-4	9
Total Weekly Hours			42.5

	Date	Times	Hours
Monday	7-5	Holiday	0
Tuesday	7-6	8-4	8
Wednesday	7-7	8-5	9
Thursday	7-8	8-430	8.5
Friday	7-9	8-4	8
Total Weekly Hours			33.5

	Date	Times	Hours
Monday	7-12	Day off	0
Tuesday	7-13	8-530	9.5
Wednesday	7-14	830-5	8.5
Thursday	7-15	830-430	8
Friday	7-16	Day off	0
Total Weekly Hours			26

	Date	Times	Hours
Monday	7-19	8-4	8
Tuesday	7-20	9-2	5
Wednesday	7-21	8-530	9.5
Thursday	7-22	8-515	9.25
Friday	7-23	8-445	8.5
Total Weekly Hours			40.5

	Date	Times	Hours
Monday	7-26	8-230	6.5
Tuesday	7-27	730-430	9
Wednesday	7-28	8-1130	3.5
Thursday	7-29	8-430	8.5
Friday	7-30	8-3	7
Total Weekly Hours			34.5



early intervention

supporting families and child development

Rhode Island Department of Human Services
Early Intervention Program

Individualized Family Service Plan

Child's Name:

Client's ID:

DOB:

Gender: Male

Service Coordinator: Sadie Peters

Phone:

Child's Address:

Parent Consultant: Betsy Freidman

Phone:

RI.

Primary Care Physician: Dr. Clegg

Parent/Guardian

Phone #:

Referral Date:

IFSP Meeting/Review Date: 7/8/10

IFSP End Date: 11/11/10

(This is the date when the IFSP team meets to begin the development of the IFSP)

(The start date is the date the family signs the IFSP in agreement)

If the initial IFSP is over 45 days from referral or the annual IFSP is over 12 months, please indicate why:

- Child hospitalization
- Family requested delay
- Provider issue
- Unable to contact/Family cancellation

Type of IFSP:

- Interim (Complete pages 1, 11, 12 and 15) Date: ___ / ___ / ___
- Initial
- Annual

Six Months Review due on or before:

Rhode Island Early Intervention Assessment Summary

Client's ID: 35810

Child's Name:

Evaluation Date: 6/30/10

DOB:

Child's Chronological Age: 31 months

Child's Adjusted Age:

Physical and Behavioral Health History:

*Pregnancy and birth history *History of child's growth and development *Medical History *Immunizations *Pertinent family history or other important events

Elizabeth's pregnancy for Luke was full term with no complications. He did lose a twin early on in pregnancy. Luke has no significant medical history. His pediatrician is questioning whether or not he has Asthma. He uses an inhaler very rarely (2x yearly). His immunizations are all up to date. Pertinent medical history reported by Elizabeth included an extended family history of mental illness and possible Aspergers.

Current Health Status

*Medications child is currently taking *Reason for taking medication *Last well-child check-up *Medical Specialists *Medical Diagnosis *Nutrition

Luke's current health status is good.

Vision Status

EI Vision screening completed? X Yes No *If Yes, summarize results. *If No, evaluated elsewhere? Where? When? Summarize results.

Dad noticed recently that Luke was turning books to take a closer look. His parents will follow-up with their pediatrician regarding this observation.

Hearing Status

EI Hearing screening completed? X Yes No *If Yes, summarize results. *If No, evaluated elsewhere? Where? When? Summarize results.

No concerns noted

Rhode Island Early Intervention Assessment Summary

Child's Name:

Client's ID: 35810

- We want our children to:
- have positive social relationships
 - learn and use knowledge and skills
 - take appropriate action to meet their needs

Introduction

Family's initial concerns Reason for referral Family's role during evaluation Behavioral observation of the child

Early Intervention was suggested for Luke by his daycare providers to his parents, due to aggressive behaviors he has been exhibiting in the classroom. His parents have been struggling with some of these behaviors at home particularly with his sister and a foster child. They recently had the foster child moved to a different home to see if this would assist with his behaviors. Luke was evaluated at his daycare by Sadie Peters (SLP/FSC) and Carolyn Souza (LICSW). He warmed up quickly to play with the familiar clinicians because they work with other children in their classroom. Luke was slightly distracted and at times challenging to engage because there were other toys in the room where the evaluation took place but he often completed tasks after frequent repetition or coaxing by the evaluators. Luke's teachers were present to answer any questions that the evaluators had regarding Luke. The second part of the evaluation which included the social/emotional and adaptive sections were completed at home with his parents who were very active participants and allowed an opportunity for the social worker to observe Luke in both environments.

Cognitive Skills: Playing, Thinking and Exploring

Present levels of development Strengths in this area Concerns in this area How does this impact the child's participation in everyday routines and typical activities? Are the child's skills age appropriate?

It took about 5 to 10 minutes to engage Luke in some basic activities of problem solving or spatial relations and balancing small items such as stacking cups, puzzle and stacking blocks. Once he attempted these items he was able to complete most of them after a few tries. Sorting and matching pictures he became a bit silly about completing but eventually finished with accuracy. He does tend to do things with high impact and seems to take a bit of time to understand verbal direction about how his speed and the strength of his touch effects what he is doing. Even when pointing it was sometimes hard to judge accuracy as he wanted to rush or hit the book heard. His score was slightly below average and will be monitored as it is unclear what is related to understanding and processing and what is related to body movement and interest.

Rhode Island Early Intervention Assessment Summary

Child's Name:

Client's ID:

We want all children to:

- have positive social relationships
- learn and use knowledge and skills
- take appropriate action to meet their needs

Gross Motor Skills: Body and Muscle Development, Moving

•Present levels of development: •Strengths in this area •Concerns in this area •How does this impact the child's participation in everyday routines and typical activities? •Are the child's skills age appropriate?

Luke is able to pull himself to stand up, and get to a standing position by rolling to his side but he is not yet able to do this from laying to sitting. He stands, sits, squats, and walks up stairs non-alternating without help. He can jump down from a bench with two feet but was unable to stand on one foot. Luke can walk on a line, using his arms to balance as well as jumping in place with his feet together. This is an area he was above average and will soon master balancing and walking up and down stairs alternating. His interest for high impact in his activities was very obvious during these activities.

Fine Motor Skills: Body and Muscle Development, Using Hands

•Present levels of development: •Strengths in this area •Concerns in this area •How does this impact the child's participation in everyday routines and typical activities? •Are the child's skills age appropriate?

Luke is able to turn the pages in a book, and put pennies in a slot. He can stack blocks up vertically, and imitate a four block train with little to no directions from clinicians. Luke uses a refined pincer grasp and imitates crayon lines in any direction but is not yet showing control to make lines in a certain direction. Fine motor scores were a bit low but in talking to his parents this may be more in relation to exposure to things like screwing and unscrewing items or placing beads on a thread. His parents discussed and showed various toys as well as this writer observed him move beads on a wire. The clinician observation Luke with a few activities required concentration and a slow speed which he gave up on and move on or shoved the toy away. Activities of fine motor will be included in the weekly sessions for further observations

Rhode Island Early Intervention Assessment Summary

Child's Name:

Client's ID: 35810

We want our children to:

- have positive social relationships
- learn and use knowledge and skills
- take appropriate action to meet their needs

Receptive Communication: Understanding

Present levels of development Strengths in this area Concerns in this area How does this impact the child's participation in everyday routines and typical activities? Are the child's skills age appropriate?

Luke followed routine based directions during the evaluation. He understands a variety of pronouns such as (me, my, your). Luke understands and can recognize actions in pictures, the use of objects(Which one do you use to drink juice?) and part/whole relationships(door of the car). He easily followed 2-step related directions during play as well (e.g. Open the box and give me the bear). Luke was noted to be slightly distracted with other toys in the vicinity today. This might have affected his ability and willingness to listen to and attend to other directions and tasks. Currently there are no concerns in the area of receptive language. Next steps for Luke will be to start to understand descriptive concepts such as big and little, quantity concepts like one vs. all and other pronouns like his vs. her.

Expressive Communication: Communicating

Present levels of development Strengths in this area Concerns in this area How does this impact the child's participation in everyday routines and typical activities? Are the child's skills age appropriate?

Luke currently uses 1-5 word phrases to communicate his wants and needs during his daily routine. He easily communicates when he does and does not want something (e.g. I no want that). He has an expansive vocabulary that includes a variety of nouns, verbs and pronouns. Luke is answering question appropriately and asking questions as well such as What's that? and What's in there? . He is using the verb ending -ing. Currently no concerns are noted in the area of expressive language. Next steps in this area will be to continue to increase his vocabulary and continue to use longer phrases during his daily routine.

Rhode Island Early Intervention Assessment Summary

Child's Name:

Client's ID: 35810

- We want all children to:
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 - learn and use knowledge and skills
 - take appropriate action to meet their needs

Adaptive Skills: Eating, Dressing, Toileting, Sleeping

•Present levels of development •Strengths in this area •Concerns in this area

•How does this impact the child's participation in everyday routines and typical activities? •Are the child's skills age appropriate?

Luke eats and drinks well and is able to make requests verbally when he is hungry. He drinks from a cup without assistance and little spilling. He feeds himself with a spoon or fork without assistance. Luke does continue to put non food items in his mouth for attention and therefore needs to be watched closely while playing. He assists when he is being dressed by caregivers and does not consistently remove his clothes independently. He can remove his shoes without assistance. Luke has begun to express an interest in toilet training but does not consistently say when he needs to go or wake up dry after sleeping through the night. Luke is a good sleeper averaging about 10 hours a night and a 2 hour nap daily. **Sleep routine-** consistent routine and no problem going to sleep wakes up 1 to 2 times a night

Social/Emotional Skills: Interacting with Others

•Present levels of development •Strengths in this area •Concerns in this area

•How does this impact the child's participation in everyday routines and typical activities? •Are the child's skills age appropriate?

Luke warmed up quickly to play with the new evaluators and completed the tasks with some encouragement and breaks to do his own thing but was able to be redirected. During the observation, Luke was chasing another child with a large toy and he threw it at him. The peer asked him to stop but Luke continued to chase until the other child was trying to get under toys with his hand up to protect himself. Later Luke placed his hand on a peer's head while reaching up for a toy then looked down appearing to see what his hand was on and pulled the child's hair. During circle time Luke appeared not to be paying attention, however he was in fact listening and follow along when there was an alligator story and animating it with noise and action. Luke has lots of energy and can be sweet and coached to play with peer for some of the time but when he is told no, or someone is in his way or for what appears to be no reason other than the game of it he will be very aggressive. The clinician observed Luke at home and similar behavior was observed with his sister. At one point he hit his sister with a shovel in the sand box and after a time out he returned to hit again. He was also observed hitting his father when he was upset accompanied with some yelling. Although Luke scored in the low average range in this area there appears to be enough concern to warrant working with the day care and home around his behaviors. Particularly as his movement appears impacted his fine motor skills and at times his ability to attend to learn.

Rhode Island Early Intervention Evaluation Summary

Client's ID: _____ Evaluation Date: 6/30/10 / 7/8/10

Child Name: _____

Disposition:
 Eligible Family decline services at this time Ineligible
Eligibility:
 Single Established Condition
 Developmental Delay
 Developmental Delay by Informed Clinical Opinion
 Multiple Established Conditions (List 4 conditions. One must be a child condition)

1. _____ Code: _____
 2. _____ Code: _____
 3. _____ Code: _____
 4. _____ Code: _____

Methods and Procedures Used:
 Review of medical record
 Developmental history
 Family report
 Routines-based interview
 Observation of child
 Language sample
 Play-based evaluation

Evaluation/Assessment Used:
 Developmental checklist:
 Criterion/curriculum based Instrument:
 Norm referenced Instrument:
 PLS-4, Mullen, Batelle
 Other: _____

Diagnosis: _____

Primary Diagnosis: _____ ICD-9 Code: _____
Secondary Diagnosis: _____ ICD-9 Code: _____
Additional Diagnosis: _____ ICD-9 Code: _____
Additional Diagnosis: _____ ICD-9 Code: _____

Participants:
Name: Sadie Peters **Role:** SLP, FSC
Name: Carolyn Souza **Role:** Social Worker
Name: Kily **Role:** Teacher
Name: _____ **Role:** Mom and Dad

Response to Referral: If this is the initial evaluation, did you send the response to referral? No N/A

Results Summary: Results include Standard Score, T-score, developmental age, performance level, or whether or not concerns were identified. (Please note that in general, Standard Scores (SS) between 85 and 115 are considered to be within normal limits, as are T-scores between 40 and 60)

Data Code: 1-7 score may be 1-46. 8-9 should be only 4 or 6.
 1. >=2 SD or at least 33% delay
 2. delay 1.5 to 2 SD
 3. delay <1.5 SD or at least 25% delay
 4. Health Risk or impairment significant atypical findings
 6. No delay or significant findings

Area Reviewed	Results	Data Code	Comments:
1. Cognitive	SS = 84/T = 39	3	
2. Gross Motor	Tscore- 68	6	
3. Fine Motor	Tscore- 36	3	
4. Expressive Communication	SS-97 T-48	6	No concerns in this area
5. Receptive Communication	SS-85 T-40	6	No concerns in this area
6. Social Emotional	Tscore- 40	4	Significant behavioral concerns
7. Adaptive Skills	Tscore- 43	6	
8. Vision		4	Parents will follow-up with pediatrician
9. Hearing		6	No concerns in this area

Client's Name:

Client's ID:

Family Concerns and Priorities

We want all Families to...

- understand their children's strengths, abilities, and special needs
- know their rights and effectively communicate their children's needs
- help their children develop and learn
- have adequate social support
- be able to access services and activities available to all families in their communities

I want more information about:

- Playing with my child
- Ideas for involving brothers, sisters, and friends
- Meeting with other families who have similar concerns
- Opportunities for my child to play with other kids
- Respite
- Managing stress
- More ways to have fun as a family
- My child's condition or disability
- Finding or communicating with doctors/dentist
- Equipment, supplies and/or assistive technology
- Money for costs related to the special needs of my child
- Housing, job, food and/or phones
- Safety
- Legal issues
- Getting a GED or other schooling
- Substance abuse
- Other:

Thinking about all of the information we've gathered up until now, what are your current concerns related to your child's development?

List any other concerns identified by other team members during the assessment process.

Looking at this list what would you like to focus on in the next few months?
We want to see more of the sweet boy Lukie is, gentle touches, walking feet, soft voice inside and out



Child's Name: _____ Client's ID: _____

Outcome

What we want to see happen for our child/family as a result of early intervention supports and services:

What is happening now and describe how this impacts your child/family? (Who, What, When, Where, How?)

What will happen? (What will progress look like?/How you will know it is happening or describe the steps toward progress)

Our Strategies: (WHAT strategies, and in WHICH everyday routines, activities and places? What supports does the caregiver need to utilize the strategies?)

Review Date: ___/___/___ Continue Outcome Change Outcome Achieved Outcome Parent's initials: _____ Date: ___/___/___

Please summarize child's progress and changes that would be helpful:

Review Date: ___/___/___ Continue Outcome Change Outcome Achieved Outcome Parent's initials: _____ Date: ___/___/___

Please summarize child's progress and changes that would be helpful:

C/ 's Name: _____

Client's ID: _____

Early Intervention Services

Interim: ___/___/___ Initial: ___/___/___ Progress Review: ___/___/___ Annual: ___/___/___

*EI Services	Provider (Name)	Location *(1-7)	Method of Service *(C/G/I)	**Natural Setting Yes/No	Frequency (#of times per wk/mo)	Intensity (length of session)	Proposed Initiation Date	Duration (months)	*Timeliness of Service	Status A= Add E= End
Social Work	Carolyn Souza	1, 2	I	Yes	4 x month	50 mins	7/15/10	4 months		A
FTC	Sadie Peters	1, 2	I	Yes	1 x month	60 mins	7/15/10	4 months		A

IFSP Update
Date of Change: ___/___/___
Parent's initials: _____

Describe changes made to services and reason for the change:

IFSP Update
Date of Change: ___/___/___
Parent's initials: _____

Describe changes made to services and reason for the change:

Code Key and Other Services

Services	Location	Method	Timeliness of Service
<ul style="list-style-type: none"> • Assistive technology • Audiology • Family Training/Counseling • Medical services • Nursing services • Nutrition services • Occupational therapy • Other Needs: specify • Physical Therapy • Psychology • Social work • Special instruction • Speech/language • Vision 	<ul style="list-style-type: none"> 1= Home 2= Community Based 3= EI group in the community 4= Center based 5= NA 	<ul style="list-style-type: none"> C= Consult/Evaluation G= Group I= Individual 	<ul style="list-style-type: none"> C= Community schedule S= Staggering services F= Family issue P= Provider issue

- Service Coordination is provided to all families and could be part of a visit. At least 30 minutes per month of face-to-face service coordination must be provided.
- Transition planning is part of Service Coordination and will be provided to all families.
- Interpretation/Translation and Transportation are services available to all families to enable the child and/or family to receive a service listed on page 12.

Other Services that are in Place or are Needed: Program/Agency:	Contact:	Status:

Plan for Providing Services in a Natural Environment

Child's Name: _____ DOB: ____ / ____ / ____

Service/location: _____

Outcome(s) addressed: _____

1. Describe why outcome(s) cannot be achieved in the child's natural environment (based on assessment/experience):

2. Describe how these activities/strategies will be applied to child's daily activity/routines:

Who will do **What** and **How Often** to generalize?

3. Describe plan for moving to a natural environment?

Who will do **What** by **When**?

Review Date: ____ / ____ / ____ Continue Change Achieved

Please summarize child's progress and changes that would be helpful:

Acknowledgment of the IFSP

I have **PARTICIPATED** in the development of this IFSP, I have **READ** this IFSP and/or the contents of the IFSP have been **FULLY EXPLAINED** to me.

I have been informed of my right to due process and procedures (procedural safeguards).

I understand that Early Intervention services will be paid for by private health insurance, Medicaid, and/or state funds.

I understand that Service Coordination could consist of home visit time, telephone calls, and conversations with other providers.

I can anticipate Service Coordination to be provided _____, I understand that this can be amended at any time with agreement from the IFSP Team.
(amount of time per month)

I do approve of this plan for my child and family.

I do not approve of this plan and I would like the following changes made: _____

I understand that services on my IFSP should start within 30 days of my signature, unless there is a justified reason indicated.

IFSP Team Members:

Parent/Guardian Signature: _____ Date: _____

Service Coordinator: _____ Date: _____

Other Team Member: _____ Date: _____

Other Team Member: _____ Date: _____

Other Team Member: _____ Date: _____

~For Interim IFSPs Only~

I have participated in the development of this Interim IFSP and agree to its implementation. I understand that an Interim IFSP is a temporary plan developed for children who are eligible for Early Intervention and are in need of immediate services. I also understand that a full IFSP still needs to be completed.

Parent/Guardian Signature: _____ Date: _____

Service Coordinator: _____ Date: _____

Rhode Island Early Intervention Individualized Family Service Plan

Client's Name:

Client's ID: 35810

About My Child: Where and with whom does your child spend time? Describe the people, toys, activities, routines, and places your child enjoys the most and the ones he/she finds challenging (if this is an annual IFSP, what's new? Has anything changed?)

Luke is an energetic child who can be affectionate and funny. He attends the Early Learning Center of RI throughout the week and spends the weekends at home with his parents and his sister Grace. Luke has a good imagination. He likes playing with trucks, action figures, balls and watching sports. When he is listening to a book or playing with a toy he can be very loud and active acting out the scene as he sees it. Controlling actions when around others in some situations can be a problem for Luke. He does his best with some quiet time and appears to be doing better with a smaller class size which recently started at school.

About My Family: You may share as much or as little information as you choose

People, places and activities my family enjoys Great things about our family, our strengths (if this is an annual IFSP, what's new? Has anything changed?)

Luke and his family stay busy either at the playground, shopping, and taking day trips to places like the aquarium. Luke enjoys these activities and participates but needs close observation as he can be impulsive near streets or parking lots.

Family's Questions for the Assessment:

Any suggestions to address Luke's behavioral concerns.