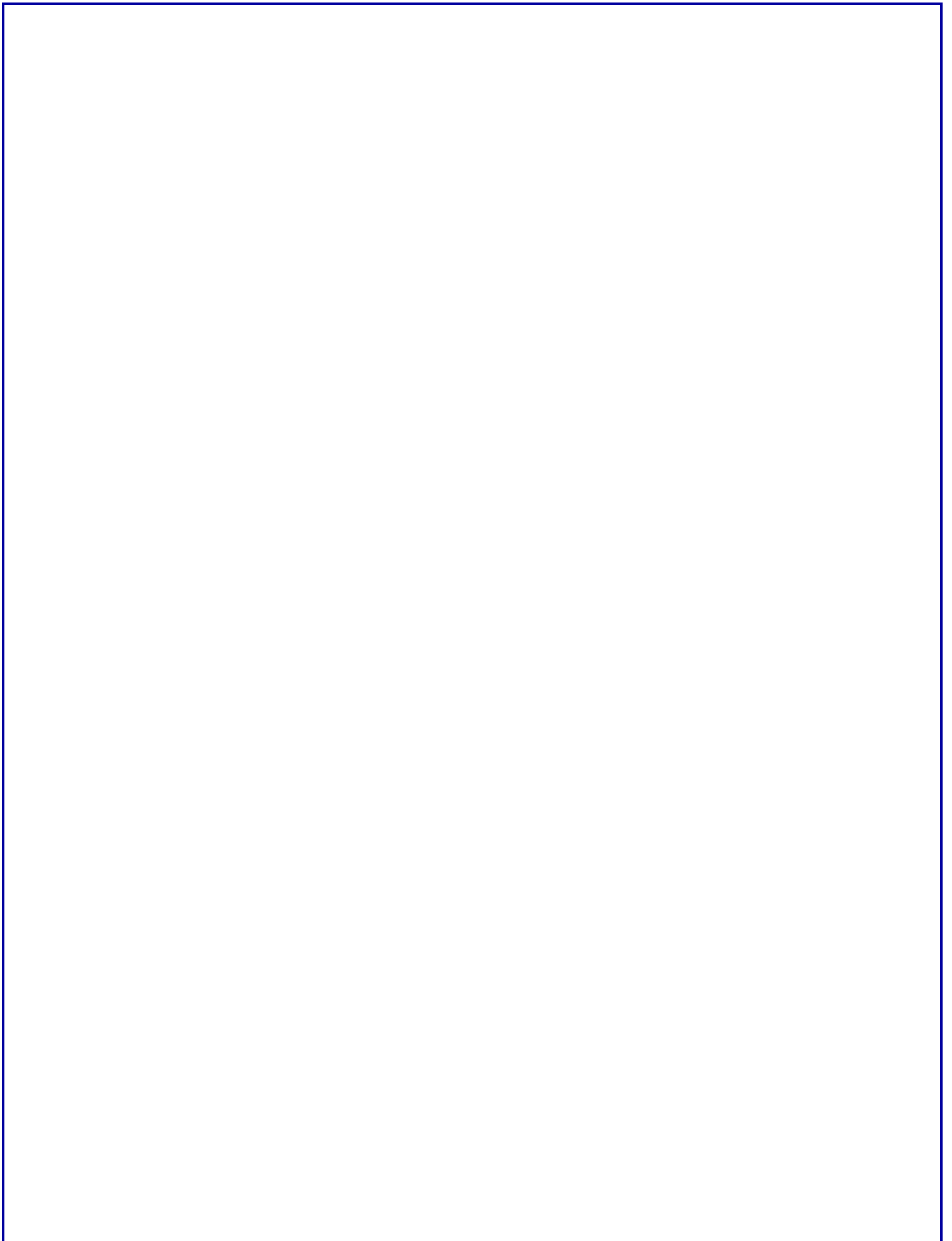


APPENDIX 3

Sample Completed IFSP-PD





- Screening Only**
(sections 1-3) 5 Jun 2009
Date
- Evaluation Only**
(sections 1-5) 19 Jun 2009
Date
- Full IFSP**
(sections 1-14) 9 Jul 2009
Date

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

Educational and Developmental Intervention Services
Early Intervention Services
EDIS Location: Kinderville

For use of this form see, MEDCOM Reg 40-53; the proponent agency is MCHO-CL-H

1. General Information

Child's name: Boy Girl Date of Birth: 1 May 2007 Age: 25 mo. Gestational Age: full term
Hannah Haupt

Parents/Guardians Name: Ken and Heidi Haupt

Initial Referral Date: 2 Jun 2009 Annual re-evaluation

Referral Source: Pediatrics Well-Baby Clinic

When did you arrive at this duty station? January 2008 Expected departure from this duty station? January 2011

Service Coordinator (initial ongoing): Jenna Warren

Early Intervention recognizes that parents know their child best. We value your input and will include you in every step.

Please describe your expectations for your involvement in early intervention.

Parents want to know if Hannah is behind in her development and what they can do to help her. They are interested in being involved every step of the way.

What is the best way for Early Intervention to share information with you? (written, demonstration, discussion, etc)

Best ways to provide information are by discussion and demonstration as needed. Sharing information by email is also good.

2. Family Questions/Concerns - Reason for Referral

- Please describe the questions/concerns you have about your child's development.
- Describe what is happening now and what you would like your child to be doing.

Hannah is not talking very much. She makes sounds, tries to talk, and points a lot. Sometimes it becomes a game, but it is also how she tells people she wants something. Hannah also moves others (her parent) to things she wants, by pushing or tugging on them. She has recently started tantruming when she can't get her way. Hannah is a very active little girl. She rarely sits and plays with toys, instead she likes to move about from one toy to another. She also likes to climb and be outside. Hannah is quite good at climbing and moving.

Hannah's parents would like her to use real words to talk and to play longer with toys. When Elle (Hannah's sister) was two they could carry on little conversations with her. Elle also liked to play pretend with her dolls and toys. The Haupts would like Hannah to learn more of the things Elle was able to do when she was two.

Child's Name: Hannah Haupt

3. Screening

Functional Vision & Hearing Screening:

<p>Does the child: (Y=yes; N=no; N/A=not applicable)</p> <p><u>Y</u> Make eye contact with adults</p> <p><u>Y</u> Follow a moving object with eyes</p> <p><u>Y</u> Make eye contact with toys, tasks, or objects</p> <p><u>Y</u> Hold objects at a normal distance (after 6 months)</p> <p><u>Y</u> Look at people/things without crossing or squinting eyes</p> <p><u>Y</u> Look at people and things without covering one eye</p> <p><u>Y</u> Walk without frequently bumping into objects</p> <p><u>Y</u> Walk smoothly across shadows that look different</p> <p><u>Y</u> Have eyes that are clear and not red or watery</p> <p><input type="radio"/> Is there a family history of vision impairment? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (explain)</p> <hr/> <p><input type="radio"/> Has your child had his/her vision checked before? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (explain)</p> <hr/> <p><input type="radio"/> Do you have questions/concerns about your child's vision? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (explain)</p>	<p>Does the child: (Y=yes; N=no; N/A=not applicable)</p> <p><u>n/a</u> Raise eyebrows to sounds (bell, other noise) (until 4 months)</p> <p><u>n/a</u> Startles to loud noises (until 6 months)</p> <p><u>Y</u> Show awareness of noises, door knock, television, toys...</p> <p><u>Y</u> Imitate sounds (after 1 year)</p> <p><u>Y</u> Use a voice that is no too loud or too soft</p> <p><u>Y</u> Listen to stories, records, CDs, or TV without difficulty</p> <p><u>Y</u> Come to you when called from a distance (after 8 months)</p> <p><u>N</u> Use some word endings "s" or "ing" (after 2 years)</p> <p><u>N</u> Speak so most people can understand (after 2 ½ yrs.)</p> <p><u>Y</u> Has history of ear infections</p> <p><input type="radio"/> Is there a family history of hearing loss? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (explain)</p> <hr/> <p><input type="radio"/> Has your child had his/her hearing checked before? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (explain)</p> <p>More than 5 ear infections treated with antibiotics.</p> <hr/> <p><input type="radio"/> Do you have questions/concerns about your child's hearing? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (explain)</p> <p>Always wonder when the next ear infection will come</p>
---	---

Developmental Screening

Date: 5 Jun 2009

Annual re-evaluation – Developmental Screening not required.

Screening instrument, observations, and results

Hannah was screened today at home with her mother, Heidi. Hannah was very active during the screening. Heidi initiated most of the screening tasks, but Hannah was not interested and was more content moving about and periodically coming back to the screening activities. Hannah mostly points and gestures to get her needs met. She can point to a picture of dog in a simple book, but does not point to other pictures. She has about 5 words that her parents understand and that she uses fairly often. She seems to understand more, but needs clues to follow directions. Hannah can figure things out - like how to get something out of a small jar or climbing up to get something. When she plays, she flits from one thing to another rather than staying with a toy for a few minutes. The results of the 24 month Ages and Stages Questionnaire indicated possible delays in the areas of communication, personal/social, and cognitive/learning/play development. Parents are interested in further evaluation.

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

Parent/s Signature: Heidi Haupt

5 Jun 2009
Date

Screeener's Signature: Jenna Warren

5 Jun 2009
Date

Child's Name: Hannah Haupt

4 Health Information

Where do you take your child for health care?

Kinderville Clinic

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

Dr Knows

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

Hannah's most recent physical/well-baby exam was June 2009. Results indicated a well child. Hannah is reportedly a healthy child, but the doctor had concerns about her talking and made this referral to early intervention. Hannah's immunizations are now up to date.

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.

Heidi reported no prenatal complications. Hannah was born via c-section one week early. She weighed 7 lbs and 02 oz. She is a picky eater, but is gaining weight.

Hannah broke her arm at 19 months by falling when she climbed up on the table. It has healed nicely and no follow-up is needed.

Aside from an occasional cold or runny nose Hannah is reportedly healthy and very active. She has no known allergies and is not on any medications. Her immunizations are up-to-date.

Hannah had her hearing checked again in May 09. At that time there were no concerns. Hannah's last ear infection was in March 09. Since birth Hannah has had 5 ear infections - all treated successfully with antibiotics. Heidi worries that this has impacted Hannah's speech development.

Hannah walked at 10 1/2 months and has been on the go ever since. She said mama and dada at about 13 months (not specifically).

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

Pain your child may have? No Yes

How does your child express pain?

She cries - but does not tell where it hurts

Your child's eating/nutrition/growth? No Yes

Your child's oral/dental health? No Yes

Hannah is a picky eater - but she is growing

Your child's sleeping? No Yes

Your child's behavior? No Yes

She is difficult to get to bed

She tantrums when she can't get her way & bangs her head.

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

Ken had ADHD as a child. He was on medication through high school.

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

None at this time.

5. Developmental Evaluation and Eligibility Status

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

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

On the day of the evaluation visit at the family's home, Hannah was alert and in good health per parents' report. She warmed up quickly to the evaluation team and was excited to explore the toys the evaluators brought. Hannah moved from toy to toy fairly quickly, which her parents report is common. She appeared distracted by the toys and things around her and wanted to "flit" from one to another. Hannah showed a strong preference for toys over pictures. The assessment included observation outside.

Hannah is quite confident on the playground. She doesn't seem to fear anything, including swinging high and climbing up on the big slide. Heidi is concerned that Hannah will fall again. Getting Hannah to leave the playground was observed to be a bit of a struggle. Heidi had to put Hannah in her stroller and she cried the rest of the way home (1 block away). This is concerning for Heidi and Ken.

Child's Name: Hannah Haupt

Results		
Domains	Instruments, Dates & Results	
Adaptive/Self-help	Standard Score 75 (-1.66 SD)	19 June 2009 Developmental Assessment of Young Children (DAYC)
Social/Emotional	Standard Score 80 (-1.33 SD)	"
Communication	Standard Score 63 (-2.00 SD)	"
Physical Motor	Standard Score 90 (-0.67 SD)	"
Cognitive	Standard Score 80 (-1.33 SD)	"
Other		

Summary Address family concerns. Summarize information gathered to this point, include evaluation findings & information needed to assist with eligibility determination. Identify child strengths & needs. Describe next steps in the process & any major recommendations.

Hannah was referred to early intervention by the pediatrician at Kinderville Clinic due to concerns regarding her development, specifically her limited vocabulary. Her parents expressed concerns about Hannah's communication and her high activity level. Hannah points and gestures to let others know what she wants. She has approximately five words she uses regularly and is just beginning to imitate more words. In play, Hannah is very active. She spends limited time with a toy before moving on to another; this is worrisome for her parents. She plays with most toys in their intended manner, but continues to mouth toys and does not make believe with dolls or stuffed toys. The developmental evaluation confirms that Hannah is demonstrating delays in her development and is therefore eligible for early intervention services.

Hannah has many positive assets that will help her in learning. She warms up to new people quickly and enjoys playing alongside her peers. She is a happy little girl with lots of energy. Her parents and older sister talk with her often during the day which provides her good models for learning new words.

A Routines Based Interview (RBI) will be conducted with the family to better understand the Haupt's day-to-day activities so that outcomes the family would like to work on with early intervention can be identified and so the team can optimally identify and enhance Hannah's natural learning opportunities.

Eligibility Status: Complete MEDCOM Form 720 "Report of Eligibility" for initial eligibility determination and when eligibility status changes

Child's Name Hannah Haupt is is not continues to be eligible for early intervention services.

Signatures		
Printed name	Signature	Discipline/Family Role
Heidi Haupt	Heidi Haupt	Mother
Ken Haupt	Ken Haupt	Father
Susan Grieves	Susan Grieves	Speech Language Pathologist
Jenna Warren	Jenna Warren	Early Childhood Special Educator
Names of others who provided information included in this document		Discipline/Family Role

Child's Name: Hannah Haupt

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.)?

Hannah lives at home with her parents, older (7 yrs) sister, Elle, and labradoodle dog, Caleb.

Heidi talks often with her mother in Kentucky. Her mother runs an in-home day care and encouraged having Hannah evaluated. They Skype frequently. Heidi's mother is very involved and is a great resource for her. Heidi talks with her sister who also has children, but she is not as involved as Heidi's mother. Ken's parents are in Louisiana and they talk about once a month. Ken's parents are older and may be moving to an assisted living facility this fall. This is worrisome for Ken.

Heidi and Ken have a neighbor friend who was stationed at their last base with them. They have a new baby and a daughter about Elle's age. The girls regularly (about once a week) get together. Heidi has one other girlfriend she sometimes goes shopping with. Heidi and Ken have friends through Ken's work and they get together for dinner every once in a while. There is a lady in the neighborhood that Heidi and Ken have had watch the girls when they go out. She is a Family Child Care provider and does some evening babysitting.

Heidi has taken Hannah to the community playgroup once but it was too big and it was hard to keep track of Hannah. Heidi has considered hourly care at the CDC - but she is not yet registered.

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

Hannah is great at climbing and running and getting into things.

She loves to be outside. She likes riding in her stroller - provided it is moving.

- 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?

Heidi and Hannah enjoy taking Caleb for a walk in the morning after Elle is in school.

As a family they enjoy going swimming and watching movies - these usually can happen on weekends. They'd love to go to the beach, but it is too far to drive.

- 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.

Ken is scheduled to go to Iraq in November. He has been there before - this time he will go for 15 months, which is longer than before.

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

Family prefers to use natural herbal medicines to the greatest extent possible.

You must also complete MEDCOM Form 721A, Family and Child Routines and Activities Worksheet.

Child's Name: Hannah Haupt

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 met.

Positive Social Relations

Hannah shows a desire for social attention especially from her mother and father; she crawls up in their laps and enjoys being bounced. Hannah loves the family dog Calvin and will give him a hug showing affection. Hannah shows interest in new people by approaching them, but the interaction is often brief. Hannah has limited opportunities to be with other children near her age; her parents are considering child care to give her opportunities to play with children her age. Given the opportunity, Hannah plays alongside peers, but mostly plays independently with the toys as she moves quickly from one toy to another. If another child wants her toy, she keeps it by pulling it back and screaming, but she does not say words like "no" or "mine." Hannah likes to ride on her sister's back. However, when Elle wants to stop and Hannah wants to continue, Hannah will tantrum. If left alone she will generally calm herself - she resists when someone tries to hug or hold her when she is upset. When Hannah does something she enjoys she shows pleasure by vocalizing and screaming with excitement - this happens often during movement related activities. Hannah runs to greet Ken when he comes home - she and Ken play a jump and swing game. When upset, Hannah tantrums and sometimes bangs her head. This behavior is reportedly occurring less often now, but it was worrisome for her parents. Hannah understands day-to-day routines and does fine around the house. She follows steps to daily activities, such as "get your shoes" (this means it's time to go outside). Coming in from outside is a challenge. A favored indoor activity is bath time and helping to wash the dishes with her father.

Acquiring and Using Knowledge and Skills

Hannah is an active little girl who curiously explores her environment and enjoys being outdoors. She plays with many toys at once moving from one play location to another (living room/kitchen/bedroom). Hannah independently selects toys to play with and initiates purposeful play, but she quickly moves from one toy to another. She continues to mouth some toys (mostly the plastic ones). Heidi reports that Hannah likes to take the toys out of her toy box and most often has them spread about the house by noon. Aside from movement and being outside, the things that Hannah enjoys most are dumping and filling containers or simple shape sorters, scribbling with crayons, and jabbering and singing with her father. She attempts to figure out new toys, but if not immediately successful she will move on to something else. Hannah has several dolls and pretend toys, but she does not engage in pretend play - even when her sister works hard to include her. Hannah does not seem to imitate the play actions of other children or her sister Elle. Heidi reports that this is probably because Hannah is most content moving about. Hannah enjoys watching videos (especially Dora) but shows little interest in books, although, she will point to the dog in one of her picture books. Hannah understands simple requests and does best with those that are familiar and include some kind of cue like a point "go get your cup" or "get Caleb's leash." Hannah is generally quiet in play, but has recently started jargoning. Heidi reported that Hannah has about five true words that she uses. She also uses gestures and word approximations to communicate. Sometimes it sounds like she is imitating new words - but Heidi says that it is hard to be sure. Recently she was thought to say "ball," "fish," "go" and approximated what sounded like "I got it." This new burst of "sounds like" words is exciting for Heidi and Ken.

Child's Name: Hannah Haupt

Functional Abilities, Strengths, and Needs (continued)

Taking Action to Meet Needs

Hannah can be quite independent at getting what she wants. She recently mastered the cookie jar and getting up on the cupboard to open the candy dish (which has a screw top lid). She also uses gestures and vocalizations – and if her strong desires are not met she can “turn on a tantrum” pretty quickly, which Heidi reports is unfortunately sometimes successful. Hannah is reportedly a picky eater. Her favorite foods are macaroni and cheese and fish crackers. She also loves cookies and sweets. Getting Hannah to eat food the rest of the family eats is a challenge – Heidi reported that sometimes Hannah gets mac & cheese when the rest of the family eats something else – just so that she eats something. Hannah feeds herself, but typically turns the spoon upside down and has started to toss food when she is done eating. With finger food Hannah is successful – especially with gold fish crackers. Hannah drinks from a sippy cup, straw cup, or a regular cup. Hannah enjoys juice over milk or water. At dressing times, Hannah will help out by holding her arms/legs out – she can take her pants, shoes, and socks off by herself. She is starting to hide behind the couch when she’s pooping in her diaper – she can also take her diaper off independently (not always a good thing according to Heidi). Bath time is a favorite for Hannah, while bedtime can be a challenge. The more activity Hannah has had during the day the easier bedtime is. Hannah loves movement she goes up and down stairs on her own (one step at a time) and enjoys climbing on furniture and playground equipment – she can even throw a ball with some accuracy (she can hit the clothes basket).

Child's Name: Hannah Haupt

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
5	To choose her breakfast food.	It's like a guessing game if she does not like what she's been given she tantrums and can sometimes set the tone for the rest of the day.	5
2	To say when she is done rather than throwing her food.	Hannah recently started tossing her food when she is done eating.	2
1	Play with toys longer - to pretend.	Hannah "flits" from toy to toy. She does not pretend play with dolls and toys like her sister did.	1
3	Talk with real words to tell us what she wants.	Hannah gestures and points, but rarely uses words we understand.	3
4	Have coming in from outside easier.	Hannah fusses and cries when leaving the park or coming in from outside.	4
6	For Hannah to eat what the rest of the family eats at dinner.	If Heidi doesn't serve one of Hannah's favorite foods, she refuses to eat and Heidi makes her a special meal- breakfast and lunch are not as hard as dinner.	6
7	To learn ways to prepare the girls for Ken's lengthy deployment.	Ken will deploy in November (4 months from now). Ken's last deployments were shorter.	7
8	To get Hannah in day care.	Not in day care at this time.	8

Child's Name: Hannah Haupt

9. Outcomes

Initial/Annual Addition Date: _____

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

Hannah will participate in play and hanging out times at home by playing longer with toys and learning to pretend play with toys/dolls/kitchen set so that she can learn from her play and so that she does not just "flit" from toy to toy.

Strategies to Reach the Outcome

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

Family will continue to provide Hannah a variety of indoor and outdoor play opportunities during the day.

During bath time parents and sister will try modeling play with baby dolls and other toys.

Family will try bringing toys like dolls and little people to the play ground to introduce pretend play outdoors.

Family and EDIS will explore arranging the toys so that they are easier for Hannah to get and put back instead of using a toy box that she dumps.

Achievement of the Outcome

Criteria: We'll know the outcome is achieved when:(•What will be observed? •Where/with whom? •When/how often?)

When Hannah engages in pretend play (alone or with her sister) in one area of the house playing with a particular set of toys (e.g., the toy kitchen toys, her dolls and doll house...) for at least 3 minutes 2 times a day for 3 consecutive days.

Procedures: Achievement of & progress toward the outcome will be measured by: (•Who will do what?)

Parent report

Timeline: Progress will be reviewed in:

6 months (January 2010)

Outcome Review

No Change _____
Dates

Making progress _____
Dates

Met _____
Dates

Outcome Status: Continue _____
Dates

Discontinue _____
Dates

Modify _____
Dates

Child's Name: Hannah Haupt

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 meal times, Hannah will use words/sign to tell when she is all done so she can be more independent and not toss food off her tray.

Strategies to Reach the Outcome

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

Parents will continue to ask Hannah if she is all done toward the end of meal time.

EDIS will observe a meal time and brainstorm with parents ways to teach Hannah to say/sign all done instead of throwing her things.

Parents will praise Hannah's attempts at signing/saying all done by letting her get out of her high chair.

Achievement of the Outcome

Criteria: We'll know the outcome is achieved when:(What will be observed? Where/with whom? When/how often?)

When Hannah signs/says all done without tossing food off the tray at 2 meals a day (where she is sitting in her high chair) for 7 consecutive days.

Procedures: Achievement of & progress toward the outcome will be measured by: (Who will do what?)

Parent report

Timeline: Progress will be reviewed in:

In 6 months (January 2010)

Outcome Review

No Change _____
Dates

Making progress _____
Dates

Met _____
Dates

Outcome Status: Continue _____
Dates

Discontinue _____
Dates

Modify _____
Dates

Child's Name: Hannah Haupt

9. Outcomes

Initial/Annual Addition Date:

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

Hannah will participate in meal times, play times, and outings by using words/signs/pictures to tell her parents or sister what she wants so that she can be understood.

Strategies to Reach the Outcome

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

Family will continue talking with Hannah and labeling the things she is playing with or looking at or things they encounter on walks.

Family will offer Hannah choices and encourage her to point and vocalize to indicate which she wants - especially when she is requesting a drink. When she chooses, they will model the word several times.

EDIS and family will explore other natural ways, using daily routines and Hannah's interest, to model language and encourage Hannah to talk.

Achievement of the Outcome

Criteria: We'll know the outcome is achieved when:(*What will be observed? Where/with whom? When/how often?*)

When Hannah uses words/signs/pictures rather than pulling to tell parents or sister what she wants 4 times a day for 7 consecutive days.

Procedures: Achievement of & progress toward the outcome will be measured by: (*Who will do what?*)

Parent report

Timeline: Progress will be reviewed in:

In 6 months (January 2010)

Outcome Review

No Change _____
Dates

Making progress _____
Dates

Met _____
Dates

Outcome Status: Continue _____
Dates

Discontinue _____
Dates

Modify _____
Dates

Child's Name: Hannah Haupt

9. Outcomes

Initial/Annual Addition Date:

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

When leaving the park or coming in from outside Hannah will follow directions to get in her stroller or go into the house without crying or tantruming so that outside time can be more enjoyable.

Strategies to Reach the Outcome

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

Family will continue making outside time and going to the park a regular part of their day.

Family will provide Hannah warnings that it is almost time to go in.

EDIS and family will explore ways to provide Hannah visual cues or transition toys when it is time to go in and use natural rewards for following directions.

Achievement of the Outcome

Criteria: We'll know the outcome is achieved when:(What will be observed? Where/with whom? When/how often?)

When coming in from outside Hannah will get in her stroller to leave the park without tantruming five times in a week and go into the house from outside five times in a week.

Procedures: Achievement of & progress toward the outcome will be measured by: (Who will do what?)

Parent report

Timeline: Progress will be reviewed in:

In 6 months (January 2010)

Outcome Review

No Change _____
Dates

Making progress _____
Dates

Met _____
Dates

Outcome Status: Continue _____
Dates

Discontinue _____
Dates

Modify _____
Dates

Child's Name: Hannah Haupt

9. Outcomes

Initial/Annual Addition Date:

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

Hannah will participate in breakfast by choosing a breakfast food and eating the food chosen so that she can be more independent in choosing what she wants to eat.

Strategies to Reach the Outcome

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

Parents pair choices using one thing they know Hannah likes and one thing she is not fond of.

EDIS and parents will explore different ways to teach Hannah to make choices.

With EDIS support parents will make a list of Hannah's favorite breakfast foods to use as possible choices for Hannah.

Achievement of the Outcome

Criteria: We'll know the outcome is achieved when:(What will be observed? Where/with whom? When/how often?)

When Hannah successfully chooses and eats her food at breakfast time 5 mornings in a week.

Procedures: Achievement of & progress toward the outcome will be measured by: (Who will do what?)

Parent report

Timeline: Progress will be reviewed in:

In 6 months (January 2010)

Outcome Review

No Change _____
Dates

Making progress _____
Dates

Met _____
Dates

Outcome Status: Continue _____
Dates

Discontinue _____
Dates

Modify _____
Dates

Child's Name: Hannah Haupt

9. Outcomes

Initial/Annual Addition Date:

Outcome # 6 (•What we would like to see happen? •When, where, or with whom? •What will be better?)

At dinner time Hannah will eat what the rest of the family eats so that she can eat a greater variety of food without needing special meals.

Strategies to Reach the Outcome

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

Family will continue to offer Hannah the food the rest of the family eats at dinner.

Family will talk with Hannah and describe what's for dinner (e.g., Mmmm we're having chicken for dinner mmm it smells so good...).

Family will praise Hannah's efforts to try the dinner food.

EDIS will brainstorm with the family other strategies for encouraging and reinforcing Hannah's eating the family dinner food.

Achievement of the Outcome

Criteria: We'll know the outcome is achieved when:(•What will be observed? •Where/with whom? •When/how often?)

When Hannah eats the dinner time food that the rest of the family eats for 3 days in a week.

Procedures: Achievement of & progress toward the outcome will be measured by: (•Who will do what?)

Parent report

Timeline: Progress will be reviewed in:

In 6 months (January 2010)

Outcome Review

No Change _____
Dates

Making progress _____
Dates

Met _____
Dates

Outcome Status: Continue _____
Dates

Discontinue _____
Dates

Modify _____
Dates

Child's Name: Hannah Haupt

9. Outcomes

Initial/Annual Addition Date: _____

Outcome # 7 (•What we would like to see happen? •When, where, or with whom? •What will be better?)

Parents will have information about ways to prepare the girls for their Dad's deployment in November.

Strategies to Reach the Outcome

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

EDIS will share information about preparing for deployment, including video tapes and books for children.

Parents will explore resources available from Army Community Services and www.militaryonesource.com

Achievement of the Outcome

Criteria: We'll know the outcome is achieved when:(•What will be observed? •Where/with whom? •When/how often?)

By September 2009, parents will have information to their satisfaction to initiate a plan for preparing the girls for the upcoming deployment.

Procedures: Achievement of & progress toward the outcome will be measured by: (•Who will do what?)

Parent Report

Timeline: Progress will be reviewed in:

In 3 months (October 2009).

Outcome Review

No Change _____
Dates

Making progress _____
Dates

Met _____
Dates

Outcome Status: Continue _____
Dates

Discontinue _____
Dates

Modify _____
Dates

Child's Name: Hannah Haupt

9. Outcomes

Initial/Annual Addition Date:

Outcome # 8 (•What we would like to see happen? •When, where, or with whom? •What will be better?)

Parents would like Hannah to attend part time childcare, so that she can have regular time around peers and for Heidi to have more time to take care of things when Ken deploys.

Strategies to Reach the Outcome

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

Parents will complete child development center enrollment paperwork.

EDIS will provide information about other child care options in the community.

Achievement of the Outcome

Criteria: We'll know the outcome is achieved when:(•What will be observed? •Where/with whom? •When/how often?)

By September parents will have chosen a child care center for Hannah and by November she will be attending regularly (maybe 2 days a week).

Procedures: Achievement of & progress toward the outcome will be measured by: (•Who will do what?)

Parent report

Timeline: Progress will be reviewed in:

In 3 months (October 2009)

Outcome Review

No Change _____
Dates

Making progress _____
Dates

Met _____
Dates

Outcome Status: Continue _____
Dates

Discontinue _____
Dates

Modify _____
Dates

Child's Name: Hannah Haupt

10. Transition

Initial/Annual Addition Revision

Type of Transition

No transition is anticipated at this time. Family will remain in the community until 2011.
Hannah will turn three in May 2010. As she nears 2 1/2 years of age a plan for transition will be developed.

Anticipated Date of Transition

When Hannah turns 3 in May 2010.

Steps to be taken to support the transition:

Service coordinator will provide the family with names and numbers for points of contact in DoDDS preschool.

In October/November 09, with parent permission, service coordinator will share information with DoDDS about Hannah and the upcoming transition.

Between February and March 2010 EDIS will initiate a meeting with DoDDS to discuss the transition and determine if additional information is needed.

Between February and March 2010 the family will register Hannah at DoDDS and have an opportunity to visit the Preschool Services for Children with Disabilities (PSCD) site and discuss other program options.

In March 2010 DoDDS will coordinate with EDIS and the family to schedule a transition meeting.

By May 2010 transition plans will be finalized.

11. Other Services

Transportation (specify below)

No transportation is needed.

Assistive Technology (specify below)

The team will explore using pictures as strategies for outcomes 3 and 5. The need for a pictures is not yet determined. EDIS will work with the family to develop pictures.

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.

EDIS will assist the family with seeking child care for Hannah.

Child's Name: Hannah Haupt

13. Services

Service Special Instruction		Provided by Early Childhood Special Educator		Outcome 1, 2, 3, 4, 5, 6, 7, 8.		<input checked="" type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Individual	Frequency (how often) <u>1 time per week</u>		Intensity (time/session)		Location		
<input type="checkbox"/> Consultation	For a minimum of <u>30</u> sessions		60 minutes		family's home		
<input type="checkbox"/> Group							
<input type="checkbox"/> Monitor							

Start Date: 10 Jul 2009 End Date: 14 May 2010 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 Pathologist		Outcome 1- 6		<input checked="" type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition	
<input type="checkbox"/> Individual	Frequency (how often) <u>every other month</u>		Intensity (time/session)		Location		
<input type="checkbox"/> Consultation	For a minimum of <u>5</u> sessions		60 minutes		family's home		
<input type="checkbox"/> Group							
<input checked="" type="checkbox"/> Monitor							

Start Date: 10 Jul 2009 End Date: 14 May 2010 Discontinued Date:

Additional information: including justification if services are not provided in the natural environment and description of any co-visits

Speech Pathologist visits will occur as co-visits with the early childhood special educator.

Service Speech Therapy		Provided by Speech Pathologist		Outcome 1- 6		<input checked="" type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition	
<input type="checkbox"/> Individual	Frequency (how often) <u>1 time per month</u>		Intensity (time/session)		Location		
<input checked="" type="checkbox"/> Consultation	For a minimum of <u>10</u> sessions		15 minutes		EDIS office		
<input type="checkbox"/> Group							
<input type="checkbox"/> Monitor							

Start Date: 10 Jul 2009 End Date: 14 May 2010 Discontinued Date:

Additional information: including justification if services are not provided in the natural environment and description of any co-visits

Service Occupational Therapy		Provided by Occupational Therapist		Outcome 1-6		<input checked="" type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition	
<input type="checkbox"/> Individual	Frequency (how often) <u>1 time per month</u>		Intensity (time/session)		Location		
<input type="checkbox"/> Consultation	For a minimum of <u>10</u> sessions		60 minutes		family's home		
<input type="checkbox"/> Group							
<input checked="" type="checkbox"/> Monitor							

Start Date: 10 Jul 2009 End Date: 14 May 2010 Discontinued Date:

Additional information: including justification if services are not provided in the natural environment and description of any co-visits

Occupational Therapist visits will occur as co-visits with the early childhood special educator.

Child's Name: Hannah Haupt

14. IFSP Agreement

Initial Annual

Date IFSP Developed:

9 Jul 2009

Projected Review Date:

4 Jan 2010

Service Coordinator:

Jenna Warren

Next Service Plan Date:

8 May 2009

IFSP Team Members and Signatures

Attendee's Name	Specialty/Relationship to Child	Signature
Heidi Haupt	Mother	Heidi Haupt
Jenna Warren	Early Childhood Special Educator	Jenna Warren
Susan Grieves	Speech Pathologist	Susan Grieves

Other Contributors Not Present (signature not required)

Ken Haupt - Hannah's Father
Cid Markler - Occupational Therapist

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.

Jenna Warren
Parent/Guardian Signature

Jenna Warren
Parent/Guardian Signature

15 Jul 2009
Date

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

