

Infant & Toddler Connection of Virginia Individualized Family Service Plan (IFSP)



Infant & Toddler Connection of Makanda

I. Child and Family Information

Child's Name: Polly Bannister **Date of Birth:** 12/08/01

Gender: Female **Child's County or City of Residence:** Makanda Co.

IFSP Date: 05/16/02 **Initial** **Date 6 mo. Review Completed:** 11/16/02
 Annual #

Date(s) Other Review(s) Completed:

Family's Primary Language and/or Mode of Communication: English **Child's (if different):**

Parent's and/or Other Family Member's Name, Address, Phone And Other Contacts:

Alice & Darren Bannister
432 N. Hamilton Dr.
Makanda, VA 54123
(239) 549-6920 (H)

Service Coordinator's Name, Agency, Address, Phone and Fax Numbers:

Rose Harris Phone; 239-545-6632 Fax: 239-545-3333 E-mail: rharris@mccsb.state.va.us
Makanda Community Services
302 Hazel Dr.
Makanda, VA 54123

Early Intervention services are provided to eligible children and their families in compliance with Part C of the federal *Individuals with Disabilities Education Act*.

Child's Name: Polly Bannister



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Ila. Child and Family Typical Routines and Community Activities

(What we want the people helping us to know about our everyday routines and activities: places we go or would like to go, people we are with or would like to be with, activities we do or would like to do, and activities our child enjoys.)

Polly typically gets up around 5 AM to nurse and then goes back to sleep until about 9 AM. She wakes up, nurses again for about an hour. Polly takes 2 naps during the day, each about 2 hours. When she's awake, she wants to be held and is often fussy. When she is not being held, she spends time in her playpen and crib. Polly's Mom says they have a stroller but Polly doesn't like it. Polly likes toys with music and lights, such as her toy piano that she kicks with her feet while lying on her back. She spends most of her time at home with her mom and 4-year-old sister during the day. Mrs. Bannister has to wait for Polly's dad to come home from work to go to the store because Polly cries when she is in the car seat. The family has two cars. Most of Polly's time outside the house is spent going to doctors. She sees her primary care physician for weekly weight checks, a cardiologist for her heart problems and a neurologist for the seizures. The lactation consultant has visited the home three times. Mrs. Bannister says there used to be a health nurse that visited five days a week, but this has stopped. Both grandparents live nearby but they have health problems. Mrs. Bannister says the family used to go to church but have not been there since Polly came home from the hospital.

Ilb. Family Identified Resources, Priorities, & Concerns

(What we want the people helping us to know about the concerns and priorities we have about our child's development, and the resources, supports, and services we have or need to help us.)

Mrs. Bannister's main concern for Polly is that she gain weight. She would also like for Polly to eat meals with the family. Polly continues to take breast milk fortified with powdered formula, but Mrs. Bannister wants Polly to take baby food from a spoon. Mrs. Bannister says Polly is fussy about 70% of the time and it can be hard to tell why. Mrs. Bannister holds Polly most of the day and doesn't have as much time to play with Polly and her sister. She would like Polly to be able to ride in the car without fussing. Mrs. Bannister would like Polly to keep her head steady so that it isn't so wobbly, and she would also like for Polly to be able to roll and to play with toys more by reaching out and holding them. Mrs. Bannister would like for Polly to have more toys to look at, reach for and play with. Mrs. Bannister also would like to know what playgroups are available where Polly could be with other children. Mrs. Bannister would like to be able to stroll Polly in the park nearby without her crying. She would also like to understand more about Polly's seizures and what questions to ask the doctors.



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IIIa. Team Evaluation

Area of Development	Developmental Evaluation Results <i>(May include age levels or ranges)</i>	Methods/Instruments Used	Evaluation Date Chronological Age Adjusted Age	Evaluator(s) Initials
Cognitive <i>(Thinking and learning)</i>	2-3 months	Hawaii Early Learning Profile (HELP), clinical observation parent report	Date: 5/16/02 CA: 5 mo. AA: N/A	JS
Expressive Communication <i>(Making sounds, gestures, and talking)</i>	4-5 months	HELP, clinical observation parent report	Date: CA: Same as AA: above	JS
Receptive Communication <i>(Understanding sounds, words, and gestures)</i>	4-5 months	HELP, clinical observation parent report	Date: CA: Same as AA: above	JS
Gross motor <i>(Moving and using large muscles)</i>	3-4 months	Hawaii Early Learning Profile (HELP), clinical observation parent report	Date: CA: Same as AA: above	JS
Fine motor <i>(Using hands and fingers)</i>	2 months	HELP, clinical observation and parent report	Date: CA: Same as AA: above	JS
Social/Emotional <i>(Interacting with others)</i>	2 months	Developmental Observation Checklist System (DOCS), clinical observation, informed clinical opinion	Date: 4/12/02 CA: 4 mo. AA:	(JJ, MD) Makanda Valley Rehab Report
Adaptive <i>(Feeding/eating, dressing, and sleeping)</i>	4 months	HELP, clinical observation, informed clinical opinion, parent report	Date: 4/12/02 CA: 4 mo. AA:	(JJ, MD) Makanda Valley Rehab Report

Vision: Dr. Kline's records indicate normal vision. Review of medical/family history, as well as behavioral observations using the Infant & Toddler Connection of Virginia Vision Screening guide, do not indicate a need for further vision evaluation.

Hearing: Polly passed the newborn hearing screening. However, her doctors are concerned about her hearing and have recommended an evaluation. In addition, hearing screening using the Infant & Toddler Connection of Virginia Hearing Screening guide indicates the need for referral for a full audiological evaluation.

Eligibility for Part C Services:

X Child is eligible for Part C Services because he/she has *(check one or more below and list name or describe each):*

25% delay in development in one or more areas *(list):* **cognitive, fine motor, social/emotional**

a typical development -Sensory behavior *(describe):* **Movement patterns and muscle tone are not typical for her age.**

X a diagnosed condition that is likely to result in delay in development *(name):* **failure to thrive, microcephaly, spasticity, seizures**

Child is not eligible for Part C services because he/she does not meet the above criteria. This form serves as an evaluation record only.

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IIIb. Team Evaluation – Narrative

- Diagnosis and/or reason for referral
- Health and physical development (*pertinent history, current health status, clinical signs and symptoms*)
- Statement of child's level of development in all developmental areas
- Summary of functional strengths and limitations

Polly was referred to Infant & Toddler Connection of Makanda by staff at Makanda Rehabilitation Hospital based on their recent evaluation and Polly's diagnosis of failure to thrive associated with cardiac anomalies, herpes simplex, encephalitis, microcephaly, spasticity and developmental delay, according to hospital records. Polly also has several seizures a day, for which she takes phenobarbitol. Mrs. Bannister is in contact with the neurologist. Polly was born full term weighing 8lb. 7 oz. At two weeks old she was hospitalized for about two weeks with encephalitis. At that time she was also diagnosed with ventricular septal defect and patent ductus arteriosus, which were repaired. She continues to be followed by cardiology. Polly was on an NG tube for supplemental feedings prior to cardiac surgery. Mrs. Bannister says Polly has atrial septal defect with no repair anticipated until age two, if still needed. Mrs. Bannister says Polly's doctors are not sure if she is hearing well and have recommended a hearing evaluation.

Today, 5/16/02, Polly was evaluated in her home by an Occupational Therapist. The report from Makanda Rehabilitation Hospital, which included information specific to feeding and social/emotional skills in addition to the medical information, was utilized in completing the evaluation. Mrs. Bannister also fed Polly during the evaluation today which revealed; difficulty maintaining a seal around the nipple, difficulty coordinating a suck-swallow-breathe pattern, difficulty maintaining an alert state to finish a 3 ounce bottle, and excessive arm and body movements which expended energy during bottle feeding. Polly looks and smiles at faces. Her communication skills are an area of relative strength for her at the 4-5 month level. She coos, laughs, turns to mom's voice, and will imitate some speech sounds. Her self-help skills are at the 4 month level. She is able to hold her head up by herself when she is held or supported in sitting, though she is unable to consistently hold it steady if she is moved around. She is not yet lifting her head when she is lying on her back. Polly is not yet bearing weight on her arms when on her tummy, but she can lift her head 45-90 degrees in this position. When her body is supported in the upright position, Polly takes weight on her legs. Her gross motor skills are in the 3-4 month range. In fine motor skills, Polly follows a toy past midline with her eyes and is not yet reaching for or holding a toy. Her fine motor skills are at the 2 month level. Her social skills are at a 2 month level and her cognitive skills are in the 2-3 month range, as she smiles, looks at the speaker, laughs and turns to voices.

Recommendation about the benefit of intervention: Early Intervention services are indicated to help Polly increase her functional skills, particularly eating.

The following people participated in the evaluation (*Printed name, credentials, role/organization, signature, date*):

Alice Bannister, Parent,

Alice Bannister 5/16/02

Rose Harris, B.S., Service Coordinator, MCS

Rose Harris 5/16/02

Jane Stevens, OTR/L

Jane Stevens 5/16/02

In Writing: report from Makanda Valley Rehab. Services 4/12/02

**Recommended Services are listed on pages 5 and 6. **



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IV. Outcomes of Early Intervention

Review Date: 11/16/02

Outcome (Long-Term Goal) # 1 : Target Date: 5/03

Date met or changed

In order to help the child and family receive the supports and services they need, the service coordinator will assure:

- that the IFSP addresses the family's identified concerns, priorities and resources;
- the appropriateness and adequacy of services;
- family satisfaction with services; and
- that consumer rights are protected.

Short-Term Goals

	Target Date	Date Met
Assist family with the development, review, and revision of the IFSP.	Ongoing	
Provide supports identified by the family to include resources for:		
1) Schedule audiological evaluation	5/02	5/02
2) Obtain information about Polly's diet and provide resources from a nutritionist	6/02	8/02
3) Provide information about seizures and discuss questions to ask doctors to help Polly gain weight 3 as appropriate	6/02	8/02
4) Access the Lending Library to explore toys Polly might like to play with and then assist with securing these toys	6/02	8/02
5) Obtain info about a stroller Polly seems to like.	7/02	8/02
6) Obtain information about playgroups Polly may be able to attend	1/31/02	4/30/03

Service Coordination Activities (Interventions):

- Maintain ongoing contact with family for service monitoring
- Phone calls/personal contacts with family and with individuals/agencies that provide support, assistance, services.
- Link family with appropriate community resources.
- Assist with problem solving.

Rose Harris, B.A., Makanda Community Services, *Rose Harris 5/16/02*

Service Coordinator (printed name, credentials, organization, signature, date)

Comments on progress (Degree to which outcome is met and revisions as needed):

11/16/02 The audiological evaluation was completed 5/22/02 with results within normal limits (WNL). Elly Peterson, R.D., met with Mrs. Bannister and Polly and provided nutrition and dietary suggestions on June 5, 2002. Mrs. Bannister has discussed her concerns about Polly's seizures and her slow weight gain with Dr. Kline and reports that the information Dr. Kline has provided has been helpful. Mrs. Bannister is also exploring the internet for additional information about seizures and about nutrition. Through the Virginia Family Involvement Project, Mrs. Bannister has connected with another parent whose child has seizures. Several toys have been tried with Polly, particularly ones with music. Some have been purchased through the local Kiwanis Club and secured through donations through local community groups. She continues to use the loaning program to determine (with assistance from Jane Stevens) which battery operated toys and switches are most effective and enjoyable for Polly. Polly continues to cry when she has to sit in her current car seat for more than 5 minutes. Jane Stevens has contacted a local equipment vendor to explore options for transportation equipment. The family has been able to return to their church activities.

Rose Harris

Outcome plan reviewed on 11/16/02

by *Rose Harris*



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IV. Outcomes of Early Intervention

Review Date: 11/16/02

Outcome (Long-Term Functional Goal) # 2 Target Date: 05/03 Date met, changed or ended: 5/03

Polly will drink/eat one meal each day with her family.

Learning opportunities and activities that build on child's and family's interests and abilities:

Bottle time with Mom or Dad, mealtimes and snacktimes with family

Short-Term Goals

Short-Term Goals	Target Date	Date Met
1. Polly will drink 4-5 oz of formula without falling asleep at least 5 x per day.	8/02	9/02
2. In an adapted seat, Polly will eat 1 oz of pureed food by spoon 3x per day.	10/02	10/02
3. Polly will eat a variety of foods, pureed and mashed (applesauce, mashed potatoes, pudding, etc) without refusal (crying, turning her head) 3 x per day	11/02	11/02
4. Polly will eat one meal each day with her family	5/03	5/03

Interventions (Treatment procedures and/or modalities)

NOTE: This section should be completed only after determination of all outcomes.

Occupational Therapy

Comments on progress (Degree to which outcome is met and revisions as needed):

11/16/02 – Polly is consistently able to take 4-6 ounces of fluid 5x daily, is eating 1-2 ounces of pureed food by spoon 3x daily and is accepting a variety of mashed and pureed foods including applesauce, potatoes, and and banana pudding.

Jane Stevens, OTR

5/10/03 – Polly's mom stated the it has been enjoyable to have Polly join the family for mealtimes each evening! *Jane*

Stevens, OTR

5/10/03 Polly reaches for and/or touches toys at least 5 times during a play session when she is in a supported sitting position (on her mom or dad's lap or in her adapted seat) or lying on the floor. *Jane Stevens*



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IV. Outcomes of Early Intervention

Review Date: 11/16/02

Outcome (Long-Term Functional Goal) # 3 Target Date: 05/03 Date met, changed or ended: 5/03

When she is supported in a variety of positions during play with her mom or dad each day, Polly will reach for and touch (5 times) toys that roll, move or make music.

Learning opportunities and activities that build on child's and family's interests and abilities:

Attaching toys to stroller and car seat; placing toys that make sounds within her reach when she is lying on the floor; holding a variety of toys a few inches from either hand when she is supported in the sitting position

Short-Term Goals

Short-Term Goals	Target Date	Date Met
1. When lying on her back, Polly will reach up to touch a toy 3 times.	1/03	3/03
2. When supported on her mother's lap, Polly will reach out to touch a toy 4 times	3/03	4/03
3. When sitting in her adapted seat or car seat Polly will reach/touch toys 5 times.	5/03	5/03

Interventions (*Treatment procedures and/or modalities*)

NOTE: This section should be completed only after determination of all outcomes.

Occupational Therapy

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V. Services Needed to Achieve Early Intervention Outcomes

The IFSP Team agrees that social services are required (counseling services to assist the understanding their child's special needs) Yes No

SERVICE	AGENCY NAME, ADDRESS, PHONE	FREQUENCY; INTENSITY; METHODS (# x/wk; # min/visit; group or individual)	NATURAL ENVIRONMENT/ LOCATION* (Must be a natural environment unless justified below)	PAYMENT (Family, Insurance, Medicaid, Part C, other...)	START DATE	PROJECTED END DATE	ACTUAL END DATE
Service Coordination	Makanda Community Services 302 Hazel Dr. Makanda, VA 54123 Phone; 239-545-6632	2x/mo/1hr individual then 1x/mo/1hr individual	Home Community	Infant & Toddler Connection of Makanda	5/02	continuing	continuing
Audiology	Makanda Audiology 623 Dierdre Ave. Makanda, VA 54123 Phone; 239-732-7777	Evaluation	Clinic	Part C	5/02	6/02	5/02
Nutrition	Makanda Nutritional Services, Inc. 544 Lake Street Makanda, VA 54123 Phone 239-545-2121	1 visit/1 hour individual	Home	ATP Scale	6/02	6/02	6/02
Occupational Therapy	Makanda Valley Rehab Services 514 Randolph Street Makanda, VA 54123 Phone; 239-589-5424	1x/wk 1 hr for 1 mo then every other week for 1 hr individual	Home	Cerona Health Insurance	5/02	5/03	continuing

*Justification of why early intervention outcomes can't be achieved satisfactorily in a natural environment:

Discharge Planning: Early Intervention services will be discontinued when the IFSP team determines that services are no longer needed to achieve the outcomes. (For details see page 7).

VII. Other Services (Services needed, but not entitled under Part C - including medical services such as well baby checks, follow-up with specialists for medical purposes, etc.)

SERVICE	PROVIDER	LOCATION	FUNDING SOURCES OR STEPS TO BE TAKEN TO SECURE SERVICES
Pediatrics	Dr. Evelyn Kline	Makanda Pediatrics	Cerona Health Insurance
Neurology	Dr. Lyle James	Makanda Neurology	Cerona Health Insurance
Cardiology	Dr. Sandra Weston	Makanda Cardiology	Cerona Health Insurance

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VI. Transition Planning

TRANSITION PLANS AND ACTIVITIES	PERSON RESPONSIBLE	DATE STARTED	DATE COMPLETED
<input checked="" type="checkbox"/> 1. Discuss what "transition" from early intervention means and what we can do to plan for this transition.	Rose Harris	5/16/02	Ongoing
<i>Specific information about other places (school, daycare, etc.) Polly will attend will be provided in advance of Polly moving into other settings; the service coordinator and the therapist, special instructor will tell/show the Bannisters things they can do with Polly to prepare her to meet new people or to go to new places.</i>			
<input checked="" type="checkbox"/> 2. Discuss eligibility and age guidelines for early intervention so we understand when our child may no longer be eligible for early intervention services.	Rose Harris	5/16/02	Ongoing
<i>Since Polly is eligible on the basis of a diagnosed condition that is like development, she can receive services until she transitions to the schools or until she turns three.</i>			
<input checked="" type="checkbox"/> 3. Our child's name, address, phone number and birth date will be sent to Makanda County Schools no later than 09/01/03 unless we disagree.	Rose Harris		
<input checked="" type="checkbox"/> 4. Help us explore preschool special education services as well as other community program options for our child, including: eligibility for the program, the latest date a referral may be made to the program to ensure we don't have a gap in services, and who we can talk to for more information. (Latest date: 2/1/04)	Rose Harris	2/1/03	
<i>Provide parents with information on Rainbow Babies playgroup.</i>			2/15/03
<input checked="" type="checkbox"/> 5. Help our child begin to learn new skills needed to better get along in the new place (see Outcome(s) # 2 & 3).	Deborah Bliss, Jane Stevens	2/15/03	
<input type="checkbox"/> 6. With our permission, provide specific information to the future service provider or program (e.g., IFSP, etc.)			
<input type="checkbox"/> 7. Schedule a meeting with our family, service coordinator, and someone from the new program to plan how we are going to make the transition.			
<input checked="" type="checkbox"/> 8. Help our child and family prepare for changes in services so that we can move smoothly from one program to another (e.g., meet a new teacher, visit a classroom, talk by phone to a program in the area where we are moving).			
<i>Schedule joint visit to Rainbow Babies playgroup with Occupational therapist</i>	Jane Stevens	2/15/03	3/1/03
Additional Steps			

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VII. IFSP AGREEMENT

Payment

- Service coordination, evaluations and assessments, and the development of this plan are provided to us free of charge and will not be billed to any private insurance.
- My health insurance will be billed for other medically necessary services, as appropriate, if I give consent.
- I am responsible for paying our co-payments, deductibles, etc and for non-covered services. If I cannot afford the cost of services, fees may be reduced according to the fee system which assesses our ability to pay.
- Public funds under *Part C of the Individuals with Disabilities Education Act* may be used to support Early Intervention services only after all other funding sources have been exhausted.

Parental Consent for Provision of Early Intervention Services:

I have received a copy of family rights under Part C of IDEA (*Notice of Child and Family Rights in the Infant & Toddler Connection of Virginia Part C Early Intervention System*) and a copy of "Facts about Family Fees" (for annual IFSP) along with this IFSP. These rights and information about family fees have been explained to me and I understand them. I participated in the development of this IFSP and I give informed consent for Infant & Toddler Connection of Virginia system and service providers to carry out the activity(ies) listed on this IFSP.

Consent means: that I have been fully informed of all information about the activity(ies) for which consent is sought, in my native language (unless clearly not feasible to do so) or other mode of communication; that I understand and agree in writing to the carrying out of the activity(ies) for which consent is sought; the consent describes that activity(ies); and the granting of my consent is voluntary and may be revoked in writing at any time.

I understand that I may decline a service or services without jeopardizing any other early intervention service(s) my child or family receive through the Infant & Toddler Connection of Virginia system.

I understand that my IFSP will be shared among the Infant & Toddler Connection of Virginia system and service providers implementing this IFS

Alice Bannister

5/16/02

Signature(s) of (check one):

Parent(s)

Legal Guardian

Surrogate Parent

Date

Rose Harris, BS, Service Coordinator, MCS,

Rose Harris 5/16/02

Jane Stevens, OT, Occupational Therapist, MVRs,

Jane Stevens 5/16/02

Other IFSP Participants (*Printed name, credentials, role/organization, signature, date*):

Translator/Interpreter (*if used*): N/A

The following individuals participated electronically or in writing (*specify which*):

The following related documents are attached: N/A

Copies to: Parent, Makanda Valley Rehab Services, Makanda Pediatrics, Makanda Neurology, Makanda Cardiology

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VIII. IFSP Review Record

IFSP Review

Purpose of Review: 6 month Review Upon Request by: Mrs. Bannister & Service Coordinator Review Date: 11/16/02

Summary (Include rationale for any changes resulting from this review): Polly is progressing with her eating skills and is on target with her short term goals of drinking 4-5 oz of formula 5x a day before falling asleep, eating a variety of pureed and mashed foods by spoon (one ounce 3x per day). Polly is much less fussy now and the family has been able to return to their church activities.

Mrs. Bannister said that now that Polly is less fussy and her feeding and sleeping are more under control, she would like to be shown ways to help her play. A new outcome will be added and Jane Stevens, the Occupational Therapist will continue as the primary provider in assisting the Bannisters to help Polly with reaching the new outcome.

Change(s): New Outcome added

Date Change Effective: 11/16/02

Parental Consent

I have received a copy of family rights under Part C of IDEA (*Notice of Child and Family Rights in the Infant & Toddler Connection of Virginia Part C Early Intervention System*) along with this IFSP Review Record. These rights have been explained to me and I understand them. I participated in the development of this IFSP Review and I give informed consent for Infant & Toddler Connection of Virginia system and service providers to carry out any changes listed on this IFSP Review Record.

Consent means: that I have been fully informed of all information about the activity(ies) for which consent is sought, in my native language (unless clearly not feasible to do so) or other mode of communication; that I understand and agree in writing to the carrying out of the activity(ies) for which consent is sought; the consent describes that activity(ies); and the granting of my consent is voluntary and may be revoked in writing at any time.

I understand that I may decline a service or services without jeopardizing any other early intervention service(s) my child or family receive through the Infant & Toddler Connection of Virginia system.

I understand that my IFSP will be shared among the Infant & Toddler Connection of Virginia system and service providers implementing this IFSP.

Alice Bannister

11/16/02

Signature of (check one):

Parent(s)

Legal Guardian

Surrogate Parent

Date

Other IFSP Participants (Printed name, credentials, role/organization, signature, date):

Rose Harris, BS, Service Coordinator, Makanda Community Services

Rose Harris 11/16/02

Jane Stevens, OT, Occupational Therapist, Makanda Rehab Services

Jane Stevens 11/16/02

The following individuals participated electronically or in writing (specify which):

For Insurance purposes only:

I certify and approve that the Occupational Therapy Services, as described above, are medically necessary for this child.

Evelyn Kline, M. D. 11/19/02

Physician's signature M.D. Date