

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: 05/10/03 **Initial**
 Annual # 1 **Date 6 mo. Review Completed:**

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*.

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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 spends her day at home with her mom and her sister. She gets up around 6:30 AM and drinks a 6-ounce bottle around 10 AM. During the night she is on a feeding tube. She wakes up several times during the night and it takes between 15 and 45 minutes for her to get back to sleep. During the day, Mrs. Bannister tries to feed Polly every 3–4 hours. Polly spends about 30 minutes twice a day playing on the living room floor or in the playpen, and the rest of the time she is awake she is either in her adapted seat or stander or is being held by her mom or dad. She likes to watch TV and play with her family. Polly has just begun to attend the playgroup at Rainbow Babies and enjoyed her first session. Polly looks around, imitates sounds her mom or sister makes and plays with toys attached to her carseat when she rides in the car. The family attends church together each Sunday.

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 said that she and her husband are looking forward to the day that Polly will be able to sleep through the night, and be off the feeding tube and bottle. They are trying to get Polly and her sister on the same sleep routine. Mrs. Bannister would like for Polly to be able to tell her what she wants, including letting her know when she is hungry or thirsty or wants to go outside. She also wants Polly to be able to sit up by herself to play with her sister and to move around the living room by herself. She wants to be sure that she and her husband are doing the things they need to in order to prepare Polly for preschool; though, they aren't sure yet whether they will send Polly to preschool in the fall or wait until she turns 3.

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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>	6-9 months, with some scatter to 12-15 months	Clinical observation, informed clinical opinion, parent report	Date: 5/10/03 CA: 17 mo. AA: N/A	JS
Expressive Communication <i>(Making sounds, gestures, and talking)</i>	Uses gestures and sounds to communicate	Same as above	Date: CA: Same as above AA:	JS
Receptive Communication <i>(Understanding sounds, words, and gestures)</i>	Looks at toys/objects when named	Same as above	Date: CA: Same as above AA:	JS
Gross motor <i>(Moving and using large muscles)</i>	4-6 months	Same as above	Date: CA: Same as above AA:	JS
Fine motor <i>(Using hands and fingers)</i>	4 months	Same as above	Date: CA: Same as above AA:	JS
Social/Emotional <i>(Interacting with others)</i>	6 months, with some skills at the 9 month level	Same as above	Date: CA: Same as above AA:	JS
Adaptive <i>(Feeding/eating, dressing, and sleeping)</i>	6 months	Same as above	Date: CA: Same as above AA:	JS

Vision: Polly's vision has been checked by Dr. Klein, her pediatrician, at each well-baby visit (last one was in April 2003) and has been found to be normal each time. 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. She had a repeat audiological (5/02) which indicated hearing WNL. There are no components of the Infant & Toddler Connection of Virginia Part C Hearing Screening that would indicate the need for referral for full audiological evaluation.

Eligibility for Part C Services:

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)*: **Gross and fine motor, communication, social-emotional, adaptive, cognitive**

a typical development -Sensory behavior *(describe)*:

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 the Infant & Toddler Connection of Makanda by staff at Makanda Rehabilitation Hospital in May 2002, with diagnoses including failure to thrive associated with cardiac anomalies, herpes simplex, encephalitis, microcephaly, spasticity and seizures. Polly continues to be followed by neurology and cardiology. Polly's most recent EEG, by mom's report, showed no seizures; therefore, Polly is currently being weaned off her seizure medications.

Polly has been receiving supports and services through the Infant & Toddler Connection of Makanda for the past year. Jane Stevens, OTR, has been the primary service provider. Polly has been drinking between 10-15 ounces of PediaSure per day by bottle. She is beginning to accept a greater variety of food (different tastes, different textures) by spoon and she is able to move the food around in her mouth with her tongue. Polly will take between 5-10 spoonfuls of food per meal when seated in her adapted high chair. She is starting to make munching motions. She is swallowing liquids of varying consistencies, as well as soft foods, without choking. She can hold a spoon and wave it when it is placed in her hand; she is not yet controlling the spoon to scoop food or bring food to her mouth. She can drink from an adapted cup taking about 1 ounce at a time (with the cup held for her). Polly has continued to gain weight, though Mrs. Bannister says the pediatrician says she needs to gain more weight before she can come off the night feeding tube.

Polly plays by reaching for and batting toys, touching pictures and making sounds, and watching and making sounds in response to what is happening around her. Mrs. Bannister described the sound as a "guttural sound in the back of her throat". She is using gestures and sounds to let her mom and dad know when she wants to be picked up, when she is full or doesn't like a particular food and sometimes to make choices about which book she wants to have read to her. She cries and fusses when she is not understood (and this happens several times every day).

Polly is able to support her head well when in her adapted seat and when she is held either in sitting or standing supported at her trunk. She is able to balance momentarily when propped in the sitting position (hands on the floor or on her knees), but is not able to regain her balance or get herself into the sitting position. She lifts her head and uses her abdominals to help herself sit up when her mom asks her to sit up and provides light assistance behind her shoulder as she guides her up toward one side. Polly is able to roll by herself from her stomach to her back and with some difficulty, but by herself, she also rolls from her back to her stomach. She is able to hold and keep her head steady when she is on her stomach and when she is on her side. She moves forward, sideways and backwards lying on her stomach mostly by twisting her body to inch along, though she is trying to use her hands and she does push against the floor with her legs.

Polly enjoys being with adults and other children including the children at the Rainbow Babies Playgroup. She watches the other children, laughs, and imitates sounds they make. Polly enjoys sound play with older children and adults. She shows a preference for toys that make sounds, especially ones that play tunes (by moving to, looking at and/or smiling when the toy is presented to her).

She is showing recognition of toys and objects by looking at them when they are named.

Polly is reaching with both hands and is able to move objects by swiping at them. She is trying to grasp toys and other objects and can hold onto an object that is placed in her hand, but she is not able to consistently open her hand to pick up an object by herself.

Recommendation about the benefit of intervention: Polly would benefit from early intervention services to help her continue to increase her functional skills including sitting to play, eating meals with her family, and moving around by herself.

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, OT,

Jane Stevens 5/16/02

Recommended Services are listed on pages 5 and 6.

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IV. Outcomes of Early Intervention

Review Date: _____

Outcome (Long-Term Goal) # 1 : Target Date: 5/04 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:		
Transitioning to pre-school services	5/04	
Exploring reasons for Polly's not sleeping well	7/03	
Monitor equipment needs	Ongoing	

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 5/10/03*

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

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

Outcome plan reviewed on _____ by _____

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IV. Outcomes of Early Intervention

Review Date:

Outcome (Long-Term Functional Goal) # 2 **Target Date: 05/04** **Date met, changed or ended:**

Polly will eat 2 meals every day with the family while sitting in her adapted seat without the need for night tube feedings.

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

Different foods (different tastes, different textures and consistency) at mealtimes and snack times. Picking foods or drinks in the grocery store, helping with meal preparation, holiday cooking/decorating (icing cookies, using sprinkles, etc), choosing plates/utensils, and going to community restaurants to watch other children eat. sit next to other children during Rainbow Babies or community restaurants, and make eating fun!

Short-Term Goals

	Target Date	Date Met
1. Polly will eat the family's chosen meal, mashed, while in her adapted seat for 1 month.	8/03	
2. Polly will drink 3-4 ounces of milk from her adapted cup at each mealtime and 1 additional time before bed (when the cup is held for her).	11/03	
3. Polly will bring spoon to her mouth to feed herself 1/2 of a meal after the spoon is scooped for her.	11/03	
4. Polly will drink from a straw during community outings with her family/friends or at snack times (juice box, Capri sun, etc).	1/04	
5. Polly will feed herself finger foods (cooked vegetables, soft fruits, crackers) 1/2 of a snack with family or friends.	3/04	
6. Polly will eat 2 ounces of 3 different solid foods each meal each day (eating the food from a spoon held by parent or finger-feeding herself).	5/04	

Interventions (*Treatment procedures and/or modalities*) NOTE: This section should be completed only after determination of all outcomes.

Adaptive seating, choose high calorie foods, discuss nutrition pyramid, try different adaptive utensils/bowls/plates,

Occupational Therapy

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

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IV. Outcomes of Early Intervention

Review Date:

Outcome (Long-Term Functional Goal) # 3 **Target Date: 05/04** **Date met, changed or ended:**

Polly will tell what she wants throughout her day while playing or participating in daily routines with her parents, sister and the teachers and children at Rainbow Babies playgroup,.

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

Making choices throughout the day about what to wear, toys to play with; during playtimes, mealtimes, when traveling in the car

Short-Term Goals	Target Date	Date Met
1. Polly will tell what she wants by using a gesture, reaching or eye gaze to make a choice between 2 objects at least 3 times throughout her day.	10/03	
2. Polly will tell what she wants using a gesture, reaching or eye gaze to make a choice between 2 pictures of objects or actions at least 3 times each day.	3/04	
3. While prop sitting on the floor during play, Polly will choose between 2 toys using eye gaze at least 3 times per day.	5/04	

Interventions (*Treatment procedures and/or modalities*)
 Special instruction, occupational therapy

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

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

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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 X

SERVICE	AGENCY NAME, ADDRESS, PHONE	FREQUENCY; INTENSITY; METHODS <i>(# x/wk; # min/visit; group or individual)</i>	NATURAL ENVIRONMENT/ LOCATION* <i>(Must be a natural environment unless justified below)</i>	PAYMENT <i>(Family, Insurance, Medicaid, Part C, other...)</i>	START DATE	PROJECTED END DATE	ACTUAL END DATE
Service Coordination	Makanda Community Services 302 Hazel Dr. Makanda, VA 54123 Phone; 239-545-6632	1x/mo 1 hr individual	Home Community	Infant & Toddler Connection of Makanda	5/03	5/04	
Special Instruction	Makanda Community Services 302 Hazel Dr. Makanda, VA 54123 Phone; 239-545-6632	2X/mo 1 hr. individual	Home Community	ATP Scale	5/03	5/04	
Occupational Therapy	Makanda Valley Rehab Services 514 Randolph Street Makanda, VA 54123 Phone; 239-589-5424	1x per mo for 2 mos. Then 1x every 2 mos. individual	Home	Cerona Health Insurance	5/03	5/04	

*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
See Initial IFSP			
<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
See Initial IFSP			
X 3. Our child's name, address, phone number and birth date will be sent Makanda County Schools no later than 09/01/02 unless we disagree.	Rose Harris	5/16/02	8/24/02
<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)			
Began discussion about preschool options 2/1/03. Mrs. Bannister is considering whether she wants to visit a special education class to learn more about this option.	Rose Harris	2/1/03	
X 5. Help our child begin to learn new skills needed to better get along in the new place (see Outcome(s) # 2 & 3).	Rose Harris	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 checked="" 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.			
Arrange for conference/meeting with Makanda Co. preschool teacher	Rose Harris	5/10/03	
<input 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).			
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

5/10/03

Signature(s) 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, MCS,

Rose Harris 5/10/03

Jane Stevens, OT, Occupational Therapist, MVRS,

Jane Stevens 5/16/03

Deborah Bliss, BA, Special Instructor, MCS

Deborah Bliss 5/16/03

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

Translator/Interpreter (if used): N/A

The following related documents are attached: N/A

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