

Part C Eligibility and Data Based Assessment Decisions

Example of Assessment Report

Assessment reports are a mechanism for families to see how their child(ren) is progressing developmentally. An integrated assessment report brings all team members, from multiple disciplines, together to make an assessment report that is concise and informative for the family. This assessment report should reflect a collaborative decision making process in which family and team member constantly revise and change their judgments as well as reach consensus about the changing needs of the child. In addition, the assessment report should reflect curricular goals, family and early interventionists observations in natural settings and should set the stage for describing family and child progress while receiving early intervention services. The assessment report **need not** reflect: 1) the developmental age scores of the child; 2) recommendations from team members based upon developmental areas of expertise; 3) professional jargon (words used should be understood by anyone who reads the assessment report) and; 4) the concerns and priorities of the early interventionists but not the family or other key members of the IFSP team (e.g. child care provider).

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Kansas Inservice Training System

Kansas University Center on Developmental Disabilities

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Kaylen

Name: Kaylen Harris
Date of Report: 1/16/04

DOB: 5/26/01
Age: 31 months

Eligibility

Janet Smith administered the Battelle Developmental Inventory on 1/16/04. Based upon state eligibility, Kaylen qualified for early intervention services.

Integrated Assessment Report

Several assessment tools were used in the development of this assessment report including the Assessment, Evaluation, and Programming System (AEPS), the Peabody Developmental Motor Scales (PDMS), McCarthy Scales of Children's Abilities (MSCA), and Preschool Language Scale (PLS), was completed with information provided by Charlotte Keller-Harris and Peter Harris, Kaylen's parents.

Fine Motor (How Kaylen uses her hands and feet): Kaylen can simultaneously bring her hands to the middle of her body (midline) to grasp a sippy cup. She brings two objects together at midline, like banging blocks together. She can grasp a hand-sized object with either hand. Kaylen uses a raking or scratching movement to grasp a pea-sized object like a raisin. She favors the raking motion but, if prompted, will use her thumb and forefinger. Kaylen can release objects with either hand but tends to throw objects. Kaylen does not discriminate what objects she throws (objects could be soft or hard). She uses her hand to activate her musical toys, which are her favorite. Kaylen can put her Little People® into their "clean up" bucket. She can activate her play phone by pushing the buttons with her pointer finger, although she still prefers to use her whole hand.

Gross Motor (How Kaylen moves her arms and legs): Kaylen crawls forward using alternating leg and arm movements. Kaylen has no problem sitting on her own but does tend to put her legs underneath her pointing backwards (W sitting). Kaylen can walk with two-hand support. She is beginning to walk with one hand support but does not feel supported enough most of the time. She can pull to a standing position. Kaylen can roll and throw a ball. Kaylen can sit down in a chair. She can walk with one hand support and is beginning to take 5-6 steps independently. Kaylen can push a riding toy backwards while sitting on it.

Self-Help/Adaptive (How Kaylen eats drinks and dresses etc.): Kaylen drinks from a sippy cup. She can feed herself using her hands and is trying to feed herself with a spoon. Charlotte and Peter report that Kaylen does not use her teeth to chew crispy foods. Instead she uses her tongue to mash the food or waits for the food to dissolve. Kaylen has mastered taking off her diaper and is also capable of taking off her socks, shoes, and hat.

Cognitive (How Kaylen thinks and problem solves): Peter and Charlotte report that Kaylen watches them until they leave a room. Team members were not successful at getting Kaylen to keep watching her teddy bear move up and down and back and forth. Parents have made arrangements for vision to be checked by an ophthalmologist. Kaylen reacts when mom, dad or brothers hide from view. She restarts a game she is involved in by repeating part of that game. For example, Kaylen will keep clapping to keep a game of patty cake going. Kaylen will crawl around a chair or her brother's toys to get to where her toys are located. She imitates the actions of her parents and siblings. Kaylen explores toys and objects by putting them in her mouth.

Communication (How Kaylen talks and listens): Kaylen turns and looks toward the person speaking and responds to her name. She engages in vocal conversations by cooing and grunting. Kaylen gestures or uses her voice to greet people. She will point to an object or person in a book when asked "what is that" or "who is that" but not always consistently. Kaylen is using 3-10 words consistently and uses about 3-5 signs. She is paying more attention to facial features and expressions. Kaylen has recently had a few severe ear infections and will be seeing Dr. Jones regarding putting tubes in her ears. She will carry out one step directions such as "go get your diaper" or "throw this away".

Social-Emotional (Kaylen responds to family members and other people in all types of situations): Kaylen initiates affectionate responses toward familiar adults and with her brothers. She initiates and maintains interaction with adults. Kaylen initiates and maintains a communicative exchange with adults and her brothers. She plays near 1 or 2 peers and will sometimes play with her brothers. She observes her brothers and peers while at play. Kaylen thrives on adult attention and would much sooner play or sit with an adult than play with her brothers or any other children.

Summary: Charlotte Keller- Harris and Peter Harris adopted Kaylen from Guatemala City, Guatemala approximately 7 months ago. She lives with her parents and her brothers (age 4 and 6) in Belleville, Kansas. Charlotte and Peter do not have much birth or health information before the adoption. Kaylen was referred to the Birth to Three Program by Peter with concerns about Kaylen’s development. Charlotte and Peter’s main concerns are gross motor and speech development. Kaylen attends daycare 5 days a week for 7-8 hours each day.

Assessment Team Members

Charlotte Keller-Harris, Kaylen’s mom

Peter Harris, Kaylen’s dad

Janet Smith, Family Service Coordinator/Early Intervention Teacher

Joe Horton, Speech Language Pathologist

Ralph Maples, Occupational Therapist

Valarie Layton, Physical Therapist