

IV. IFSP Outcomes

Family's Concerns, Priorities, and Resources	Child's Abilities/Needs
Harry cannot sit up to play or eat.	Harry needs moderate to maximum assistance to sit due to poor trunk control and flinging movement of arms and legs. He currently sits in an infant seat, infant swing or caregiver's lap for eating or is propped on his side with his bottle. He plays while sitting in his baby walker, couch corner or lies on his back or side.

Outcome # 1 Harry will sit with support, for at least 20 minutes, which allows him to play independently and eat in an upright position.	Start Date <u>4/4/04</u>	Target Date: <u>8/4/04</u> <hr/> <hr/>
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Activities	Person Responsible
Borrow positioning chair from Assistive Technology Resource Center (ATRC) as recommended by Children's Developmental Services Agency (CDSA) Physical Therapist (PT) and Occupational Therapist (OT) and use during eating and play times. Make chair available for speech and Community-Based Rehabilitation Services (CBRS) sessions as appropriate. Loaner chair to be used until Harry's own chair can be purchased.	Paul and Paula Potter, parents
Explore state funds for purchase of positioning chair.	Hanna Henderson, PT, CDSA
Prescribe and order positioning chair for long-term use, collaborating with family, pediatrician, other service providers and Durable Medical Equipment (DME) supplier. Complete documentation needed by funding sources. Teach positioning and handling techniques when using positioning chair. Monitor use, fit and appropriateness of chair.	Hanna Henderson, PT, CDSA
Refer to home health for physical therapy. Home health therapists to develop activities that can be incorporated into Harry's routines and daily activities to increase trunk and leg control for sitting.	Mattie Miller, Service Coordinator
Monitor and document progress and receipt of services.	
Use techniques taught by CDSA and home health therapists during daily activities.	Paul, Paula, parents Erma Everhart, CBRS

Review Date:	Outcome Status:	Comments:

Child's Name: Harry Potter
 Medicaid Number: POT071502 N/A
 Agency: Anywhere CDSA
 Section Number: IV a

IV. IFSP Outcomes

Family's Concerns, Priorities, and Resources	Child's Abilities/Needs
Harry cannot talk to us and tell us what he wants or is trying to say.	Harry uses babbling sounds and occasional words that are not easily understood, especially by people who are not familiar to him. He uses facial expressions, smiling, crying and some eye gazing to communicate. He has some arm/hand control that allows him to operate large switches.

Outcome # 2 Harry will be able to consistently answer yes/no questions and communicate likes/dislikes in a way that is understood by others.	Start Date <u>4/1/04</u> Target Date: <u>7/1/04</u> <hr/> <hr/>
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Activities	Person Responsible
<p>Refer to augmentative communication team for comprehensive evaluation.</p> <p>Monitor and document progress and receipt of services.</p> <p>Compile list of questions most commonly asked of Harry during daily activities, especially regarding his wants and needs.</p> <p>Send progress report on current private speech therapy to CDSA prior to augmentative communication evaluation, particularly noting communication devices and methods already in use.</p> <p>Participate in augmentative communication evaluation and recommendations.</p> <p>Loan sample communication device(s) on short-term trial basis to see which works best for Harry.</p>	<p>Mattie Miller, Service Coordinator</p> <p>Paul and Paula Potter, parents</p> <p>Grace Gay, grandmother</p> <p>Erma Everhart, CBRS Susie Seavers, Speech Therapist</p> <p>Paul, Paula, Grace, Erma</p> <p>Tashawn Thomas, SLP Augmentative Communication Team</p>

Review Date:	Outcome Status:	Comments:

Child's Name: Harry Potter

Medicaid Number: POT071502 N/A

Agency: Anywhere CDSA

Section Number: IV b

IV. IFSP Outcomes

Family's Concerns, Priorities, and Resources	Child's Abilities/Needs
We want to be able to easily take Harry with us to stores, church, friends' and family's homes and around the neighborhood.	Harry enjoys being outdoors and going for a "walk" with his family. He is very sociable with others. He usually rides in an umbrella-style stroller, but slides down or falls forward or to the side. He can't sit up in a wagon and can't see his surroundings if lying down. He has poor trunk and leg control for sitting.

Outcome # 3 Harry will be able to sit upright in a stroller or wagon for 30-minute "walks" around the neighborhood without being repositioned more than once.	Start Date <u>4/1/04</u>	Target Date: <u>7/1/04</u> <hr/> <hr/>
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Activities	Person Responsible
<p>Loan family feeder seat with wedge base to try in the wagon.</p> <p>Borrow or fabricate solid seat/back insert with trunk and head supports for umbrella stroller (e.g., Kaye stroller insert, Tri-Wall, Carrie Seat).</p> <p>Take Harry for "walks" several times a week in adapted stroller and/or wagon.</p> <p>Evaluate adaptations to wagon and stroller, including Harry's and family's satisfaction, frequency of use and frequency of repositioning of Harry in the device.</p> <p>Monitor and document progress and receipt of services.</p> <p>Explore ways to attach toys to stroller and/or wagon for Harry to interact with while riding.</p>	<p>Erma Everhart, CBRS</p> <p>Hanna Henderson, PT, CDSA</p> <p>Paul and Paula Potter, parents</p> <p>Grace Gay, grandmother</p> <p>Mattie Miller, Service Coordinator</p> <p>Olivia Oliver, OT, CDSA</p>
<p>Begin assessment for special stroller or wheelchair for use when Harry outgrows standard strollers and for future preschool use. Team to include Family, OT, PT, Service Coordinator, CBRS provider, pediatrician, and DME supplier.</p>	<p>Hanna Henderson, PT, CDSA</p>

Review Date:	Outcome Status:	Comments:

Child's Name: Harry Potter

Medicaid Number: POT071502 N/A

Agency: Anywhere CDSA

Section Number: IV c

IV. IFSP Outcomes

Family's Concerns, Priorities, and Resources	Child's Abilities/Needs
We still bathe Harry in the sink because we cannot hold onto him in the bathtub.	Harry is getting too big to bathe in the kitchen sink or commercial infant bath seat. He cannot sit up in the bathtub and slides out of parents' hands. Harry loves water and his bath, but it is a strain on his parents' backs to hold him up in the tub.

Outcome # 4 Harry will sit with support in the bathtub with parents' hands free for bathing during each bath.	Start Date <u>4/1/04</u> Target Date: <u>7/1/04</u> <hr/> <hr/>
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Activities	Person Responsible
<p>Assist family in obtaining appropriate bath chair. Instruct family in use.</p> <p>Instruct parents in ways to move and position their bodies to prevent back injury when lifting Harry in and out of the tub and bathing him.</p> <p>Use bath chair. Contact CDSA OT or Service Coordinator to report problems or concerns.</p> <p>Monitor status of bath chair order. Once obtained, monitor family use of and satisfaction with device.</p>	<p>Olivia Oliver, OT, CDSA</p> <p>Hanna Henderson, PT, CDSA</p> <p>Paul and Paula Potter, parents</p> <p>Mattie Miller, Service Coordinator</p>

Review Date:	Outcome Status:	Comments:

Child's Name: Harry Potter

Medicaid Number: POT071502 N/A

Agency: Anywhere CDSA

Section Number: IV d

IV. IFSP Outcomes

Family's Concerns, Priorities, and Resources	Child's Abilities/Needs
We wish Harry could pick up and hold onto toys he wants to play with.	Harry controls his left arm/hand better than the right. He has poor accuracy and timing of reach and grasp so several attempts are needed. He can bring one hand to midline to play, but cannot use both of his hands together. He holds objects only for a few seconds.

Outcome # 5 Harry will use both hands to play with toys at least one minute at a time.	Start Date <u>4/1/04</u> Target Date: <u>7/1/04</u> _____ _____
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Activities	Person Responsible
Use "boppy" or positioning rolls to position head and shoulders forward for play in back-lying and sitting, as instructed by CDSA OT.	Paul and Paula Potter, parents Erma Everhart, CBRS
Make Velcro strap or glove for both Henderson. Attach Velcro strips to toys. Instruct family and CBRS in use.	Olivia Oliver, OT, CDSA
Choose small, lightweight toys that Harry will enjoy. Provide daily opportunities for play with adapted toys and glove/strap.	Paul and Paula Potter, parents
Refer for OT services for direct therapy and instruction in home program for controlled reach, grasp, release and using hands together.	Dora Dennis, MD
Evaluate for use of adapted switches and battery operated toys for Harry.	Amanda Arnold, Assistive Technology Resource Center
Monitor and document progress and receipt of services.	Mattie Miller, Service Coordinator

Review Date:	Outcome Status:	Comments:

Child's Name: Harry Potter
 Medicaid Number: POT071502 N/A
 Agency: Anywhere CDSA
 Section Number: IV e

IV. IFSP Outcomes

Instructions:

Outcomes are the changes the family wants for themselves or for their child. Outcomes should be discussed at the IFSP meeting by all team members as related to the family's concerns, priorities, and resources, the child's abilities and needs or both. New outcomes can be added at any time additions are desired or needed.

Family's Concerns, Priorities, and Resources: State the family's concerns along with their priorities and resources when related to the identified outcome.

Concerns are the areas identified by the family as needs, issues, or problems they want to address.

Priorities are things or accomplishments important to the family.

Resources are formal and informal means that can help the family.

Child's Abilities/Needs: State what the child is able to do and what he needs to be able to do when related to the identified outcome.

Outcome #___: Place the sequential number of the outcome on the line. Then, in the space provided, write a description of the desired result of what the child or family will do or accomplish. Each subsequent outcome should be numbered consecutively per page in Section IV. Outcomes may be child or family-focused.

Target Date: Enter the anticipated date this outcome will be completed. Enter revised target dates as needed when time frames must be adjusted. Date format is mm/dd/yy.

Start Date: Enter the date that work toward the desired outcome will begin. Date format is mm/dd/yy.

Activities: Describe the methods and procedures that will be used to reach the outcome. Include a projected completion date if desired. Activities should tell the person reading the statement what is being done to achieve the outcome.

Person Responsible: Name the person(s) responsible for carrying out the activities to help the child or family achieve the outcome. Family member(s) may be identified as person(s) responsible.

Dates Reviewed/Outcome Status/Comments:

Enter date outcome progress was reviewed. Next to date, write one of these terms: "achieved," "ongoing," or "discontinued" to describe outcome status at that time. Under comments, explain why an outcome is ongoing or discontinued. Additional review dates and outcome status should be entered as appropriate if prior review status was "ongoing." Date format is mm/dd/yy.

Child's Name: Enter the first, middle, and last name of the child.

Medicaid Number: Enter child's Medicaid number. If child does not have a Medicaid number, check the box indicating N/A.

Agency: Identify which Children's Developmental Services Agency is involved.

Section Number: Identify page using the roman numerals corresponding with the Section. If inserting additional pages, indicate with letter of alphabet after numeral (e.g. if adding a page to Section III, identify that page as IIIa).