

CONFIDENTIAL

Record Number:

County:

**Children's Developmental Services Agency
123 Medical Plaza- Anywhere, NC 12345
Tel 123-456-7890 - Fax 123-456-7891**

ENTRY LEVEL EVALUATION

Child's Name: Hope Smith
Location of Evaluation: Family's home
Date of Evaluation: July 30, 2005
Date of Birth: April 30, 2003
Chronological Age: 2 years 3 months
Adjusted Age:

Parents: Luke and Mary Smith
Address: 678 Main St.
Anywhere, NC
Primary Care Physician:
Referral Source: Department of Social
Services

EVALUATORS: Carla Ewing, M.A., L.P.A., Staff Psychologist II
Howard Jones, LCSW, Clinical Social Worker

EVALUATION PROCEDURES:

<input checked="" type="checkbox"/>	Parent Interview
<input checked="" type="checkbox"/>	Clinical Observation
<input checked="" type="checkbox"/>	Medical Records Review
<input type="checkbox"/>	Mullen Scales of Early Learning
<input checked="" type="checkbox"/>	Selected Vineland Adaptive Behavior Scales Domains
<input type="checkbox"/>	Medical Examination
<input type="checkbox"/>	Health Information and Medical History Form
<input checked="" type="checkbox"/>	Hearing Screening
<input checked="" type="checkbox"/>	Vision Screening

Current Concerns/Reason For Referral: Hope was referred by the Department of Social Services due to questions and concerns about her development. DSS and Hope's stepmother expressed concerns regarding Hope's aggressive and sometimes self-injurious behaviors.

MEDICAL EVALUATION RESULTS

Hope was evaluated by Dr. Smith for her 2-year-old well-child visit in April 2005. See medical records for current health status and medical history.

Vision Screening: Hope's vision was assessed informally. She fixated and tracked well and was able to perceive and pickup 1mm candy beads. Vision was judged to be adequate for activities of daily living.

Hearing Screening: A hearing screening using a Distortion Product Otoacoustic Emissions test was completed and passed in both ears.

DEVELOPMENTAL EVALUATION RESULTS

The Vineland Adaptive Behavior Scales is based on parental report and gives a child's current development in standard scores and age equivalents. The child's age (or adjusted age) is used to calculate a percentage of delay. This is done for the purpose of qualifying a child for services only. Neither the percentages of delay nor the scores themselves are reliable indicators of a child's future abilities. These results should be viewed for purposes of program planning only. The Vineland Adaptive Behavior Scales is based on parental report of how often a child completes a behavior in his own environment. It is suspected that Hope's difficult behaviors are affecting her ability to complete the daily behaviors considered developmentally appropriate by this scale.

Vineland Adaptive Behavior Scales
(Standard Score of 85-115 = average)

<u>Areas of Development</u>	<u>Standard Score</u> Mean=100; SD=15	<u>Age Equivalent</u>	<u>*Delay</u>	<u>Concerns</u>	
Personal-Social (relationships, play, coping)	69	17 months	35%	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Adaptive (feeding, toilet training, dressing)	80	20 months	25%	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Motor (walking, jumping, climbing, hand skills)	105	27 months	0%	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Communication (understanding spoken language, and use of sounds and words)	100	27 months	0%	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Overall Composite-Developmental Functioning	62	17 months	35%	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

* Indicates delay of 20% or more.

Family Routine		Domains Addressed
Wake-up	Hope wakes up on her own around 7:30 a.m. and plays alone in her room, usually until 9:00. She is grumpy if she doesn't wake up on her own and someone else wakes her up. She's usually happy in the morning. Her stepmother described this as the best time of day for Hope.	<input checked="" type="checkbox"/> Social/Emotional <input checked="" type="checkbox"/> Adaptive <input type="checkbox"/> Gross Motor <input type="checkbox"/> Fine Motor <input type="checkbox"/> Communication <input type="checkbox"/> Cognitive
	Family's Rating (1-5) 5= Going Great	
Meal time (eating)	Hope asks for breakfast around 10:00 a.m. She can use words to tell her parents what she wants to eat and drink and likes to help serve herself and others. Hope likes to be in the kitchen while her stepmother is cooking. She likes to help cook dinner by giving her stepmother pots and pans to use. Her stepmother worries that she doesn't understand that hot things are dangerous. She is also concerned that Hope may not be eating as much as she should be. Sometimes Hope refuses to eat and has a tantrum. She will also have a tantrum if she can't have what she wants to eat or drink.	<input checked="" type="checkbox"/> Social/Emotional <input checked="" type="checkbox"/> Adaptive <input type="checkbox"/> Gross Motor <input checked="" type="checkbox"/> Fine Motor <input checked="" type="checkbox"/> Communication <input checked="" type="checkbox"/> Cognitive
	Family's Rating (1-5) 2= Needs Work	

Family Routine		Domains Addressed
Play	<p>Hope just started attending daycare one month ago. Hope plays well alone in her room. She plays appropriately with toys and especially enjoys playing with her doll. When playing with other children, she will sometimes pull hair, hit, bite, and pinch if she doesn't get her way. Sometimes she will even bite herself and bang her head on the floor. She asks for help if she needs it; but if she gets frustrated, she will throw toys and kick and scream.</p>	<input checked="" type="checkbox"/> Social/Emotional <input checked="" type="checkbox"/> Adaptive <input checked="" type="checkbox"/> Gross Motor <input checked="" type="checkbox"/> Fine Motor <input checked="" type="checkbox"/> Communication <input checked="" type="checkbox"/> Cognitive
	<p>Hope's parents are concerned that she may be "behind" in learning because of the difficulty she has with playing and working with other children. They say the childcare teacher often needs extra help with Hope.</p>	<p>Family's Rating (1-5)</p> <p>2=Needs Work</p>
Naps/Rest/Bedtime	<p>Hope sleeps in her own bed in her room. Her dad puts her to bed at night while Hope's stepmother takes care of her little sister. Hope's dad usually reads her a book around 8:30 or 9:00 before putting her to bed. Hope will scream and cry until her stepmother comes in her room, sometimes up to two hours. It is a stressful time for the family.</p>	<input checked="" type="checkbox"/> Social/Emotional <input checked="" type="checkbox"/> Adaptive <input checked="" type="checkbox"/> Gross Motor <input type="checkbox"/> Fine Motor <input checked="" type="checkbox"/> Communication <input checked="" type="checkbox"/> Cognitive
	<p>Hope also refuses to nap. She screams and cries. She used to take a nap at noon on the weekends when she was at home, but Hope's stepmother eliminated naptime because it was so difficult to get her to settle down. Her stepmother hoped this would make it easier to get her to go to bed at night, but she continues to scream and cry at bedtime. She will escalate to banging her head on the wall, biting herself, and slamming her feet, head and arms in the door until her parents intervene. She will cry for as long as three hours.</p> <p>Hope sometimes gets so sleepy that she will fall asleep on her own wherever she is. Hope's stepmother knows the childcare center has been having trouble at naptime, too, but is not sure what they do to calm her down.</p>	<p>Family's Rating (1-5)</p> <p>1= Priority Concern</p>
Outings/Visitors	<p>Hope generally behaves well in stores when she is shopping with her stepmother. She sits in the shopping cart, sometimes reaches for things, and interacts with her stepmother.</p>	<input checked="" type="checkbox"/> Social/Emotional <input checked="" type="checkbox"/> Adaptive <input type="checkbox"/> Gross Motor <input checked="" type="checkbox"/> Fine Motor <input checked="" type="checkbox"/> Communication <input checked="" type="checkbox"/> Cognitive
	<p>When people visit the home, Hope likes to interact with them. She likes attention and is socially appropriate. Hope was observed being appropriately affectionate with her relatives when they were arriving and leaving, stating "hello", "goodbye", and gave a kiss on the cheek.</p> <p>When Hope is around other children her age, she is difficult to manage. She often screams, hits, pinches, pulls hair, bites and kicks other children. She sometimes pinches and bites herself, as well when she's around other children.</p>	<p>Family's Rating (1-5)</p> <p>2= Needs Work</p>
Dressing/ toileting	<p>Hope dresses and undresses herself (shirt, pants, socks, and shoes). She is learning to tie her shoes. Hope indicates that she needs to go to the bathroom verbally and independently "pees" in the potty. She has not yet learned to "stinky" in the potty. She wears training pants (pull-ups).</p>	<input type="checkbox"/> Social/Emotional <input checked="" type="checkbox"/> Adaptive <input type="checkbox"/> Gross Motor <input checked="" type="checkbox"/> Fine Motor <input checked="" type="checkbox"/> Communication <input checked="" type="checkbox"/> Cognitive
		<p>Family's Rating (1-5)</p> <p>5= Going Great</p>

Family Routine		Domains Addressed
Bath time	Hope enjoys putting bath toys (rubber ducky and sponges) in the bath water but screams and cries when her stepmother tries to put her in the tub.	<input checked="" type="checkbox"/> Social/Emotional <input checked="" type="checkbox"/> Adaptive <input type="checkbox"/> Gross Motor <input type="checkbox"/> Fine Motor <input checked="" type="checkbox"/> Communication <input checked="" type="checkbox"/> Cognitive
		Family's Rating (1-5) 2= Needs Work
Other	<p>Hope is very social and verbal. She likes attention, and she likes to be active. She doesn't sit to watch TV and interrupts when her parents are watching.</p> <p>Hope is helpful with her 2-month-old sister but has begun to act aggressively towards her (hitting, pulling her out of baby seat, poking her in the eye.</p> <p>Hope's parents will talk to Hope, ignore her, send her to her room for 10 minutes, give her what she wants, and/or "whip" her for misbehavior (whining, whimpering, screaming, hitting, biting, kicking). Hope's stepmother stated that she does not feel like these attempts have been effective at changing or eliminating the behaviors.</p>	<input checked="" type="checkbox"/> Social/Emotional <input type="checkbox"/> Adaptive <input type="checkbox"/> Gross Motor <input checked="" type="checkbox"/> Fine Motor <input checked="" type="checkbox"/> Communication <input checked="" type="checkbox"/> Cognitive
		Family's Rating (1-5) 1= Priority Concern

Interests and assets:

- Hope is very social and likes to be with people.
- Hope has good verbal skills and expresses herself well.
- Hope likes to help her stepmother with her baby sister and with cooking.
- Hope is very independent.

Opportunities and Possibilities in Planning
Consider for enrollment in the Infant-Toddler Program. Service coordination to assist with service planning and coordination is recommended.
Hope needs to learn more appropriate ways to express her needs and wants and reduce kicking and screaming, aggressive, and self-injurious behaviors. Hope's parents need help establishing a more consistent routines and strategies for teaching appropriate behavior.
Hope's eating habits should be considered to see if her diet is affecting her behaviors and ensure that she is getting sufficient nutrition.
Hope could benefit from more regular sleep patterns. A more structured nap and bedtime routine is recommended. Possibilities include: a quiet activity before sleep, quiet music, turning lights down, removing distractions, rocking,
Hope needs to learn to work and play with other children without hurting herself or others. Hope's parents and child care provider need help with identifying and sharing strategies to help support positive social interactions