

## Scenario #1

*Referral* - Alicia is a 14 month old girl who was referred to the Birth to 3 Program by her doctor due to concerns about lack of expressive language and limited skills in the area of eating. Alicia babbles. She also screams and cries when she gets upset. Alicia is eating some second baby foods and drinks from a bottle. The doctor also reports that Alicia was born full-term, but was small for gestational age. She continues to be well below average in weight. Alicia and her mom live in an apartment in a small town. They do not have a phone, but phone messages can be left with Alicia's maternal grandmother who sees Alicia and her mom every couple days. Alicia's mom has had some difficulty holding a steady job. They have moved 3 times since Alicia was born and don't have real dependable transportation.

*What information is necessary to collect for the initial evaluation/assessment phase and who could do it?*

*How would you involve the family in planning and conducting the evaluation/assessment?*

*What strategies and tools might you use to collect the information?*

*How will collected information be shared with the family and other members of the EI team?*

## Scenario #1 (continued)

*IFSP* - The team found Alicia to have a 50% delay in both her expressive language skills and overall self-help skills. She babbles during interactions and while she plays. She points to things she wants and makes sounds. Her mom thinks that "da" means drink and "ma" means mom. Alicia is pretty patient with people while they attempt to figure out what it is she wants. Her thinking, social and large motor skills appear to be within normal limits. The team noted that Alicia sits only for brief periods of time, preferring to be on the move. The team had some concerns about the way she uses her hands and her sensory processing in general. Daily routines are difficult because Alicia gets upset during dressing, doesn't like to eat very much, screams and cries during bathing and doesn't like to sit in her highchair or carseat. Her favorite foods are sweet. She fell out of her crib several times, so now she sleeps on a mattress on the floor, but wanders around the apartment at night. Her mom reports being at her wits end because Alicia is constantly getting into dangerous things around the house, is always on-the-go and cries and screams often. Alicia is now going to a family day care part-time and to her grandma's house part-time while her mom works full-time during the day.

*Generate **outcomes** - consider **why** each outcome is important to the family and **how you will know you are successful**.*

*Identify **strategies and activities** to help make the outcome happen-consider how the activities fit into the family's life.*

*Consider **resources, services and supports** - **who** will carry out these strategies/activities and **where and when** will they occur?*

## **Scenario #1 (continued)**

*Review* - Alicia is now 21 months old. She is starting to try a few solid foods, but still has a very limited number of foods that she will eat. She is starting to drink from a sippy cup. She will sit in her highchair for her sitter, but not for her mom. She is doing better with riding in the carseat now that her mom plays music for her. She continues to wander around at night and likes to rearrange the apartment. She has about 10 words in her vocabulary. She makes attempts at other words, but cannot be understood by anyone. She now gets upset quickly when she doesn't get what she wants. She likes to play with her Fisher Price kitchen and stuffed animals and musical toys. She is afraid of toys that move like wind-up animals, jack-in-the box and bubbles. She doesn't like getting her hands messy.

*Review outcomes* -

*Review strategies* -

*Consider resources, supports and services* -

## Scenario # 2

*Referral* -Andrew is a 1 month old baby who was referred to the Birth to 3 Program by a discharge planner from a Neonatal Intensive Care Unit. Andrew was diagnosed with Hydantoin Syndrome at birth due to some prescription medications used to control seizures his mom was taking during her pregnancy. Andrew is being discharged to home after a 1 month stay in the hospital. His parents and grandmothers received training in his cares prior to his discharge. Andrew is currently fed via a g-tube. His parents were given oral stimulation activities to do with the goal of being able to eventually feed him orally. Andrew has very low muscle tone. His visual abilities are questionable. Andrew's mom and dad both work days, but his mom has taken a leave of absence from work for 6 months. When she returns to work, Andrew's maternal grandma and grandpa will take care of him.

*What information is necessary to collect for the initial evaluation/assessment phase and who could do it?*

*How would you involve the family in planning and conducting the evaluation/assessment?*

*What strategies and tools might you use to collect the information?*

*How will collected information be shared with the family and other members of the EI team?*

## Scenario # 2 (continued)

*IFSP* - The team found Andrew be at the newborn level in their formal testing. Andrew continues to be fed via a g-tube. He needs to be given maximum support when held and positioned because of his low tone. His parents have been challenged with trying to figure out how to position him in his crib and carseat. They are also nervous about allowing other people to hold him because they may not give his arms, legs and head enough support. He is not able to visually fix on a person or object. He does react to a variety of sounds including his parents' voices, the telephone and the dog barking. He enjoys listening to his parents talk and to music. He smiles when held and talked to and will cry when left alone. Andrew enjoys bath time, being lotioned and held. He is not yet able to grasp a finger or a toy.

Andrew's mom and dad ask lots of good questions and have become very knowledgeable about his needs. His mom will be going back to work part-time for a while to see how schedules work out. He has appointments with a neurologist and ophthalmologist every 3 months and goes to see a feeding team every 3-4 months.

*Generate **outcomes** - consider **why** each outcome is important to the family and **how you will know you are successful**.*

*Identify **strategies and activities** to help make the outcome happen-consider how the activities fit into the family's life.*

*Consider **resources, services and supports** - **who** will carry out these strategies/activities and **where and when** will they occur?*

Created by Lori Brandt for the workshop, "The IFSP Process and Writing Functional Outcomes," Wisconsin Personnel Development Project, 1/31/01 (funded by the Dept. of Health and Family Services, Birth to 3 Program)

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## **Scenario # 2 (continued)**

*Review* - Andrew is now 7 months old. Standardized testing does not yield any measurable changes. Andrew is starting to glance toward people who are talking to him or toward toys that make noise. He can hold his head up briefly when held against a care giver's shoulder, is showing some reciprocal leg movements and is starting to show desire to grasp a finger or toy. He continues to be tube fed for most of his meal, but can take a spoonful of thick liquid by mouth. He continues to enjoy interactions and is showing interest in toys, but his family feels uncertain about how to play with him. His mom is back to work full-time now. She is working days. Andrew's dad is now working third shift, so after he gets some sleep in the morning, he picks Andrew up from grandma and grandpa's house. Andrew continues to see the neurologist, ophthalmologist and feeding team.

*Review outcomes* -

*Review strategies* -

*Consider resources, supports and services* -