1) Describe the child’s and family’s typical day, for example, care giving routines (playtime and favorite activities) as well as community activities (child care and preschool settings and activities, library, playground, etc.).

| James comes into his parents bed in the middle of nite. He has to get up at 6am to get ready to go to the babysitter’s home while his parents work. His dad gets him out of the bed. James lays in the chair for alltite while James helps with the dressing routine. He can take clothes off. He pulls his pants up if started for him. James eats alltile cereal before leaving the house. He hands his mom the milk. When they put it in a sippy cup, he gestures and refuses. Has alltite separation anxiety from his mom. His dad takes him to the babysitter’s home. On the way, he is fairly quiet. James doesn t seem to notice that his Dad has left. James goes right into the living room and sits on the floor to watch television. He loves Sesame St., Blues Clues and Yo Gabba. James will imitate the letters he sees on t.v. At times, he stands in front of the t.v. and flaps his hands. He gets his breakfast next. James is not fussy about food and eats well. He can use a fork, but will put it down and eat with hands. He gets everyone to laugh at him by putting his hands in his food and face/hair. He knows the sign for “all done”, but will throw food he doesn want. Also, he may say “See You/ bye bye.” James pulls on the door to go out. He loves to throw and kick the balls. He and his babysitter spend a couple hours out side because of his energy. They take a walk everyday. They have to follow the same path or he will scream, cry, and refuse to move. James needs to hear the words,” car coming” or he would run out onto the road. If the weather is bad, he plays in the playroom. James loves to jump on the play horse. He loves to play kitchen, stack blocks, and look at books. He also likes to walk behind the couch, which they call his “tunnel”. With books, he can name some pictures. He likes others to look at a book with him. He can play well independently or with the babysitter’s family. During the day, his sitter has difficulty changing his diaper. He gets upset, unless it is changed while he is standing. James has to go with his sitter to the grocery store and other errands. Grocery shopping can be a challenge because he wants to take the same aisle or path through the store. Back at the house, he eats his lunch between 11 and 1PM. He drinks a little water from his sippy cup before he takes his nap on the couch. He knows when the Country and Western music is turned on that it is time to rest. On weekends, his parents have to take him for a ride in the car to get him to nap. After his nap, they take another walk or James colors from his high chair. His mom picks him up from the babysitter’s home. James smiles when he sees her and jumps in her arms. He tells his sitter,” see you, bye”. They stop at his paternal grandmother’s home for dinner. James doesn seem to interact with her. His dad and uncle meet them there. He enjoys it when the guys play “rough” or play catch with him. He and his family get home at about 7PM. They take him for a walk to Cook’s Pharmacy. He likes to run around the perimeter of Cooks and then get a lollipop everyday. Afterwards, he jumps in their pool or sandbox to play alltile longer. James gets his bath at night for the most part. This routine goes well for the family. After the bath, James grabs his dad and makes him put in a dvd. He will lay on his mom or dad until about 9PM. He brushes his teeth next and lays on his parent’s bed until he falls asleep.

2) Are there activities that are challenging for the child and family? This could be either at home, in childcare/preschool settings or during community activities.

| It is a challenge to change James’ routines without getting upset, crying, screaming and refusing to move. This is seen while taking a walk, while in the grocery store, etc. He also wont take milk unless it is in a bottle. The family does not offer the bottle anymore. Playing can be a challenge, as James is very quiet. He does not use words to communicate his needs. He is using gestures to do so. He has been getting more aggressive with his pinching and headbutting. He has been engaged in repetitive behavior while playing such as hand flapping and spinning in a circle.

3) What are the family’s views of their child’s strengths and does the family have any concerns about the child’s development? Do the child’s other caregivers or teachers have any concerns?

| James’ parents and babysitter are concerned with his communication skills and his behavior. He will say some words. He repeats letters he hears on the television. James can count to 20 and say the entire alphabet, but doesn’t pronounce them correctly. James has been pinching constantly.

4) What are the family’s resources and strengths, including extended family, friends, community groups, resources, etc?

| James has private health insurance. Both of his parents work out of the home. He goes to a private sitter during the day. Starting next week, he will attend daycare at Little Meadows on Mon., Wed., and Fri. He will transition to preschool there at age 3. He has gone on a playdate with a child close to his age. He plays along side of her, but not with her. He likes to watch his 6 year old cousin.

5) If there are concerns, what does the family want to address first?

| His family would like James to participate in playtime. They would like him to talk during play and decrease his aggressive behavior.
### Health Summary

**Date of Most Recent Health Appraisal:** 7/19/2012  
**By Whom:** Denise Hart

Summarize the child's medical/health history including any information that impacts on current health status or the results of the evaluation. Include information on nutrition, eating or growth concerns, immunizations, etc.

- JP was born full term at Geisinger Wyoming Valley Hospital. Birth weight was 8 lbs. 15.75 oz. Mom reports no complications during pregnancy, labor, or delivery.
- Elective C-section due to his head too large for birth canal
- JP's immunizations are up-to-date.
- Medical history: nothing significant. One ear infection
- Medications: multivitamin
- Previous hospitalization or surgeries: none
- Reported allergies: seasonal
- Diet consists of: table foods
- Specialists at this time: none at this time.
- Pediatrician: Dr. Ryan, last seen June 12
- Dentist: none

### Hearing Summary

Summarize the results of hearing assessments, including the results of the newborn hearing screening as appropriate. Describe information that the team gathered during the evaluation about the child's hearing skills using observation, parent report, screening tools, etc.

**Date of Most Recent/Any Hearing Screening/Assessment:** 7/19/2012  
**By Whom:** Denise Hart

**Screening Instrument (if known):** caregiver report, observation

**Hearing Summary**

Hearing was formally tested at birth. JP passed the newborn screening after the 3rd try. No concerns at this time.

A functional hearing screening occurred during the multidisciplinary evaluation and the following skills were observed: responds to sounds in the environment, turns toward sounds in the distance.

Did this child Pass (P) or Not Pass (NP) newborn hearing screening?

- P  
- X  
- NP  
- Parent/caregiver does not know
Vision Summary

Summarize the results of vision assessments. Describe information that the team gathered during the evaluation about the child’s vision skills using observation, parent report, screening tools, etc.

<table>
<thead>
<tr>
<th>Date of Most Recent Vision/Any Screening/Assessment:</th>
<th>7/19/2012</th>
<th>By Whom: Denise Hart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening Instrument (if known):</td>
<td>caregiver report, observation</td>
<td></td>
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</tbody>
</table>

Vision Summary

Vision was not formally evaluated at birth. No concerns at this time.

A functional vision screening occurred during the multidisciplinary evaluation and the following skills were observed: Eye contact was inconsistent, objects were looked at directly for periods of time, a blink reflex was observed, objects that were dropped or moved on the sides were tracked without unnecessary body movements, the environment was scanned to locate others or objects, toys were manipulated and played, and there appears to be eye-hand coordination.
VI. Evaluation of Developmental Domains

Each section may include a summary of standardized testing, parent/caregiver/early childhood educator information, and observation of the child (and curriculum-based assessments if available). Each of the developmental sections should include descriptive statements about the child's present abilities, strengths and their unique needs, as based on parent/caregiver/early childhood educator report, administration of evaluation instruments, observations, or review of recent evaluation information from other agencies/programs outside of Early Intervention. Be sure to include the functioning level of these skills, including academic information and progress in appropriate activities for preschoolers.

Cognitive Development

JP has a variety of toys to choose from, and his family reports that he is able to choose and organize his own activities. He likes to be on the move, and loves activities where he gets a lot of input, such as jumping, banging, etc. He also enjoys sorting activities and can sort by shape and color easily and quickly. He is able to count to 20. He recognizes his letters and will name them when he sees them in a book. He can arrange things by their size. He has certain shows on television that he likes. His family reports that when he is looking at a book, he tends to be more interested in the letters than the pictures. JP shows that he is proud of himself when he learns something new, and he likes if someone claps for him. JP tends to be regimented in his play, and has a hard time moving from one activity to the next. He is not yet engaging in any pretend play. He also tends to be repetitive in his play, and will do something over and over if left to his own devices. It is difficult to get JP to perform a task upon request. JP likes to color with crayons, and has begun to write some of his letters.

Communication Development

In the area of receptive communication, JP shows that he understands words by responding to them appropriately. JP understands several words that are part of his routine, such as bye bye, num num, outside, etc. JP's family reports that he is not yet following simple directions for them unless they are part of his daily routine. Although JP does know his name, he does not respond to it consistently. He points at pictures in a book, but not always upon request. It is difficult to measure exactly what JP understands because he responds so inconsistently. JP is very aware of what is happening around him, and recognizes and responds to familiar sounds and songs such as the alphabet. He responds to being told no.

In the area of expressive communication, JP's family reports that JP is able to count to 20, and also say his alphabet. When JP wants something, he typically will take them by the hand and lead them toward what he wants. For example, when he wanted me to join the blocks together he took my hand for me to do it. He is not answering yes/no questions. JP does approximate role things that he has learned, such as the alphabet and his numbers, and when he names them he tends to use mostly only the vowel sounds. JP's family reports that although JP does occasionally use some words, he does not use them as his main means of communication. He does use animated facial expressions, and although his eye contact is inconsistent, he does use it to indicate that he likes something.

Social & Emotional Development

JP is an active boy who likes to be outside and also likes the water. His family reports that that they can trust him to play on his own when they are in the other room as long as he is doing something he is interested in, but they need to watch him more closely if he starts to roam around. JP has little sense of danger, and does not understand to stay away from the stove or not to run toward a busy street. He tends to get frustrated very quickly if something doesn't go his way, and lately he has been pinching or head-butting. JP also will throw toys or put them in his mouth. He is affectionate and loving to people he knows, and he likes to be cuddled and tickled. His family reports that it is difficult to take JP out to eat or to church because he does not understand that he needs to sit still.
Physical Development

In the area of fine motor development, JP is able to pick up small items with no difficulty. He points with his index finger, and is able to put simple puzzles together and also puts shapes into shape sorters. He holds a crayon in his thumb and fingers, and is able to make some of his letters. He throws overhand. JP turns the pages in a book.

In the area of gross motor development, JP moves freely throughout his environment with no difficulties noted. He can jump in place and is starting to try to pedal his tricycle. He runs well and has good balance. JP is able to climb. He kicks a ball and goes up the stairs on his own. He tends to be a dare devil and will try to go down the stairs on his tummy.

Adaptive Development

JP is a good eater, and his family reports that he can feed himself with a spoon, but he tends to be very messy and turns the spoon upside down. His mom says that he does better with a fork. JP tends to like to put his hands into his food and to run his fingers through his hair or on someone else. He drinks from a sippy cup, and also can drink from a regular cup. He can also sip through a straw. JP can undress himself completely. He tends to give his family a hard time about having his diaper changed, and has taken it off himself because he doesn't like to be dirty. He has not shown any readiness for potty training.

Other Information
### VII. Summary of Evaluation Results

<table>
<thead>
<tr>
<th>Date of Evaluation</th>
<th>Age at Evaluation</th>
<th>Evaluation Procedures</th>
<th>Results</th>
<th>Administered by:</th>
</tr>
</thead>
</table>
| 7/19/2012          | 2 Years, 8 Months | BDI II - The Battelle Developmental Inventory II, parent/caregiver report, observation, and structured activities were used to evaluate James in all areas of development. The evaluation occurred in James's home, with his mother and babysitter present. The BDI II was used to determine eligibility for the Early Intervention Program. | Cognitive Development - Dev. Age: 21.00 mo.  
Cognitive Development - Dev. Delay: 34%  
Communication Development - Dev. Age: 12.00 mo.  
Communication Development - Dev. Delay: 63%  
Social & Emotional Development - Dev. Age: 22.00 mo.  
Social & Emotional Development - Dev. Delay: 31%  
Physical Development - Dev. Age: 30.00 mo.  
Physical Development - Dev. Delay: 6%  
Adaptive Development - Dev. Age: 24.00 mo.  
Adaptive Development - Dev. Delay: 25% | Denise Hart BS SNI |
VIII. Eligibility

Is the child eligible to receive Early Intervention Services? Yes

Yes

☒ The results of the evaluation show that your child has at least a 25% delay or 1.5 standard deviations below the mean in one or more areas of development. The delay results in the need for specially designed intervention/instruction (SDI) in order to participate in typical activities and routines.

☐ Your child’s disability/diagnosis of _____________ results in the need for specially designed intervention/instruction (SDI) in order to participate in typical activities and routines.

☐ Your infant or toddler is eligible for early intervention services based on the informed clinical opinion of this multidisciplinary team. Documentation of the qualitative and quantitative information used to determine eligibility can be found in the ‘Evaluation of Developmental Domains’ section.

No

☐ The results of this evaluation show that your child does not have a developmental delay, is demonstrating skills similar to children of his/her age and is not in need of early intervention services.

☐ Your child is a child with a disability but does not need specially designed intervention/instruction (SDI) in order to participate in typical activities and routines.

☐ Your infant/toddler is currently demonstrating skills similar to children of his/her age however s/he is eligible for referral for tracking services because: