

Preschool (Section 619) Child Example Case Study: “Kim” at 35 Months of Age

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This document is available online at:

<http://ectacenter.org/~pdfs/knowledgepath/ifspoutcomes-iepgoals/KimCaseStudy-35mos.pdf>

It also appears as a part of the ECTA Center’s *Developing High-Quality, Functional IFSP Outcomes and IEP Goals Training Package* at:

<http://ectacenter.org/knowledgepath/ifspoutcomes-iepgoals/ifspoutcomes-iepgoals.asp>

A. Medical and Developmental Background:

Kim Doe, who is currently 35 months of age, was referred to the 619 program from Early intervention. She had been referred to Early Intervention at 17 months, by her pediatrician, Dr. Johnson, due to failure to thrive associated with cardiac anomalies, encephalitis, spasticity (most likely cerebral palsy) and seizures. Dr Johnson’s current health report for Kim provides a diagnosis of cerebral palsy, with significant spasticity. The history of seizure activity has resolved and Kim no longer takes medication. Her heart function has stabilized. Kim is still followed by neurology, in addition to her pediatrician, Dr. Johnson.

Kim had been hospitalized off and on in Denver, Colorado for the majority of her first 14 months of life due to seizures, numerous viral infections and significant nutritional issues. Kim had an NG tube from 6 months of age until she was successfully weaned from it by 20 months. Since that time she has been able to maintain steady, typical weight gain. She has maintained height and weight in the 25- 30th percentile for her age. However, she remains a very picky eater, who is orally hypersensitive with frequent choking or gagging when trying new foods.

Mrs. Doe thinks that early intervention has helped Kim make significant gains and supported the families’ capacity to care for her. Mrs. Doe is really interested in getting special education and related services started without delay. Now that Kim is more medically stable, Mrs. Doe is interested in returning to work, and wants to explore a preschool placement where Kim can receive special education services.

The most recent report from the early intervention occupational therapist included home observation and discussion with Kim’s Mom:

“Kim was able to hold and drink from a spouted cup, but arm movements remain spastic and she often splashes and or knocks over the cup when setting it down. She can finger feed a variety of small, soft foods, such as cut soft bread sandwiches, soft cooked vegetables, soft fruits, etc. She is beginning to use a spoon more effectively. Although she can chew effectively, she continues to have choking responses to rough, hard or chewy textures (meats, raw vegetables, fruits, etc) Her mother reports she continues to feed baby food to maintain nutrition, while having Kim practice using her spoon to feed herself at least half the meal. Mrs. Doe has a

list of foods she is gradually introducing in small bites to increase Kim's ability to accept the foods the family typically eats.

Kim was able to assist with dressing (raise an arm, step into a pants leg when held). But due to significant challenges in moving her arms and legs she can not yet undress or dress independently. She can open and close Velcro tabs. Mrs. Doe reports that Kim has strong preferences and insists on choosing her clothes each day.

Kim has functional receptive language skills and routinely follows 2-3 step directions. She knows the names of her toys, colors, and various household objects. Kim uses 2-3 word phrases, expresses her wishes and dislikes with both words and gestures. Her pronunciation has not kept up with the vocabulary she tries to use. Kim tantrums 1-3 times daily when she can not communicate her desires, especially to her sister Jana (5 1/2 years old), since Kim is very motivated to play with her. Kim both initiates and reciprocates play interactions with adults and other children. She picks up and hands others books to read or toys to play with. She seeks the attention of her family "Look Kim". When other children visit, Kim wants to play, but motorically cannot keep up. She needs a lot of adult facilitation and direction to imitate what the other children are doing. She loves making noises and shaking noisy toys. She laughs easily and cries when frustrated. She can sit with support or rise up from her stomach to play on the floor with toys. Outdoors, she loves swinging in her adapted seat and pool play if an adult can help her balance.

Kim can sit without support, but may lose her balance when reaching for and grabbing toys. She sometimes can sit back up on her own but not always. She can crawl and roll. She has a wheel chair, but spends much play time out of it. When put in a standing position, she can hold a couch or chair and stand 1-2 minutes on her own. She is just beginning to try a side ways step."

B. Family Routines and Priorities

What are the daily routines/activities of your child and family (*where and with whom your child spends time*)?

- Mrs. Doe gets the 2 girls up together, and dresses Kim. Kim uses her highchair to join Jana at the table. Breakfast for both girls is usually hot cereal and fruit (soft bits for Kim). Mrs. Doe usually lets Kim try to feed herself while she gets Jana 's breakfast set up, then feeds Kim to finish efficiently.
- During the week Mr. Doe takes Jana to school on the way to work. Mrs. Doe spends most of the time at home during the day with Kim. She can run errands and pick Jana up at 3:00.
- Kim eats small meals every 3-4 hours. Mrs. Doe with the help of the EI OT has developed a list of foods she is gradually introducing to Kim, so she eats more of the foods her family eats. This has been successful, with Kim motivated to eat "big girl" foods. Rough textured or hard to chew foods are the most difficult. Kim is just beginning to eat v. small bites of hamburger or meatloaf.
- Kim likes to play on the living floor with Jana. She does so several times a day. Jana likes to interact with Kim during the playtime, looking at books together or handling toys. When Jana doesn't understand a vocalization, Kim gets frustrated and Jana walks away, often resulting in Kim's temper displays and crying.

- Mrs. Doe's parents live close by and visit several times during the day each week. They almost always spend time with Kim and Jana after church on Sundays. They are more comfortable caring for Kim for short periods, but only if Kim is in her wheel chair. They worry they could hurt her if they have to lift her into the chair.
- TV time, after supper is also a chance to have Kim practice standing by holding the coach, or a parent's fingers, sit up on the floor without support and play with toys. Both girls take baths, often together, in the evening. Mrs Doe has been helping Kim sit, but Jana has been able to steady her recently and Mom can just monitor closely. This a favorite time of day and helps Kim relax. Mr Doe usually reads to both girls and bedtime is 8:00-8:30.

Are there other routines or activities you would like to establish? These can be routines or activities that your family would like to do *now or in the future*.

- Mrs. Doe would like Kim to stand and walk during their TV play time so she can more independently access her environment.
- Just recently, Mrs. Doe has been trying to do her floor exercises and Jana and Kim want to join her, as well. Mrs. Doe wants ideas about what they could all do that especially will help Kim get stronger and more flexible.
- Mrs. Doe wants to go back to work as a nurse, at least part time. She wants Kim to go to a preschool near her sister's school and receive special education services there.
- Kim is willing to be "potty-trained" but often doesn't communicate her need to go in time. This frustrates Kim, often resulting in tears.
- Mrs. Doe would like to have more support from Mr. Doe and Kim's grandparents in caring for Kim and Jana. She is hoping they could learn how to handle her when she is not in the wheel chair, so they don't worry about "hurting her".

Who are the people and what are the toys, activities, routines, and places your child *enjoys the most*?

- Kim likes riding in the car. The Doe's have an adapted car seat for Kim.
- Kim likes to be read books by her grandparents. She also enjoys playing games with them (rhyming songs, clapping games).
- She likes to make noise and toys that make noises.
- She likes to play with Jana and the neighbor children. However, she needs adult support to interact. She is often frustrated and cries when the children don't understand her. Jana is usually willing to play and figure out what Kim wants, but not when the other kids are visiting.
- Kim loves water play.
- Kim enjoys being with most adults, especially her grandparents.

Which routines or activities are *challenging* for you or your child?

- Mealtime
- Playtime with other children
- Potty-time

What are your family concerns related to your child’s development (*Including anything your family identifies that would help to improve your ability to meet the needs of your child*)?

- Mrs. Doe wants Kim to walk. The wheel chair is convenient, but Mom wants Kim to keep getting stronger and learning to walk.
- Mrs. Doe wants Kim to be potty trained, but hates to have her upset by “accidents”.
- Several times a day, Kim cries and fusses because Kim’s parents and sister do not always understand what she wants or needs.
- Kim needs more activities she can successfully play with other children. Mom hopes preschool will help.
- Mom is worried that Kim’s need to eat many small meals may not fit well with a preschool schedule. She wants to learn what foods the preschool serves so she can start working with Kim on accepting those foods. She’s worried Kim may not maintain her weight if she (Mom) isn’t there to feed her.

What are your family priorities related to your child’s development?

Kim’s mom has prioritized the following concerns to be addressed immediately by the team:

- Kim goes to a preschool where she can learn more ways to play with other children.
- Kim is able to get the number of meals and foods she needs to maintain weight at preschool, but also learn to eat more foods that the others eat.
- Kim can better communicate what she wants to other children.
- Kim gets stronger so she can walk. Mom wants to learn floor exercises she and the girls can do together.
- Kim learns ways to tell adults she needs the potty and she not to get so upset with accidents.

What are your family resources (*including family, friends, community groups, financial supports, etc.*) that are helpful to you?

- Kim usually spends her day at home with her mom and sister.
- Kim’s maternal grandparents spend time with Kim and her family almost every Sunday after the family returns from church. Her grandparents are helpful with Kim and Jana.
- Transporting Kim to the store, church, etc. is easy.
- Evening play time, bath time and bed time is fun for everyone.

C. Child Developmental Information

Child Strengths: At 35 months of age, Kim is a very social child, motivated to please others and interact with adults and children. Her receptive vocabulary is clearly a strength. She knows many words, but she is hard to understand, due to poor oral motor control and articulation issues. It typically takes 1-2 weeks to have Kim accept a new food, going from tiny to more normal size pieces. She is motivated to keep building her list (kept on the cabinet) of “big girl” foods she eats. Kim watches people and is very interested in what is happening around her; she tries to join in play. Kim is able to sit independently, but can lose her balance. She is beginning to stand supported.

Child Concerns: Some of Kim’s challenges or needs include reducing the choking or gagging and tolerating a wider array of foods; improving communication and reducing crying; learning ways to play with other children without constant adult assistance. She also needs to continue to improve self feeding with a spoon and assisting in dressing.

Assessment Summary: Assessment included observations, interview with mother and use of various tools. *Early Learning Accomplishment Profile (E-LAP)* was the primary source for estimated developmental age in months. See the attached Summary from *Assessment, Evaluation and Programming System (AEPS) Measurement for Birth to Three Years*.¹

Expressive and Receptive Language: (24 months) Regularly follows a sequence of 2 directions. Recognizes names of familiar objects. Answers yes and no questions. Refers to self by name. Uses 2-3 word phrases. Uses action verbs. Asks questions. Knows and repeats simple songs and rhymes. Pronunciation, articulation is poor, Mom frequently interprets Kim’s responses for others.

Gross Motor: (10 months) Sits independently. Rolls, crawls. When placed at a couch or pulled to a stand, Kim can stand supported for 1-2 minutes. She tries to take a step while supported or holding to couch.

Cognitive: (27 months) Uses toys functionally (hits with hammer, rocks a doll). Uses tools and people to make things happen. Knows and anticipates routines. Differentiates colors. Can name and sort “like things”. It is hard to assess Kim’s cognitive level due to motoric challenges.

Social-Emotional: (33 months) Kim seeks and is motivated by praise. She enjoys interacting with others, and is strongly attached to her parents, sister and maternal Grandparents. She is very interested in playing with other children. She cries and fusses when she is not understood. She can be soothed by reassurance and problem solving. She is happy and often pleased with her activities. “Kim good girl”. She is somewhat shy with new adults but warms to them quickly.

Self Help/Adaptive: (12 months) Finger feeds, uses spoon, holds and drinks from lidded cup with frequent spills and messes. She spoon-feeds herself slowly. She is increasing the kinds of

¹ Use of the E-LAP and AEPS in this case study is not intended to be a specific endorsement of these tools, nor a statement of the quality of the tools for use in the outcomes measurement or IEP planning process.

foods she can eat. She can sit independently for short periods and assists in bathing herself. Can hold, and shake toys. Can turn pages of thick cardboard books. She is not able to assist much in dressing/undressing due to her motor challenges.

Hearing: (Normal)

Vision: (Normal)

Health: Kim’s health has steadily improved. She is followed by neurology with regular check ups, but no seizures have been noted for over a year. Height and weight is in the 20-30% range of normal for her age.

AEPS Summary: “Kim”, Chronological Age 2 years 11 months²

Domains and Areas assessed	% of items passed consistently
Gross Motor Domain	
Movement and locomotion in supine and prone position	100%
Balance in sitting	86%
Balance and mobility in standing and walking	0%
Adaptive Domain	
Feeding	56%
Personal hygiene	50%
Undressing	0%
Cognitive Domain	
Pre-academic skills	58%
Interaction with objects	100%
Social-Communication Domain	
Transition to words	75%
Comprehension of words and sentences	100%
Production of social-communicative signals, words, and sentences	83%
Social Domain	
Interaction with adults	100%
Interaction with environment	50%
Interaction with peers	61%

² For the purposes of this case study, data on Kim's ability was pulled from key assessment items, not all of the items on the AEPS. This table is not intended to represent full assessment data.

