

[REDACTED]

Goal / Outcome

Jesslyn will have ways to help calm herself during the times of day she is irritable so that these times don't last as long (lasting about an hour currently).

Child / Family strengths and resources related to this goal:

Jesslyn likes to be rocked and bounced.
Jesslyn loves to be talked to.
Jesslyn enjoys her gums rubbed and bath time.
Raige and Shawn are very in tune to Jesslyn and have found ways to calm her.

What will be done / by whom:

Raige and Shawn will continue to:
* bounce her up and down/rock her.
* rub her gums.
* bathe with her.
* give her opportunities to latch on and chew on pacifier.

Occupational Therapist will:
* brainstorm strategies with Raige and Shawn on calming techniques and/or positioning for Jesslyn
* provide ideas on positioning to help Jesslyn get her hands to her mouth.
* talk to Raige and Shawn on what is working well and use Jesslyn's interest in assisting with calming her.

Primary Coach(PC) is the OT and will have a weekly home visit or phone call with Jesslyn and her family. PC is part of Early Childhood Team that consist of OT, PT, SLP, ECSE Teacher, School Psychologist, and Service Coordinators who meet regularly to support the PC in meeting Jesslyn's and family goals.

Progress will be reviewed by every 6 months by IFSP Team through observation & discussion.

Plan Review for this Goal:

Date: 07/19/2010

How much progress :

Next Steps / Comments:

[REDACTED]

Goal / Outcome

[REDACTED] will have more than one qualified provider they are comfortable with so they can go out together.

Child / Family strengths and resources related to this goal:

[REDACTED] are particular about who takes care of [REDACTED]
[REDACTED] are not afraid to advocate for [REDACTED] best interest.
[REDACTED] access resources and information for [REDACTED] and their family.
[REDACTED] recently got married and understand the importance of them spending time together.
Nadine, through Home Health Agency, provides respite for [REDACTED] and parents are very comfortable with leaving Jesslyn with her.
Shawn and Raige have a good support system from family.

What will be done / by whom:

[REDACTED] will:
* arrange interview with another nurse/provider to care for [REDACTED]
* connected with CPS technician who has completed the special needs transportation training.
* accessing respite through Medicaid.

SC will:
* assist in getting providers signed up for respite (contact medicaid worker).
* connect family with respite provider list in community.
* discuss in connecting with other families who have a child with [REDACTED] condition.

Progress will be reviewed by every 6 months by family and SC through observation & discussion..

Plan Review for this Goal:

Date: 07/19/2010

How much progress :

Next Steps / Comments:

Goal / Outcome

and her family will eat supper together as a family.
We will know this is met when they are eating supper together 3-4 times a week.

Child / Family strengths and resources related to this goal:

tends to be fussier in the evenings so it can be hard to get supper ready and attend to her. Typically will eat early and then eat later

What will be done / by whom:

will:
*Discuss some of favorite things and come up with some ideas that may help during her fussier time.
*Continue to explore different options.

Primary Coach will:
Brainstorm ideas to help entertain herself for awhile in the evening while is getting supper ready.
A team of OT, PT, SLP, ECSE, School Psychologist, and Services Coordinators meet on a regular basis to support the Primary Coach in supporting.

Progress will be reviewed by Every 6 Months by IFSP Team through Family and Staff Report and Observation.

Plan Review for this Goal:

Date: 11/09/2010

How much progress :

New Goal

Next Steps / Comments:

New Goal

Goal / Outcome

will participate in daily routines by sitting. We will know she can do this when:
* can sit in the shopping cart
* will sit in a highchair at restaurants long enough to finish her meal.
* will sit for bath time.
* will sit (comfortably) in her highchair at home for meal times long enough to finish her meal on a daily basis.
* will sit in the pew with mom or dad or on their laps during Church.

Child / Family strengths and resources related to this goal:

will "fight" sitting. She will arch her back to get back into a laying position.
When the family goes places she either remains in her infant carrier or they have to go places where she can lay on the floor. This makes it hard to do things like shopping and going out to eat places.
will sit in her highchair for about 10 mins but then she is done and wants out and will not finish her meal.
loves bath time and thinks that if she could sit during bath time she could play better

What will be done / by whom:

will:
*Continue to give opportunities to explore sitting in different ways (highchair, with mom on the floor, etc)
*Continue to offer distractions when she is going to sit such as toys or books.
*Discuss what they have tried with the Primary Coach in order to brainstorm new ideas.
Primary Coach will:
*Observe and explore options such as muscle tightness to help rule out why may "fight" sitting.
*Discuss and brainstorm ideas to encourage to stay in a seated position for longer periods of time.
*Explore sitting opportunities and strategies to support those across different environments and opportunities.
A team of OT, PT, SLP, ECSE, School Psychologist, and Services Coordinators meet on a regular basis to support the Primary Coach in supporting.

Progress will be reviewed by Every 6 Months by IFSP Team through Family and Staff report.

Plan Review for this Goal:

Date: 11/09/2010

How much progress :

Goal / Outcome

_____ would like to access community resources/supports as well as information to meet her personal goal of doing what is best for her family. Resources that _____ would be interested in looking into include:

1. Transportation options for _____
2. Getting her Driver's license and a car
3. Getting _____ Social Security number
4. Immigration information
5. Accessing WIC and EHS

Child / Family strengths and resources related to this goal:

_____ is very open and interested in learning what services are available.

_____ is motivated to improve herself and her family.

What will be done / by whom:

_____ will:

- *Discuss concerns and questions with SC.
- *Contact WIC and set up an appointment and request transportation to the appointment.
- *Contact Social Security again (Bonnie) to discuss her options to get _____ Social Security Number
- *Discuss and prioritize what needs to happen first.
- *Share new information and updates with SC and team.

Service Coordinator (SC) will:

- *Discuss community resources and make referrals as needed.
- *Assist with accessing WIC/EHS/Other community resources.
- *Discuss and assist in helping _____ to prioritize what she wants to do.
- *Request Medical records as needed for the team.
- *update _____ progress on the IFSP.
- *Assist in accessing information on Immigration/Down Syndrome/Special Education
- *Assist in accessing Audiology to complete a follow up hearing test.

Services Coordinator will contact the family in person at a minimum of one time every other month with a phone call on the alternate month and more as needed.

Progress will be reviewed by Every 6 Months by IFSP Team through Family and Staff Report and Observation.

Plan Review for this Goal:

Goal / Outcome

_____ will participate in feeding times by eating. We will know he can do this when:

- *_____ gains weight appropriately according to the doctor.
- *_____ finishes a bottle in 30 mins or less.
- *_____ eats some baby food twice a day.

Child / Family strengths and resources related to this goal:

_____ eats every 3 hours and it will take him at least an hour to finish his bottle. Sometimes he will not finish his bottle and _____ has to throw out the rest of his formula.

Due to _____ slow feeding _____ struggles to find time to get everything done around the house.

What will be done / by whom:

_____ will:

- *Contact WIC and set up an appointment to meet with them to assist with the cost of formula.
- *Take _____ to his 4 month appointment and follow up with the doctor about her concerns with _____ feeding.
- *Continue to offer _____ consistent and regular feedings.
- *Introducing baby foods as recommended by the Doctor.
- *Ask questions as needed about feeding.

Primary Coach will:

- *Discuss and brainstorm ideas and strategies to assist with feeding.
- *Assist in brainstorming information and questions to ask/share with the doctor.
- *access joint visits by the ECSE and OT.

A team consisting of OT, PT, ECSE, School Psychologist, Services Coordinators meet on a regular basis to support the Primary Coach in supporting _____

Progress will be reviewed by Every 6 Months by IFSP Team through Family and Staff Report and Observations.

Plan Review for this Goal:

Date: 11/30/2010

How much progress :

Goal / Outcome

_____ will learn more about Down Syndrome, through gathering information as well as meeting other families, so that they can understand _____ diagnoses and feel confident in understanding and planning for her future.

Child / Family strengths and resources related to this goal:

_____ are feeling like they do not have a lot of information about Down Syndrome. _____ are very interested in meeting other families who have a child with Down Syndrome.

What will be done / by whom:

- *Gather information about Down Syndrome and ask questions as they arise.
- *Continue to access _____ doctor as a resource.

Service Coordinator will:

- *Assist _____ in connecting to other families.
- *Provide information as needed or asked.
- *Refer to community resources as needed.
- *provide information about special education.

Services Coordinator and Primary Coach:

- *Provide information about child development as well as about Down Syndrome with _____

Progress will be reviewed by Every 6 Months by IFSP Team through Family and Staff report and observation.

Plan Review for this Goal:

Date: 10/18/2010

How much progress :

New Goal

Next Steps / Comments:

Goal / Outcome

_____ will participate in bed time by sleeping! We will know he can do this when:

- * He sleeps for an 8 hour stretch 2 nights a week
- * His sleep and wake times are more consistent/predictable~_____ would be able to say "he usually goes to sleep about "x" time and wakes up around "x" time.

Child / Family strengths and resources related to this goal:

_____ has slept for up to 5 hours at a time. Then there are other nights that he is up every 2 hours.
 _____ is accessing a sleep psychologist in Lincoln for _____
 _____ has started a structured routine at home.
 _____ did have a sleep study in March.
 SC and _____ are wondering about some statements in his last EEG, _____ is switching from Dr. Oliver to Dr. McCallister and has an appointment on October 19th.
 _____ is short napper. He will now nap for about an hour, which is an improvement from about 20 min naps.

What will be done / by whom:

_____ will:

- *Continue with the sleep psychologist as she desires.
- *Continue with a predictable routine for _____
- *Discuss questions with Dr. McCallister and discuss the option of redoing a sleep study.

Primary Coach:

- *Will help _____ and daycare to find ways to collect the data that the sleep psychologist is requesting.
- *Discuss and brainstorm calming strategies

Services coordintor will

- *make referrals and connect to resources as needed.
- *follow up after Dr. McCallister's appointment

Progress will be reviewed by Every 6 Months by IFSP Team through Family Report.

Plan Review for this Goal:

Date: 09/24/2010

How much progress :