

Child's Name Advik Kumar

Date of Birth

06/23/2016

Section 2: Family Assessment

I choose to share information about my concerns, priorities and resources and/or include this information in the IFSP. I understand that if my child is eligible, he/she can still receive services if I do not complete this section.

Family permission? ☒ Yes ☐ No

Initials:

BK

Date:

12/21/2017

Section 2a: All About Our Child and Family

Tell me about the strengths/resources your family has for meeting your child's needs.

Child family have all the required resources for meeting child. Ex, Nice playing carpet, toys, couches.

What family strengths are helpful in supporting your child?

We speak as much as possible with child

Who do you know in your community?

We do get-together with friends and my child enjoy that.

Where do you go when you need help?

We go to friends home

Tell me about your priorities and concerns related to your child's growth and development.

we have first periority is speach for developmen

Tell me about your hopes and dreams for your child.

Our dream is, he become a Dr. or sports man, but always matter what He wanted be, we will always support his wish for his career.

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Section 2b: Identification of Natural Environment(s)

Tell me about the activities and routines in which your child and family are involved.

we talk every days, whatever we do, and play with toys with him, like ball or bus.

Where does your child spend time (at home, community, neighborhood, childcare, etc)?

My child spend time with us always.

With whom does your child spend time (immediate family members, relatives, neighbors, friends, Child Care Providers, etc...)?

His mother.

What are some of the special activities or events that your family enjoys or celebrates?

We celebrate all the festival Indian/American with friends's home, and do potluck.

Tell me about your child's most enjoyable toys, games, activities, routines, events, places.

he love be be always with his mother, and playing with him his toys

What songs, stories, pets, animals, foods and places does your child enjoy?

He loves to hear , Daddy finger song, Rymes.

Tell me about the most difficult time of the day for you and your child.

In morning, He takes little time to adjust after awaking.

Tell me about routines or activities that you find difficult or frustrating (for you or your child).

if we try to tech him some words, and he even

dont respond to that, we work very hard for that.

Tell me about activities/routines that your family are not currently involved in because of your child's special needs, but that you are interested in doing now or in the near future.

We like to talk to hime, but he dont do it, not speaking full world also.

Section 2c: Child Care

Enrollment Information

Provider

NA

Location

NA

Hours

NA

Attendance:

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

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Section 4: Present Levels of Development in Daily Routines and Activities

Routine	Task Difficulty	Activity	Developmental Areas
Wake-Up	<input checked="" type="checkbox"/> Easy <input type="checkbox"/> Some Problems <input type="checkbox"/> Difficult	What's working well: What's not working well:	<input type="checkbox"/> Cognitive <input type="checkbox"/> Communication <input type="checkbox"/> Self-Help/Adaptive <input type="checkbox"/> Gross/Fine Motor <input type="checkbox"/> Social/Emotional
Dressing / Toileting	<input type="checkbox"/> Easy <input type="checkbox"/> Some Problems <input type="checkbox"/> Difficult	What's working well: What's not working well: NA	<input type="checkbox"/> Cognitive <input type="checkbox"/> Communication <input type="checkbox"/> Self-Help/Adaptive <input type="checkbox"/> Gross/Fine Motor <input type="checkbox"/> Social/Emotional
Mealtime	<input type="checkbox"/> Easy <input checked="" type="checkbox"/> Some Problems <input type="checkbox"/> Difficult	What's working well: What's not working well: From few weeks, he dont eat	<input type="checkbox"/> Cognitive <input type="checkbox"/> Communication <input type="checkbox"/> Self-Help/Adaptive <input type="checkbox"/> Gross/Fine Motor <input type="checkbox"/> Social/Emotional
Outings	<input checked="" type="checkbox"/> Easy <input type="checkbox"/> Some Problems <input type="checkbox"/> Difficult	What's working well: What's not working well:	<input type="checkbox"/> Cognitive <input type="checkbox"/> Communication <input type="checkbox"/> Self-Help/Adaptive <input type="checkbox"/> Gross/Fine Motor <input type="checkbox"/> Social/Emotional
Play	<input type="checkbox"/> Easy <input checked="" type="checkbox"/> Some Problems <input type="checkbox"/> Difficult	What's working well: What's not working well: Sometime he dont play just cry or irritates.	<input type="checkbox"/> Cognitive <input type="checkbox"/> Communication <input type="checkbox"/> Self-Help/Adaptive <input type="checkbox"/> Gross/Fine Motor <input type="checkbox"/> Social/Emotional
Bath Time	<input checked="" type="checkbox"/> Easy <input type="checkbox"/> Some Problems <input type="checkbox"/> Difficult	What's working well: What's not working well: He love to bath.	<input type="checkbox"/> Cognitive <input type="checkbox"/> Communication <input type="checkbox"/> Self-Help/Adaptive <input type="checkbox"/> Gross/Fine Motor <input type="checkbox"/> Social/Emotional
Bedtime/ Naps	<input type="checkbox"/> Easy <input checked="" type="checkbox"/> Some Problems <input type="checkbox"/> Difficult	What's working well: What's not working well: He go to bed easy, take little time but it's OK	<input type="checkbox"/> Cognitive <input type="checkbox"/> Communication <input type="checkbox"/> Self-Help/Adaptive <input type="checkbox"/> Gross/Fine Motor <input type="checkbox"/> Social/Emotional