New York State Early Intervention Program Individualized Family Service Plan

Child's Name: Ajmal Khan Date of Birth: 11 / 5 / 2010 Date of IFSP Meeting: 4 / 15 / 2013 IFSP Type: 1st Review

IFSP Delayed: Yes If Yes, Reason for Delay: Evaluator conducted late evaluation IFSP Conducted By: Other

EIO/D Name: Jose Orza Service Coordinator: Kathleen Bulson Child ID#: 120771 SC#: N/A

Child's Present Level of Functioning and How Your Child is Doing

Include what your child can do now, interests, new skills, things to celebrate, what is working well, Testing Scores, dates obtained, methods/tools used, and the Qualified Personnel who determined level of functioning.

Physical (small muscles, big muscles including Hearing, Vision, and Health Status):

Cognitive (thinking and reasoning skills):

Communication (talking and understanding language):

Social and Emotional (play skills and interacting with others):

Adaptive (self-help, feeding, dressing, etc):

Parents stated he can tolerate bathtime but does give them issues with washing his hair. Feeding- He can finger feed and can try to feed himself with a spoon but this is emerging. He drinks milk in a bottle. He can drink juice from a sippy cup and juice box. No sleeping concerns. He help getting dressed and undressed. Not

yet potty training. ----- 6 month: He can chew and tolerate foods but some textures he will gag on. Parents still feed him soft foods. He will eat rice and beans and small pieces of meat. He sleeps ok. He is fine with bath time and changing/dressing him.

Service Authorization Type: ATD

Service Type Intensity/ Method Vendor Name DME Description DME Quantity Non-DME Device Name Device Page Auth. Amount

Service Authorization Type: Respite

Respite Giver Respite Giver E-Mail Respite Respite Intensity/ Projected Respite Respite Giver Giver Respite Service Type Method Start Date Vendor Hours Justification Respite Reason Giver Address Phone Fax Services

Service Authorization Type: Evaluations

Service Type Method Location Provider Start Date Projected Start Date Eval. Date Eval. Domain

Service Authorization Type: Transportation

Service Type Method Service Start Date El Registered Name El Transport Method CG Transport Method Transportation Type

Service Authorization Type: General Service Authorizations

Service Type	Intensity/ Method	Frequency	Length (Min/Visit)	Location	Provider	Student/Intern Indicator	Projected Start Date	Projected End Date	Per day limit		Co-Visits for the IFSP period	visits enter type of group
OT Service Coordination Special Instruction Speech Language	Ext Home/Community-based Indiv/Coll Visit	78 5 x Week	30 N/A 60 30	N/A Child's Home	City-Pro Group, Inc. Shema Kolainu - Hear Our Voices Shema Kolainu - Hear Our Voices Bilinguals Inc. d.b.a. Achieve Beyond	: : :	04/23/2013 04/23/2013 04/23/2013 04/23/2013	10/22/2013 10/22/2013 10/22/2013	3 N/A 1	6 N/A 6 6	N/A N/A N/A N/A	N/A N/A N/A N/A

If group

Service Authorization Type: ABA Service Authorizations Number of Total Make-Up Total Number Days/Wk Visits/IFSP of Co-Visits Provider Service Type Location **Assistive Technology Device (ATD) Needs:** ATD Name: Reason for ATD needed to attain IFSP Goals: **Natural Environments:** Are all services being provided in child's Natural Environment? Yes If No, please explain: If any service is being provided in group setting without typically developing peers, explain why IFSP team agrees this is appropriate. If child in daycare, list ways the qualified professionals with train daycare providers to accomodate the needs of the child: Programs or Services Other than Early Intervention List Non-El Services that are needed by the child and family: No assistance requested at this time. Public Programs Child and Family may be eligible for such as Child Health Plus, Medicaid, WIC, Lead Programs, TANF, Housing, Waiver program, etc.) (Indicate if a referral will be made): No assistance requested at this time. Where does your child spend most of his/her time during a typical day (Child's Current Setting)? Did family consent to include Concerns, Priorities and Resources in their IFSP? Yes Family Strengths, Concerns, Priorities, and Resources: month: Parents are concerned most with Ajmal's communication and want him to express himself verbally and feel like the other behaviors stem from his inability to communicate. Transportation Needs: Is transportation needed? No Is the child's caregiver able to provide transportation? . If no, please explain:

Respite Resources:

Is family eligible for other sources of respite? If Yes, what sources: No

Has family applied for this source of respite? If yes, date of application: . What is the status of this application? . If family has not applied for this source of respite, please explain:

Desired Changes/Outcomes - Include Methods, activities, and strategy to achieve desired outcomes (timeliness for completion, criteria and procedures to determine if progress is being made toward the achievement and whether modifications or revisions of the outcomes or services is necessary:

6 months: Outcomes & objectives were reviewed with parents and parents agreed to keep them the same as Aimal has not acheived them yet. One objective was added to the speech goal 1. Aimal will develop a vocabulary of 20-25 words that he will use consistently throughout the day when interacting with his parents and caregivers. -Aimal increase his attention span and eve contact -Aimal will increase his C-V production -Aimal will develop imitation skills -Aimal will increase his vocalization of non-speech sounds -Ajmal will be able to label common objects and adults when prompted --Ajmal will use single words with gestures 2. Ajmal will increase his attention span for up to 3 minutes so that he can actively participate in a structured activity. -Ajmal will consistently respond to his name -Ajmal will reduce his repetetive behaviors such as hand flapping, lining up toys and running in circles -Ajmal will increase his pretend play skills -Aimal will be able to tolerate new environments and people -Aimal will consistently follow commands and transitions 3. Aimal will improve overall hand strength coordination so that he can hold and play with toys more effecitvely ---He will stack blocks ---He will complete puzzles ---He will put pegs into board ---He will turn and open lids ---He will use pincher grasp ---He will hold spoon appropriately ---He will decrease self stimulating behaviors (pacing back and forth, humming, etc.) Steps to support potential transition to the Committee on Preschools Special Education (CPSE) or other services Date transition discussed with parents: 0/0/0 Steps to help child adjust and function in a new setting: Transition was discussed and parents signed the CPSE forms. At this time they are declining in order to see how Aimal might with the recommended ---- 6 month: CPSE was discussed with family at this meeting. At this time parents are still undecided on whether to refer him. All other transition options discussed. Parents have declined CPSE at this time. Did parent consent to allow qualified personnel to prepare for child's transition: . If Yes, then enter procedures to allow qualified personnel to prepare for child's transition: Sc will upload transition forms with parents declining services. Did parent consent to transmit info to CPSE (including eval & IFSP): If Y, then enter Date transmitted: Family agrees to incorporate the transition plan (either to CPSE or other services) in their IFSP - see separate attachment(s)

Additional IFSP Comments:

People		
EIOD-Elizbeth Rodriguez Parent-Afzal Khan Parent-Louisa Lopez EIOD Parent-Afzal Khan Parent-Louisa Lopez OSC-Kathleen Bulso	6 month Jose Orza	
Other Meeting Participants:		
available via phone, slp interventionist Alicia Diaz, acheive beyond		
I give my consent to share information contained in this IFSP wit	th all IFSP team members	
Parent/Caregiver Signature:	Date:	
Parent/Caregiver Signature:	Date:	
Early Intervention Official/Designee:	Date:	
Service Coordinator:	Date:	
Other:	Date:	
Other:	Date:	
Other:	Date:	