

Supplemental – Speech Eval



ACHIEVE BEYOND

Pediatric Therapy & Autism Services

7000 Austin Street, Suite 200 • Forest Hills, NY 11375 • Tel 718.762.7633 • Fax 718.886.8694

BILINGUAL SPEECH - LANGUAGE EVALUATION

Child's Name: Ethan Mateo

Child's DOB: 10/3/10

Child's EI#: 156122

Chronological Age: 30 Months

Child's Address: 612 178th St, Apt. 4, Manhattan, N.Y. 10033

Date of Evaluation: 4/13/2013

Languages: English and Spanish

Evaluator: Giselle Ferreira M.S., CCC-Bil. SLP/TSLD

License #: 12126785

ICD 9 Code: 315.31

CPT Code: 92506

Assessment Tools:

- The Rossetti Infant-Toddler Language Scale (Rosetti)
- Oral Peripheral Examination /Feeding
- Parental-Family Interview
- Clinical Observation
- Early Intervention Program Memorandum 2005-02: Standards and Procedures for Evaluations, Evaluation Reimbursement, and Eligibility Requirements and Determinations Under the Early Intervention Program

Reason for Referral:

Ethan is a 30- month old boy who was referred by his mother and pediatrician's concerns for an initial evaluation of his speech-language skills due to concerns regarding development of his communication skills. Mrs. Almonte, Ethan's mother, reported he has difficulty producing real words clearly and he does not combine a variety of words. She stated, he has an expressive vocabulary of approximately less than 30 word approximations. According to Mrs. Almonte, he has never being evaluated for EIP services.

Background Information:

Ethan resides in Manhattan, NY with his family. Mrs. Almonte reported, she is from a Dominican descent. Mrs. Amonte mentioned, family history is unremarkable for a speech-language disability nor for an academic problem. Mrs. Almonte stated that her highest educational level is high school and she is currently employed.

Ethan was born at 9 months gestation via a vaginal delivery. Mrs. Almonte reported, there were no prenatal nor post natal complications that could have affected Ethan's development in the area of Speech and Language. According to Mrs. Almonte, Ethan was introduced to bottle formula; which he tolerated well. Before a year old, Mrs. Almonte introduced Ethan to regular milk; which he tolerated well. Pureed consistency was introduced at 6-7 months; which he tolerated



7000 Austin Street, Suite 200 • Forest Hills, NY 11375 • Tel 718.762.7633 • Fax 718.886.8694

well. Ethan passed the Newborn hearing screening. No hearing concerns were reported. Mrs. Almonte stated, that he is a healthy child.

Reportedly by Mrs. Almonte, Ethan was a vocally quiet baby. Mrs. Almonte reported, cooing was present but she does not remember when it started. Babbling was present at approximately 12 months. According to Mrs. Almonte, he said his first word "papi" at 15-16 months of age. According to Mrs. Almonte, he crawled very little and he took his first steps, at approximately 15 months of age. According to Mrs. Almonte, he mainly communicates via pointing, by pulling, producing jargon or using single word approximations and occasional two words; which he is starting to combine.

Mrs. Almonte reported, Ethan follows one step directives with multiple gestures and models, i.e. "get up, come here, give me the cup." As stated by Mrs. Almonte, when called by his name, he rarely responds by turning his head rarely looks at the communication partner. According to Mrs. Almonte, when limits are set, he is inconsistent when listening.

Description of the Assessment Process:

This evaluation took place in Ethan's natural home environment. His mother, Mrs. Almonte, served as a reliable informant regarding his development. The assessment was conducted in a quiet but moderately lit medium size living room surrounded by a couch. Testing conditions were determined to be optimal. Toys and age appropriate materials were available for the child to play with. During the assessment, Ethan sat next to this evaluator and his mother on the floor.

Behavioral Observations/Play:

Ethan was observed to be friendly but did not separate from his mother. His mother reported, he plays with his peers. He initiated play by moving the train and engaged in interactive play by pretending to crash the clinician's train. He engaged in play with other toys and used them in functional ways, i.e., blocks, looked at a book. He enjoyed looking at the book about animals and vehicles, glanced at the pictures and discriminated pictures verbally or via gestures. He made consistent eye contact and shifted his attention between the object and the communication partner. When he required assistance for help in play, he said "hel=help" and grabbed the clinician's hand to place it on the object he needed help with. Ethan enacted actions upon command with some models as needed, "feed the bear, give the bear something to drink." He identified common objects "spoon, cup, ball" and used them in functional ways. At times, he required redirections to play when he lost interest but his focus was noted to be adequate. Via pointing, he labeled a variety of body parts receptively and then verbally imitated labeling them during speech imitation "fi-feet, ai-eyes, o-nose, a-hand." He pointed to "eyes, mouth" on Thomas the train. He demonstrated minimal interest in play, his parallel/symbolic play skills were determined to be adequate at the 27-30 months level. Associative play was noted to be adequate.

Pragmatic skills were observed to be severely inadequate as he did not produce a variety of clear words nor combined a variety of phrases to name a variety of food, objects, toys, and animals.



7000 Austin Street, Suite 200 • Forest Hills, NY 11375 • Tel 718.762.7633 • Fax 718.886.8694

Adequate facial affect was noted. According to Mrs. Almonte, he enjoys playing with cars, ball, blocks. Mrs. Almonte stated that Ethan's functioning during the assessments was typical of his everyday behavior.

Bilingual/Bicultural Observation:

As reported by Mrs. Almonte, Ethan is exposed both Spanish and English. He is exposed to more English from his parents and to Spanish from his babysitter. During the evaluation, it was noted, he followed simple commands in Spanish and identified objects via pointing and repeated words presented in Spanish "bola, jugo, cuchara." Nonetheless, when spoken to in English, he followed 2 step commands independently "go to the room and get the jacket, pick up the ball and give to mommy." He spontaneously labeled toys and objects "ball, dog, ca-car, nana-banana, tuti-cookie, bo-boat, tutu-choo choo."

Ethan's language dominance/preference was determined to be English with moderate exposure to Spanish.

Hearing:

No concerns were expressed in this area of development at the present time. Based on an informal assessment at normal conversational level, Ethan's hearing was judged to be within normal limits. According to Mrs. Almonte, he passed the Newborn Hearing Screening when he was tested and had a formal audiological evaluation to date; results indicated hearing within normal limits.

Oral-Peripheral Examination/Feeding:

An oral peripheral examination was conducted in order to assess the structure and function of the oral mechanism for speech and non-speech tasks.

Structure: Complete oral-motor assessment was accomplished in a game-like form. He presented with symmetrical facial features at rest, inadequate tonicity and color. Drooling was not observed.

Observation of the lips, jaw, tongue, pharynx, hard palate and soft palate were unremarkable. Evaluation of the pharynx revealed normal tonsils and appropriate arch and texture of the hard palate.

Function: Ethan ate a cookie and he presented with symmetry of the lips and his ability to retract the lips was observed to be within normal limits. It was noted that he had adequate lip rounding/protrusion, buccinators' strength and adequate coordination of respiration. He had adequate movements when lateralizing and elevating his tongue.



ACHIEVE BEYOND

Pediatric Therapy & Autism Services

7000 Austin Street, Suite 200 • Forest Hills, NY 11375 • Tel 718.762.7633 • Fax 718.886.8694

Feeding:

According to Mrs. Almonte, he eats regular food. He eats independently via a small spoon. He drinks thin liquids from a sippy cup. No feeding nor swallowing concerns were reported at this time.

Feeding skills were determined to be adequate.

Voice, Pitch, Fluency and Articulation:

Voice, Pitch and fluency were noted to be adequate based on vocal production. Articulation was noted to include the following errors; which greatly affected his speech intelligibility. Cluster reduction, final consonant deletion were present. However, these errors are considered typically developing and if they persist after age 3, they should be re assessed.

Direct Observation and Testing

It should be noted that Ethan was tested using **the Rossetti Infant Toddler Language Scale (Rossetti)**, as the child could not be tested formally due to limitations in the areas of linguistic background and cultural differences. The area of most concern with respect to providing a fair and equitable assessment involves the use of norm-referenced tests. Tests are not available with norms that are adequately representative of the child's specific linguistic background and cultural experience. Therefore, a Criterion Referenced Test was used to ensure that the child was given equal opportunity for assessment measures due to cultural differences in testing.

Assessment was accomplished through the following means:

- Direct Observation
- Parent interview
- Parent-Child Interaction
- The Westby Play Scale
- The Rossetti Infant-Toddler Language Scale*
- Appendix E, Clinical Clues for Communication Disorders From the NYS EIP Clinical Practice Guidelines.

**The testing tool used during this evaluation has not been developed or normed on multicultural/bilingual population and contains numerous cultural and linguistic biases. Any results provided in this report are considered an estimate of the child's actual skills and should not be reported.*

Language Evaluation:

Receptive and expressive language abilities were assessed by parental report, language sample analysis, clinical observation, and *The Rossetti Infant Toddler Language Scale*. The Rossetti is a test that evaluates preverbal and verbal areas of communication and interaction. This tool accounts for reported, observed and elicited responses. The evaluation was performed in Spanish and English, as this is the pattern at home. During the assessment, he responded more to the English language when compared to Spanish. Items were scored correct/present if he was able to perform in either language.



ACHIEVE BEYOND

Pediatric Therapy & Autism Services

7000 Austin Street, Suite 200 • Forest Hills, NY 11375 • Tel 718.762.7633 • Fax 718.886.8694

| The Rossetti Infant-Toddler Language Scale | Solid Skills Basal levels | Emerging/Scattered Skills | Ceiling Level |
|---|----------------------------------|---|-----------------------|
| Language Comprehension | 9-12 (12 of 12 skills) | 12-15 (4 of 9 skills) 15-18 (5 of 6 skills) 18-21 (4 of 5 skills) 21-24 (1 of 4 skills) 24-27 (2 of 4 skills) | 27-30 (0 of 3 skills) |
| Language Expression | 9-12 (8 of 8 skills) | 12-15 (3 of 13 skills) 15 to 18 (4 of 7 skills) 18-21 (4 of 6 skills) | 21-24 (0 of 8 skills) |
| Pragmatics | 9-12 (3 of 3 skills) | 12-15 (2 of 5 skills) | 15-18 (0 of 3 skills) |

Receptive Language Skills:

Receptive language refers to the child's understanding of the language of his environment; how well he understands what is being said. Ethan's receptive language skills ceiling was found at the 27 to 30 months level, he demonstrated emerging/scattered skills at the 12-15 , 15-18, 18-21, 21-24, 24-27 months level. Based on tests results, parental report and clinical observations of the child's verbal interactions during the assessment, it is the informed clinical opinion of this evaluator that he presents age developing receptive language skills.

During the assessment, Ethan responded to his name when called. Reportedly, he identifies family members when named by name (i.e. mother, cousin, father). As observed during the assessment, he identifies familiar objects from his environment upon verbal request (e.g. train, cup, apple, bottle, car, shoes) and reaches for them and identified a variety of them in pictures. During the assessment, he waves in response to bye, bye. He gives objects upon command (cup, car, ball.) He identified simple and major body parts (e.g. mouth, eyes, feet, teeth, hands) via pointing and clothing items on self (i.e. shoes). During the assessment he was able to follow simple one-two step commands with some repetition of stimulus (e.g. "give the bear something to eat, get the cup and give it to your mother"; "get shoes,"; "open the box"; "give me the book", "come here" , "sit down" etc). He was noted to have difficulty identifying and comprehending simple action words in context (e.g. sleep, run, skip) and did not point to action words in pictures (e.g. bathing, drinking, eating and running). He did not comprehend quantity concepts (i.e. "Give me *one* block" and "Put *all* blocks in the box") nor prepositions, i.e. put the ball on the table. He did not follow two- three step commands and did not comprehend a variety of Wh questions related to toys or routines. His receptive language skills were noted to be developing age appropriately.

Expressive Language Skills:

Expressive language refers to the child's ability to produce sounds and words, make his needs known and express his feelings. Ethan's expressive language skills ceiling was found at the 21-24 month level, he demonstrated emerging/scattered skills at the 12-15, 15-18, 18-21



7000 Austin Street, Suite 200 • Forest Hills, NY 11375 • Tel 718.762.7633 • Fax 718.886.8694

months level, which suggests most of his expressive language skills were severely below his age level. His ceiling level falls more than 6 months below his chronological age. Based on the Rossetti Manual, if the ceiling level falls more than 6 months below his chronological age, the child is experiencing a severe delay. Further, based on tests results, parental report and clinical observations of the child's verbal interactions during the assessment, it is the informed clinical opinion of this evaluator that Ethan presents a severe expressive language delay of at least 33%.

Reportedly, and also observed during the evaluation, Ethan communicates his wants and needs by reaching, jargon or via producing word approximations. He does not produce a variety of real and clear words. He is starting to combine two word phrases for but they are not consistent nor clear, "come here, sit down." During the evaluation, he was prompted to imitate animal sounds and label objects/ toys, most for which he responded with word approximations, "*ta-star, tri-triangle, boo-book, o-orange.*" Reportedly, he shakes his head for 'no' and verbally says it. During the evaluation, he was noted to vocalize with an adequate vocal volume. He shouted to gain attention. He does not label any of his familiar objects upon verbal request. Normative data and the evaluator's knowledge of child development state a child within Ethan's chronological age should produce a variety of words and phrases and name familiar objects, use words more than gestures. According to DOH Appendix E, a child of his age uses mostly words to communicate, gets attention vocally and uses clear ritual words, i.e. hi, bye, thank you, i.e. produces a variety of two-word combinations: first combinations are usually memorized forms and used in one or two contexts; later combinations (by 24 months) with relational meanings (such as "more cookie", "daddy shoe"), more flexible in use, begins to engage in short dialogues, expresses emotions, begins to use language in imaginative ways. Therefore, Ethan's expressive languages skills were determined to be severely delayed.

In addition, there were 7 out of 7 clinical clues and causes for concern presented at the 24-month level, as per **Memorandum 2005-02** NYS EIP Clinical Practice Guidelines (Appendix E).

- Does not use a variety of two word combinations
- Does not say at least 50 words
- Mainly labels objects and does not comment
- limited consonant production
- Largely unintelligible speech
- Does not demand a response from listeners
- Asks no questions

Appendix F (**Predictors of Continued Language Delay**) further confirmed these findings. Table III-7 lists factors that predict which children found to have language delay at 18-36 months will continue to have language delay in the future. The more of these predictors a child exhibits,



7000 Austin Street, Suite 200 • Forest Hills, NY 11375 • Tel 718.762.7633 • Fax 718.886.8694

the more serious the concern that the child will continue to have language problems and the greater the need for speech language therapy.

Based on the Eligibility Criteria established by NYS Department of Health, "If no standardized test is available or appropriate for the child, or the tests are inadequate to accurately represent the child's development, a delay in communication shall be a severe or marked regression in communication development in order for eligibility to be established. These severe delays or marked regressions are determined by specific qualitative criteria established by the DOH's clinical practice guidelines on communication disorders...

- less than 30 words at 30 months

Language Production

- Particularly small vocabulary for age

It should be noted that Ethan did not demonstrate improvement in his speech/language development over the last 12 months. As indicated in the ASHA's web article "Typical Speech and Language Development", "Although a child may be slow in language development, he or she should still be doing new things with language at least every month." His speech/language delay, if left untreated, can lead to a serious communication delay and have an adverse effect on his social/emotional development. Ethan's language delay puts him at a high risk of developing social and pragmatic problems and low self-esteem, due to his inability to express himself adequately. Consequences in his future schooling years would also appear, as "during early speech and language development, you learn skills that are important to the development of *literacy*. Early speech and language intervention can help children be more successful with reading, writing, schoolwork, and interpersonal relationships." (ASHA. "How Does Your Child Hear and Talk?")

It is my informed professional opinion that Ethan currently presents with age developing receptive language skills and with a severe delay in his expressive communication development; 315.31 ICD-9 Code. This is supported by the Clinical Clues of Appendix E (causes for concern at 24 months of age), Appendix F (Predictors of Continued Language Delay), and Risk Factors for Speech/Language Problems in Young Children (Table 1 of NYS Early Intervention Program Clinical Practice Guidelines).

My informed clinical opinion is based upon the information in the Section 69-4.23 of the NYS EI Regulations regarding initial and continuing eligibility criteria:

The documented presence of a clinically significant number of known predictors of continued language delay at 18-36 months of age, in each of the following areas of speech language and non-speech development: Language production.



7000 Austin Street, Suite 200 • Forest Hills, NY 11375 • Tel 718.762.7633 • Fax 718.886.8694

Clinical Clues:

Adapted from the Early Intervention Program memorandum 2005-02: Standards and Procedures for Evaluations, Evaluation Reimbursement, and Eligibility Requirements and Determinations under the Early Intervention Program.

Based on Appendix E- Clinical Clues Adapted from the NYS EIP Clinical Practice Guidelines Normal Language Milestones and Clinical Clues for Possible Language disorders, Ethan presents with the following Clues/ Cause for concern:

At 24-27 months of age:

- Does not use a variety of two word combinations
- Does not say at least 50 words
- Does not label objects and does not comment
- Limited consonant production
- Largely unintelligible speech
- Does not demand a response from listeners
- Asks no questions

Based on the Predictors of Continued Language Delay, Table III-7: Predictors of Continued Language Delay in Children with Language Delays at 18-36 Months (Appendix F), the following was identified with reference to Ethan's communication skills:

- Particularly small vocabulary for age
- No diverse vocabulary in regards to verbs, nouns, attributes, adjectives
- Reliance on direct model and prompting in imitation tasks of emerging language forms

Based on the Eligibility Criteria established by NYS Department of Health, "If no standardized test is available or appropriate for the child, or the tests are inadequate to accurately represent the child's development, a delay in communication shall be a severe or marked regression in communication development in order for eligibility to be established. These severe delays or marked regressions are determined by specific qualitative criteria established by the DOH's clinical practice guidelines on communication disorders...

- at 30 months, (less than 50 words and mainly used for labeling)

Summary:

Ethan is a 30-month old boy who was referred to this initial evaluation due to concerns regarding development of his speech-language skills. He was evaluated at the place of his residence in the presence of Mrs. Almonte, his biological mother. She served as the primary and a reliable informant. Family history of academic problems was not reported nor family history is significant for a speech-language delay. Mrs. Almonte indicated that Ethan's functioning during the assessment was typical of his everyday behavior.



7000 Austin Street, Suite 200 • Forest Hills, NY 11375 • Tel 718.762.7633 • Fax 718.886.8694

Based on the informal assessment, Ethan's hearing was judged to be adequate when presented at normal conversational level. Throughout this evaluation, he demonstrated adequate facial affect. Oral peripheral examination indicated oral structures to be adequate for speech and feeding. Feeding difficulties were reported. Voice, Pitch and fluency were noted to be adequate based on vocal production. Articulation was noted to include the following errors; which greatly affected his speech intelligibility. Cluster reduction, final consonant deletion were present. However, these errors are considered typically developing and if they persist after age 3, they should be re assessed.

Receptive and expressive language abilities were assessed by parental report, language sample analysis, clinical observation, and The Rossetti Infant Toddler Language Scale. Based on test results, clinical observations of the child's verbal interactions and mother's report, Ethan presents with significantly delayed expressive communication skills. He is at a high risk to develop social and pragmatic problems, low self-esteem due to his delayed in expressive communication skills and inability to express himself adequately, and developing interactional communication problems with his family and peers. Based on this clinician's clinical opinion, he presented with severely age developing receptive language skills. He has a severe delay in his expressive language skills. Speech and language services are recommended at this time.

Final Eligibility for the Early Intervention Program will be determined upon review of the completed evaluations. If Ethan should be found eligible, final recommendations for services, frequency, intensity, location and method of delivery of Early Intervention services will be decided at the IFSP (Individualized Family Service Plan) meeting.

Recommendations:

Speech-Language therapy is recommended at this time.

The following goals are recommended:

He will imitate 2-3 syllable words and spontaneously produce them to request, label or comment.

He will verbally respond to simple –Wh questions.

He will follow a variety of 3 step commands.

The following are activities that can be done by Mrs. Almonte to improve Ethan's communication skills:

- Use clear, simple speech that is easy to imitate. Introduce new vocabulary through reading books that have a simple sentence on each page.
- Name objects and describe the picture on each page of the book. State synonyms for familiar words (e.g., mommy, woman, lady, grown-up, adult) and use this new vocabulary in sentences to help learn it in context.
- Look at family photos and name the people. Use simple phrases/sentences to describe what is happening in the pictures (e.g., "Sam swims in the pool").



ACHIEVE BEYOND

Pediatric Therapy & Autism Services

7000 Austin Street, Suite 200 • Forest Hills, NY 11375 • Tel 718.762.7633 • Fax 718.886.8694

- Ask questions that require a choice, rather than simply a "yes" or "no" answer. For example, rather than asking, "Do you want milk? Do you want water?" ask, "Would you like a glass of milk or water?" Be sure to wait for the answer, and reinforce successful communication: "Thank you for telling what you want. I will get you a glass of milk."
- Provide with adequate language models by verbalizing his gestures and vocalizations when he is requesting needs.
- Model adequate expressions when engaged in simple play routines.

I certify that I personally evaluated Ethan Mateo, employing age-appropriate instruments and procedures as well as informed clinical opinion. I further certify that the findings contained in this report are an accurate representation of the child's level of functioning at the time of my assessment.

Giselle Ferreira

Giselle Ferreira
NYS Licensed Bilingual
Speech-Language Pathologist-12126785

4/13/13
Date of Report

Other Evals (Audiological, Etc..)

Initial IFSP / Worksheets

New York State Early Intervention Program Individualized Family Service Plan

Child's Name: Ethan Mateo Date of Birth: 10/ 3/2010 Date of IFSP Meeting: 5/ 2/2013 IFSP Type: Initial

IFSP Delayed: No If Yes, Reason for Delay: . IFSP Conducted By: Meeting

IFSP Eff. Start Date: 5/ 3/2013 IFSP Eff. End Date: 10/ 2/2013 Date of Referral to EI: 3/21/2013 Initial IFSP Date: 5/ 3/2013

EIO/D Name: Helen Hanigan-Kosuda Service Coordinator: wendy garcia Child ID#: 156122 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):

No concerns with physical development. Parent has no concerns with vision or hearing but the child has not had a hearing test and the EIOD is recommending a hearing test to rule out any problems. Jackie Fernandez (eval rep) and EIOD are recommending the hearing test due to some of the history of Ethan having some ear infections in the past. Pediatrician has noticed that Ethan tends to speak in a higher tone and has also rx an audiological.

Cognitive (thinking and reasoning skills):

There are no concerns with the functional play and focusing. Ethan understands when spoken to and can follow commands. He has a good attention span and is good at problem solving.

Communication (talking and understanding language):

Ethan spends most of the time with the babysitter who speaks in Spanish and Ethan is exposed to Spanish the majority of the time. Ethan will mainly respond in English notes mother. Evaluator reported that she was not able to understand when Ethan spoke due to him not saying certain letters in words. Ethan uses approximations for many words. Mom said that he started speaking more after the evaluation. Mom reported that after evaluations that family has been working on communication with him. Both evaluators provided alot of strategies which the parent carried over. He is using some two word phrases now.

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

No concerns with social emotional development. Ethan is in a very nurturing environment.

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

Ethan is able to help in dressing. Ethan is able to self feed.

Service Authorization Type: ATD

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

Service Authorization Type: Respite

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

Service Authorization Type: Evaluations

| Service Type | Intensity/ Method | Location | Provider | Projected Start Date | Projected End Date | Eval. Date | Eval. Domain |
|--------------|----------------------|----------|----------|-------------------------|-----------------------|------------|--------------|
|--------------|----------------------|----------|----------|-------------------------|-----------------------|------------|--------------|

Service Authorization Type: Transportation

| Service Type | Intensity/ Method | Service Start Date | EI Registered Name | EI 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 | Makeup Visits for the IFSP Period | Co-Visits for the IFSP period | If group visits enter type of group |
|---|---|-----------------|-----------------------|---------------------|--|-----------------------------|--------------------------|-----------------------|------------------|--|-------------------------------------|---|
| Service Coordination Speech Language | N/A Basic Home/Community-based Indiv/Coll Vi | 104 2 x Week | N/A 30 | N/A Child's Home | Public Health Solutions Bilinguals Inc. d.b.a. Achieve Beyond | . | 05/03/2013 05/03/2013 | . 10/02/2013 | N/A 1 | N/A 6 | N/A N/A | N/A N/A |

Service Authorization Type: ABA Service Authorizations

| Service Type | Location | Number of Days/Wk | Total Make-Up Visits/IFSP | Total Number of Co-Visits | Provider |
|--------------|----------|----------------------|------------------------------|------------------------------|----------|
|--------------|----------|----------------------|------------------------------|------------------------------|----------|

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-EI Services that are needed by the child and family:
.

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):
.

Where does your child spend most of his/her time during a typical day (Child's Current Setting)?
Ethan spends most of the time at home or at the babysitter's.

Did family consent to include Concerns, Priorities and Resources in their IFSP? Yes

Family Strengths, Concerns, Priorities, and Resources:

.

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: No
What is the status of this application? .
If family has not applied for this source of respite, please explain :
not needed at this time

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:

Functional goal 1)Ethan will start using small phrases and short sentences during the routines of the day in order to express his needs and wants so that his family can understand him. Objective 1) Ethan will start to imitate the full range of sounds, vowels and consonants in words. 2) Ethan will imitate 2-3 syllable words and spontaneously produce them to request, label and comment. 3) Ethan will verbally respond to simple Wh questions.
4) Ethan will follow a variety 3 step commands. 5) Ethan will expand his receptive and expressive vocabulary.

Steps to support potential transition to the Committee on Preschools Special Education (CPSE) or other services

Date transition discussed with parents: 5 / 2 /2013

Steps to help child adjust and function in a new setting:

Mother has already looking into Head Start and is trying to register child into the fall program. Transition was discussed and mother does not want to notified and declined CPSE. Mother is aware that she can always pursue C.P.S.E. if needed.

Did parent consent to allow qualified personnel to prepare for child's transition: No

If Yes, then enter procedures to allow qualified personnel to prepare for child's transition:

.

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:
Mother will follow up to make an Audiological appointment and will send the report to the S.C. and Speech Path as discussed.

_____ **People who participated in development of this IFSP (Meeting Attendees):** _____

Helen Hanigan-Kosuda(EIOD), Ginerda Mateo (mother), Jackie Fernandez (via phone 347-972-7539) and Wendy Garcia (SC from PHS)

Other Meeting Participants:

.

___ I give my consent to share information contained in this IFSP with 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: _____

 NYEIS Integrated Case - 1732404 Initial - 1852450 Speech Language - Basic - 1852500**Service Authorization Home: Speech Language - Basic - 1852500****Manage**[Edit](#)[Activate Online](#)[Close](#)[Suspend](#)[Submit](#)[Delete](#)[Change Closure Details](#)[Unsuspend](#)[Approve](#)[Extend](#)**Service Authorization Details**Service Authorization
Reference: 1852500Service Type/Method: Speech Language -
BasicScript
Recommendation
Provided By: Speech Language
PathologistScript recommendation
on file?: No

Script Start Date:

Script End Date:

Service Coordinator: wendy garcia

Date Authorization
Issued: 5/2/2013

Status: Approved

Accepted by Provider?: Yes

Child Details

Child's Name: Ethan Mateo

Child's Reference
Number: 156122Legal Guardian
(Female): Eineda AlmonteLegal Guardian
(Male):Child's Address: 612 178th Street Apt. 4
New York (New York (Manhattan))
New York 10033

Child's Phone: 917- 545-5718

Change/Assign Provider and Location**Provider & Location Details**Provider of Record: Bilinguals Inc. d.b.a. Achieve
Beyond

NPI: 1043498363

State ID: 2080

Provider Location: Primary Location -
Provider ConversionProvider Location
Address: 60 Madison Avenue 8th Floor
New York (New York (Manhattan))
New York 10010**Change/Assign Rendering Provider****Rendering Provider Details**Rendering Provider
Name: Bolanos Andrade, Alicia
Helena

NPI: 1275841140

State ID:

Employer NPI: 1043498363

Employer Name: Bilinguals Inc. d.b.a.
Achieve BeyondEmployer Address: 70-00 Austin St. Suite
200
Forest Hills (Queens)
New York 11375

Employer State ID: 2080

Service Details

Service Type: Speech Language Method of Delivery: Basic
 Location Type: Child's Home Home/Community-
 Service Location based Indiv/Coll Visit
 Address: Group Type:
 Service Intervention
 Methodology: Other

Add**Qualified Personnel List**Action [Qualified Personnel](#)[Remove](#) Speech Language Pathologist**Frequency & Duration Details**

Start Date: 5/3/2013 End Date: 10/2/2013
 Number of Visits/Units: 2 Per: Week
 Number of Minutes Per Total Authorized
 Visit/Unit: 30 Visits/Units: 44
 Rate for Visit: 75.00

Visits per day clinically appropriate for this SA must not exceed: 1
 Child shall receive no more than X number of all types of service in
 one day: 3

Make-Up Visits

Make-Up Visits Allowed?: Yes
 Number of make-up visits: 6
 Per: IFSP Period
 Total number of make-up visits per IFSP period: 6

Co-Visits

Co-Visits Allowed?: No
 Number of co-visits: 0
 Per:
 Total number of co-visits per IFSP period: 0

Add**Qualified Personnel List for Co-Visits**Action [Qualified Personnel](#)**OSEP Service Delay**

For each service starting more than 30 days late, late reason is provided

Delay Reason: If Other is selected,
 provide a description:

Child Diagnosis Codes

| Action | Diagnosis | Type | Date of Diagnosis | Source |
|----------------------|----------------------------------|----------------|-------------------|-------------------|
| View | 315.31 - Expressive language dis | Other Eligible | 4/13/2013 | MDE Developmental |
| View | V79.3 - Screen-development prob | Other Eligible | 4/18/2013 | MDE Supplemental |