

STATE OF ILLINOIS
CORNERSTONE

09/30/2006

EARLY INTERVENTION SERVICE PLAN

Child's Name: JOHNSON, CECILIA Date of Birth: 11/12/2005 EI #: 141032 Part I.D.#: J525-2240-5953-00

Street: 1515 MOCKINGBIRD LN City, State, Zip: LOMBARD, IL 60148 Phone #: (630) 555 - 1212

Primary Contact: MARY JOHNSON Relationship: MOTHER Primary Language Spoken: ENGLISH

Service Coordinator: DEMO CORNESTONE Telephone #: Not Available FAX #: Not Available

CFC: TRAINING CENTER - SP CFC Phone #: () - 0 IFSP Begin: 09/23/2006 IFSP End: 09/22/2007

EI Cover Page Date Prepared: **09/13/2006**

PROVIDER INFORMATION AND OTHER HELPFUL RESOURCES (EI providers, doctors, family/friends, daycare providers, LIC contacts, etc.)

----- ROLE ----- NAME ----- ADDRESS ----- PHONE/FAX -----

School District/

LEA Rep. School District 44

Primary Care

Physician Dupage Pediatrics 630-555-5555

Parent Liaison Jenny Somone & Marianne McGuire 555 E. Butterfield Rd. Ste 201 630-493-0400

Local Interagency

Council Coor. Marianne McGuire 555 E. Butterfield Rd. Ste 201 630-493-0400

DCFS Caseworker
(If applicable)

IFSP TABLE OF CONTENTS

Required Sections: Attach if Completed:

- Present Levels of Development Family Considerations for the IFSP
- Child and Family Outcomes Transition Planning Worksheet(s)
- Part C EI Service Authorizations Other _____
- Transition Plan Other _____
- IFSP Implementation and Distribution Authorization _____

CONFIDENTIAL MATERIAL

CORNERSTONE

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ELIGIBILITY DETERMINED: 09/13/2006 BASIS: ELIG - DELAY/TESTED

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CURRENT STATUS OF FUNCTIONING/LEVELS OF DEVELOPMENT

Visit date: 09/12/2007

Document the child's percent of delay and/or age equivalent in months and provide a narrative description of the child's level of functioning, including the child and family's strengths, resources, priorities and concerns.

1. What are the family's strengths, resources, priorities and concerns related to enhancing the overall development of their child? (Review the ASQ-SE and the routines and daily activities discussed during the intake interview)
Cecilia was referred to early intervention after a doctors visit. Her doctor expressed some concerns about the size of her head. Cecilia's parents are concerned that she is not babbling as much as they think she should and that her motor skills are slower than their other children's were. Cecilia's parents would like some support to know what expect from her play and how to encourage her to learn through her play. They would also like her to sit by herself, crawl, and eventually walk.

2. Overall Health and Medical Information (Including a statement regarding Hearing and Vision Status)

Cecilia has had multiple ear infections. She passed the newborn hearing screening but has not had her hearing tested since. No concerns have been expressed with regards to her hearing or vision. Cecilia's pediatrician has referred her to a neurologist to further assess her head size and its rate of growth.

3. Adaptive Development

Delay

Age Eq 9 months

Cecilia sleeps through the night and she is a healthy eater. She takes regular naps and no concerns have been expressed with this area of development.

4. Cognitive Development

Delay

Age Eq 9 months

Cecilia explores and expresses an interest in toys. She grasps toys and brings them to her mouth. She shakes and bangs a rattle. No concerns have been expressed with regards to her cognitive development.

5. Communication Development (Total)

Expressive Communication

Receptive Communication

Delay

Age Eq 7 months

Delay

Age Eq

Delay

Age Eq

Cecilia uses vocalizations and cries to communicate but she is not yet babbling. She makes good eye contact and she gestures to indicate when she wants to be picked up. Cecilia's family has reported that they are not overly concerned about this area of development.

6. Motor Development (Total)

Fine Motor

Gross Motor

Delay

Age Eq

Delay

Age Eq 8 months

Delay

Age Eq 6 months

Cecilia can sit when placed and she has some difficulty maintaining the upright position without support. She can grasp toys but she has a difficult time coordinating her grasp when she is sitting and when she is on her stomach. Cecilia can manipulate objects and bring them to her mouth when she is on

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her back. Cecilia has no means of independent mobility other than rolling.

7. Social/Emotional Development

Delay

Age Eq 10 month

Cecilia engages with her mom and she recognizes the difference between familiar and unfamiliar people. She shows a wide variety of emotions and no concerns with this area of development.

CHILD OUTCOMES SUMMARY

The overall goal of Early Intervention supports and services is for children to be able to successfully participate in their family and their community. To that end, progress toward the following child outcomes is being measured.

8. Positive Socio-Emotional Skills (Including Social Relationships)

Children who achieve this outcome show a variety of behaviors related to making and maintaining positive social relationships in age-appropriate ways. For example, they:

- * Demonstrate attachment with the significant caregivers in their lives.
- * Initiate and maintain social relationships with children and adults.
- * Behave in a way that allows them to participate in a variety of settings and situations.
- * Demonstrate trust in others.
- * Regulate sensory and emotional experiences.
- * Understand and follow rules.
- * Solve social problems.

A. To what extent does this child show behavior and skills related to this outcome appropriate for his or her age across a variety of settings and situations?

COMPLETELY	BETWEEN SOMEWHAT and COMPLETELY	SOMEWHAT	BETWEEN EMERGING and SOMEWHAT	EMERGING	BETWEEN NOT YET and EMERGING	NOT YET	RATING
							COMPLETELY

B. Has the child shown any new skills or behaviors related to this outcome since the last outcome summary?

9. Acquiring and Using Knowledge and Skills

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Children who achieve this outcome show a variety of behaviors related to acquiring and using knowledge and skills across a variety of everyday routines and activities. For example, they:

- * Explore their environment.
- * Engage in daily learning opportunities through manipulating toys and other objects in an appropriate manner.
- * Use vocabulary through speaking, sign language or augmentative communication devices to communicate in an increasingly complex form.
- * Show imagination and creativity in play.
- * Obtain and maintain attention.

A. To what extent does this child show behavior and skills related to this outcome appropriate for his or her age across a variety of settings and situations?

COMPLETELY	Between SOMEWHAT and COMPLETELY	SOMEWHAT	Between EMERGING and SOMEWHAT	EMERGING	Between NOT YET and EMERGING	NOT YET	RATING
							SOMEWHAT

B. Has the child shown any new skills or behaviors related to this outcome since the last outcome summary?

10. Taking Appropriate Action to Meet Needs

Children who take appropriate action to meet their needs show a variety of behaviors related to this outcome. For example, they:

- * Use gestures, sounds, words, signs or other means to communicate wants and needs.
- * Meet their self care needs (feeding, dressing, etc.) so they can participate in everyday routines and activities.
- * Use object as tools in appropriate ways (for example, forks, sticks, pencils, crayons, switches).
- * Move from place to place to participate in everyday activities, play and routines.
- * Seek help when necessary to move from place to place or to assist with basic care or other needs.
- * Follow rules related to health and safety.

A. To what extent does this child show behavior and skills related to this outcome appropriate for his or her age across a variety of settings and situations?

COMPLETELY	Between SOMEWHAT and COMPLETELY	SOMEWHAT	Between EMERGING and SOMEWHAT	EMERGING	Between NOT YET and EMERGING	NOT YET	RATING
							SOMEWHAT

B. Has the child shown any new skills or behaviors related to this outcome since the last outcome summary?

SOURCE OF INFORMATION

ASSESSMENT INSTRUMENT, IF APPLICABLE

DATE

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INFORMAL PARENT INTERVIEW

AGES & STAGES SE QUESTIONNAIRE

09/12/2006

INFORMAL PARENT INTERVIEW

NOT APPLICABLE

09/12/2006

FORMAL ASSESSMENT INSTRUMENT

BATTELLE DEV INVENTORY (BDI)

09/16/2006

FORMAL ASSESSMENT INSTRUMENT

PEABODY DEVELOPMNTL MOTOR TEST

09/17/2006

INFORMAL PARENT INTERVIEW

NOT APPLICABLE

09/23/2006

Child's Name: Cecilia Johnson

EI #: 141032

Participant ID #: J525-2240-5953-00 Date: 9-23-06

Develop one outcome per page. Assign outcome # to identify each page individually. Each outcome may have several services, strategies and/or activities designed to facilitate the achievement of the outcome.

SECTION 3: FUNCTIONAL OUTCOME # 1
(May be used as an Annual goal statement for Part B Preschool Services.)

*** Family Priorities (Concerns) we want Cecilia to sit safely by herself

What do we want for Cecilia and our family? (What does the family want and why?)
Cecilia will sit safely by herself so that she can play without falling.

How will we achieve this outcome? (List strategies and/or activities designed to facilitate the achievement of this outcome and/or steps to be taken to link us to services and/or secure funding for services if not required to be provided by the Part C Early Intervention System)	What Early Intervention services and supports would help us with this?	Fund Source	Upon review, how are we doing? Has our outcome been achieved? Should our outcome, strategies, activities and/or services change? If so, how? Written parental consent required to change any services.
<ul style="list-style-type: none"> - Model techniques to encourage Cecilia to spend time on her belly - Demonstrate techniques for Cecilia to move in and out of the certain positions during floor play - identify motivating toys to encourage her exploration 	<p>Family Service coordinator Physical Therapist</p>		

FOR EARLY INTERVENTION PARTICIPANTS ONLY The primary setting for young children is within the context of the family, their home, their community, lifestyle and daily activities, routines and obligations. To the extent appropriate, services must be provided in the types of settings in which young children without and their families would participate. Are all Part C EI services needed to achieve this outcome being provided in natural environments? Yes No
If no, justify the extent to which any services will not be provided in natural environments.

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RESIDENCE

1515 MOCKINGBIRD LN

LOMBARD

IL 60148

TELEPHONE: (630) 555-1212

CONTACT: MARY JOHNSON

RELATIONSHIP: MO

AUTHORIZATION START DATE: 09/23/2006

END: 09/22/2007

AUTHORIZED PAYEE: DUPAGE EASTER SEAL

AUTH TYPE: IFSP-DIRECT SERVICE

SERVICE: PHYSICAL THERAPY

METHOD: IFSP DEVEL

PLACE OF SERVICE: 11 / SERV PROV LOCATION (ONSITE)

PROCEDURE: 99499 GP

PT IFSP MTG/DEV

FREQUENCY: 1 PER: MONTH

FOR: 60 MINUTE(S)

AUTH NUM: 141032-305-002-00 DATE: 09/13/2006

STATUS DATE: 09/13/2006

PRIVATE INSURANCE: 11/INSURANCE BILLING NOT REQUIRED

* * * * *

AUTH TYPE: IFSP-DIRECT SERVICE

SERVICE: PHYSICAL THERAPY

METHOD: INDIVIDUAL

PLACE OF SERVICE: 12 / HOME(OFFSITE)

PROCEDURE: 97110

PT SERVICES

FREQUENCY: 1 PER: WEEK

FOR: 60 MINUTE(S)

AUTH NUM: 141032-305-001-00 DATE: 09/13/2006

STATUS DATE: 09/13/2006

PRIVATE INSURANCE: 01/NO PRIVATE INSURANCE

Child's Name: Cecilia Johnson

E# 141032

Participant ID#: JS25-2240-5953-00

Date: 9-23-06

SECTION 7. IMPLEMENTATION AND DISTRIBUTION AUTHORIZATION

Required to implement services

The purpose of the required "Implementation and Distribution Authorization" signature page is: 1) to certify that the family consents to service plan implementation and 2) to indicate who can receive copies of or view the service plan.

FOR EARLY INTERVENTION PARTICIPANTS ONLY

The contents of the IFSP have been fully explained to me. I understand that I may refuse any or all of the services offered by the State but that if I do, my child may not receive those services through the early intervention program. I also understand that I may request an impartial administrative hearing or mediation regarding the services offered and receive the undisputed services while the dispute is being resolved, or if I already have an IFSP, continue to receive the services currently being provided, while the dispute is being resolved. If I agree to the services, I understand they must be provided. I understand and agree that individual early intervention service provider changes may occur during the course of services which do not require my written consent as long as the service type, frequency, duration and location is maintained. In order to implement delivery of services, I agree that this IFSP will be distributed to the Part C early intervention service providers listed herein in addition to the individuals/agencies listed below. I understand that this IFSP must be reviewed every six (6) months, or more often if necessary. Finally, I understand that the Department of Human Services, as lead agency for the Part C Early Intervention Program, may refuse reimbursement for services not required to be funded by the program and is payor of last resort for all services required to be funded by the State. I hereby waive further notice regarding the services agreed to.

I hereby consent to all Early Intervention services herein.

I hereby consent to all Early Intervention services herein, except:

I hereby refuse the Early Intervention services offered herein.

I consent to the following individuals/agencies to receive a copy of this service plan and any revisions made to it.

Name	Role	Address	Phone

Parent or Surrogate Parent Signature: *X Robert Johnson* Date: 9-23-06

Other Signature: _____ Relationship: _____ Date: _____

Child's Name: Cecilia Johnson E#: 141032 Participant ID#: 552522405953-00 Date: 9-23-06

SECTION 8. MEETING PARTICIPANT/CONTRIBUTOR LIST

Initial Service Plan Meeting

Name Role Participated/Contributed Name Role Participated/Contributed

Mary Johnson MOM P/C
Robert Johnson Dad P/C
Dennis Switt SC P/C
Sammy W PT P/C
Amy Cozart DT P/C

Service Plan Review Meeting ___ 6 Month ___ Annual ___ Other

Name Role Participated/Contributed Name Role Participated/Contributed