
WarmLine Family Resource Center



Early Start Resource Guide

A GUIDE FOR FAMILIS OF CHILDREN BIRTH TO THREE YEARS OLD WITH
SPECIAL NEEDS IN:

SACRAMENTO, PLACER, YOLO, NEVADA,
EL DORADO & ALPINE COUNTIES

2016



WarmLine Family Resource Center

WarmLine Family Resource Center is a place where families can turn when they discover their child has special health care or developmental needs. WarmLine is a non-profit organization dedicated to providing support, information and referral at no charge to families of infants, children and youth with special needs or disabilities. WarmLine can help by:

- **Connecting** you with other parents through family activities,
- **Informing** you about systems and services such as Regional Center and Special Education,
- **Empowering** you to develop leadership skills and be an active participant in your child's programs and services. Parents are their child's best advocates!

WarmLine is the Early Start Family Resource Center in Sacramento, Placer, Yolo, El Dorado, Nevada, and Alpine Counties and is the federally funded Parent Training and Information (PTI) Center for Region 5 of Northern California.

We are staffed by parents who share the experience of parenting a child with special needs.

Our services include:

- ☆ **Information and Referral:** Linking families with services.
- ☆ **Family Support:** Providing peer support and support group referrals.
- ☆ **Outreach:** Increasing public awareness of disabilities and available services.
- ☆ **Workshops and Seminars:** Trainings on system and services such as Early Start and Special Education and supporting child development.
- ☆ **Activities:** Family activities, parent socials.
- ☆ **WarmLine Publications:** "Early Start Resource Guide", "Turning Three Years Old", "Understanding Special Education" and others—all available on our website (www.warmlinefrc.org) and most translated into Spanish.
- ☆ **Website, Email Newsletter, Pinterest and Facebook;** Keeping families connected to each other and the community.
- ☆ **Community Parents:** Local representatives in each county.

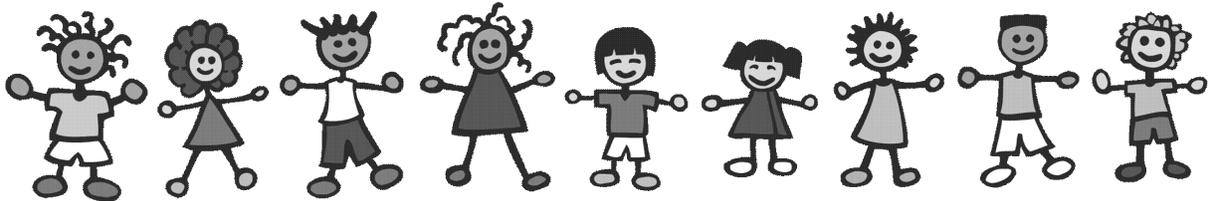
We invite you to visit us at:

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*“Let me win, but if I cannot win, let me be brave
in the attempt”.*

Special Olympics Oath

Strengthening Families Using The Protective Factors

The Protective Factors are the foundation of the Strengthening Families approach. Research shows that the presence of the Protective Factors creates healthy environments for the optimal development of all children.

1. **Parental Resilience** ~ Ability to “bounce back” from stress. Parents who are resilient are better able to solve problems, maintain positive attitudes and seek help as needed.
What it looks like:
 - Hope, optimism, self-confidence
 - Problem-solving skills
 - Self-care and willingness to ask for help
 - Ability to manage negative emotions
 - Not allow stress to interfere with child’s nurturing
 - Positive attitudes about parenting
2. **Social Connections** ~ Typical social connections may not be adequate when a parent has a child with special needs, making parents feel socially isolated.
What it looks like:
 - Multiple friendships and supportive relationships
 - Feeling respected and appreciated
3. **Concrete Support in Time of Need** ~ Support from the parent perspective about nurturing children’s development and navigating systems and services, such as Special Education.
What it looks like:
 - Seeking and receiving support when needed
 - Finding available services, learning to access them and persistence to advocate for them
 - Adequate financial security for basic needs
4. **Knowledge of Parenting & Child Development** ~ Information about children’s unique developmental needs help parents to better understand and care for them.
What it looks like:
 - Nurturing parenting
 - Appropriate developmental expectations
 - Recognize and respond to child’s needs
 - Ability to create a developmentally supportive environment for the child
 - Positive discipline techniques; ability to effectively manage child’s behavior
5. **Social/Emotional Competence of Children** ~ Early detection of developmental needs and support for social/emotional competence helps children interact positively with others and self-regulate more effectively. This strengthens the parent/child relationship and helps children to be more socially successful.
What it looks like:
 - For the Parent:
 - Warm and consistent responses that foster a strong attachment with the child.
 - Encouraging and reinforcing social skills; setting limits
 - For the Child:
 - Age appropriate self-regulation
 - Ability to form and maintain relationships and positive interactions with others
 - Effective communication

California's Early Start/ Early Intervention Services in California

(Excerpted from California Map to Inclusion and Belonging: www.CAinclusion.org)

Early Start is a family-focused service system for infants and toddlers from birth to age three years with a significant developmental delay, a disability or an established risk of delay or disability.

Early Start:

- Provides a system of referral and assessment that results in individualized services and supports for infants and toddlers and their families within their community,
- Is family-focused by keeping families informed about services for their child and supporting families and including them as collaborative decision makers.

The California Department of Developmental Services (DDS) is the lead agency for Early Start. (In the Sacramento area, the services are primarily provided by Alta California Regional Center (ACRC). DDS collaborates with the Special Education Division of the California Department of Education for services of some children.

Early Start eligibility:

- The age of the child at the time of the initial referral (birth to 36 months),
- At least 33% developmental delay in one or more developmental area:
 - Cognitive,
 - Physical and motor,
 - Communication,
 - Emotional-social,
 - Adaptive.
- An established condition with a high probability of causing a delay or disability,
- A high risk of having substantial developmental disability due to a combination of risk factors.

Early Start Services:

- Are written into the Individual Family Service Plan (IFSP), (See page 3)
- Are designed to meet the individual needs of each infant or toddler and needs of the family,
- Are provided in “natural environments”, (See page 4)
- Are provided to families by qualified personnel,
- Include transition to appropriate services at three years of age.

Early Start Services may Include:

- | | |
|---|---|
| ✓ Assistive technology devices/services | ✓ Special instruction |
| ✓ Audiology services | ✓ Social work services |
| ✓ Some health services | ✓ Transportation services |
| ✓ Nursing services | ✓ Speech & language services |
| ✓ Occupational therapy | ✓ Vision services |
| ✓ Physical therapy | ✓ Medical services for diagnosis & evaluation |
| ✓ Psychological services | ✓ Family training, counseling, home visits |
| ✓ Service coordination | ✓ Nutrition |

“While we try to teach our children about life, our children teach us what life is all about.”

Angela Schmidt

Individual Family Service Plan (IFSP) - From Birth to 3 Years Old

What is an IFSP?

For the child receiving Early Start services, the IFSP is a written plan which is the framework for meeting the unique needs of the child and his/her family. It is based on your child's strengths and your family's concerns and priorities. The IFSP is the foundation of Early Start services that are family centered.

The IFSP is not a final document; it is an ongoing process. Your infant or child's needs will change, so your family's IFSP should be reviewed at least every six months and updated as necessary. If you feel your Early Intervention services need to be reviewed more frequently, contact your service coordinator to schedule a meeting.

If this is your child's and family's first IFSP, the law requires that it be developed within 45 days from your child's referral for Early Intervention services. The meeting should not be held, however, until all of the necessary assessment information has been gathered. At the meeting, your family's concerns and priorities, assessment results and available resources will be discussed.

Who attends the IFSP meeting?

You may invite anyone you want to an IFSP meeting. The people you include may be some or all the team members involved in your child's assessments or services, or any other person you would like to assist you in developing your child's plan including other family members or friends. If you would like to include people who are unable to attend, they may send written information to be included in the discussion.

Who is the service coordinator?

The service coordinator is the person who is responsible for coordinating all Early Intervention services and helping parents to identify and obtain the services and assistance they need to help their child's development. The service coordinator will typically be either from Alta California Regional Center (ACRC), a Local Education Agency (LEA), or a local Infant Development Program (IDP).



When and where is the IFSP meeting held?

The meeting must be held at a time and place that is most convenient for all persons involved and must be within 45 days of initial referral to Early Intervention services. After that, the IFSP is updated every six months.

How can I prepare?

It will be helpful to spend some time before the meeting thinking about the things you want to tell the rest of the team about your child. **You know your child best!**

Think about your goals for your child for the next six months, the next year and maybe beyond! This will become your "vision statement" for your child. The vision statement can help you communicate your hopes and plans for your child. Update it as often as you like and share it with the members of the IFSP team.

IFSP worksheets can be found on pages 8-9.

Natural Environments Support Early Intervention Services

From Pacer Center 2010

All young children tend to thrive when they're in familiar surroundings and with the people and objects that are most dear to them. Called "natural environments," they're where children can practice new skills and reap the full benefits of professional intervention services.

Many parents wonder what natural environments are, how they can help their child, and what role the parent plays. Here are answers to some common questions.

What is a natural environment?

A natural environment is any place your child and family live, learn, and play. It includes:

- **Settings** such as your home, backyard, or place of work, a child-care site, relative's home, park, grocery store, or library.
- **Materials** which can be anything found in your child's physical environment— toys, rocks, books, swings, grass, spoons, a high chair, or a favorite wagon.
- **People** such as parents, siblings, relatives, friends, neighbors, teachers, or anyone else with whom your child might interact.
- **Activities** that incorporate the interests and routines of your child and family. These might be daily activities such as eating, bathing, and dressing; recreation such as playing, reading, walking, camping, swimming, and going to the playground; and community participation such as going to worship, celebrating holidays, taking part in cultural practices, going to the grocery store, and riding in different forms of transportation.

Why are natural environments important?

Natural environments make every moment of your child's day an opportunity for inclusion and for developing new skills. That's important because when children are engaged in activities and playing with objects in which they are interested, they learn best.

Natural environments help your child model the behavior and skills of family and peers. They also make it more comfortable for your child and family to practice new skills to determine what does and does not work.

What law supports natural environments?

The idea of using natural environments comes straight from Part C of IDEA (Early Intervention). The law says:

- "to the maximum extent appropriate to the needs of the child, Early Intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate." (34 CFR §303.12(b))
- "[Natural environments are] those settings that are natural or normal for the child's age peers who have no disabilities." (34 CFR §303.18)

States must have policies that explain clearly when it is acceptable for a child **not** to receive services in a natural environment. Exceptions are allowed only if Early Intervention goals may not be achievable in such settings.

What role do parents and the Individualized Family Service Plan (IFSP) team play?

Through the development of the IFSP, the team must provide individualized services that meet the unique needs of your family and your child with disabilities. As a parent and IFSP team member, you will be asked to identify the natural environments for your child. The team may help you explore other natural environments in your community as well.

*Every child deserves a champion -
an adult who will never give up on them,
who understands the power of connection
and insists that they become the best that
they can possibly be."*

Rita Pierson

Power of Play (Excerpted from Kidspot.com, Kid Builders and Zero to Three)

Play helps with communication ~ Play provides opportunities for children to develop **speech and language abilities** and also to practice **listening**. Whether they play with a sibling, friend, or parent or play by themselves, using imagination, children talk and listen while playing.

Play helps with relationships ~ Play promotes **social interaction** and **social skills**... Children who play, both with parents and other kids, learn how relationships work through their play experiences.



Play boosts cognitive (thinking) development ~ Imaginative play and role-playing are particularly powerful kinds of play which help the **brain develop**... Children who engage in these kinds of play have more (advanced) interaction with others and with their environment than those who do not.

Play benefits parents ~ Parents who play get big boosts in self-esteem and, most important, increases in relationship satisfaction. This goes for both playing with their children and also being playful with other adults such as spouses.

...playing with your child aged 0 – 1 year old

Talk to your baby ~ Tell your baby what you are doing and why you are doing it. Explain where you are going and why, what you're buying in the store, etc. *Your talk will stimulate brain activity* and help your child develop.

Read to your baby ~ Even babies love to have stories read to them. They enjoy the rhythm and rhymes of language in children's books.

Play peek-a-boo ~ Your baby will never grow tired of this game and will begin to play the game with you.

Sing songs ~ Singing will aid in your baby's brain development and be all the more exciting because it is your voice your baby hears.

Time for play ~ After the age of 6 months your child will be more interactive and five minutes of play at this age is plenty. Just enjoy a few minutes of the following activities:

- Tactile (physical) experiences are what they really enjoy as they make sense of the world. Play with things such as food and play dough. Let them finger "paint" with applesauce or baby food.
 - Provide toys that rattle and make noises, such as crumpled up paper.
 - Enjoy paints, making handprints and footprints, as well as finger painting.
 - Let your child crawl over different surfaces like sand, dirt, grass and wood.
- Introduce games like "This Little Piggy Went to Market".

...playing with your child aged 6 months – 1 year:

Encourage exploration ~ Go for walks around your neighborhood or to the local park. Point out, and talk about, the noisy big yellow dog, the chirping pink birds, or anything else your child takes an interest in.

Building and crashing ~ Your baby will begin to understand (and enjoy) cause and effect at this age. Build a tower of blocks and let your baby push them over. Laughter is guaranteed every time.

Explore food ~ Your child is also exploring by using his mouth. Provide tactile (touch) experiences with food.

What parents need to know about play for 1-2 year olds

Playing is likely to make a mess. It may not be delightful for you, but the messier it is, and the more your child can touch the mess, the more s/he will love it!

...playing with your child aged 1-2 year old:

Card games ~ Grab an old container and a deck of cards. Cut a slit in the lid of the container big enough to slip cards through and then let your toddler push the cards through the slit.

Simplicity of functional play ~ At this stage your child will love tactile experiences with food and even washing the dishes. Tea parties, mud pies and sand-castles all work well for playtime.

Sing to your baby ~ From age 1-2 your baby will respond to action-songs. These can include “Twinkle, Twinkle Little Star”, “Itsy-Bitsy Spider”, and “The Wheels on the Bus”. Repetition is your baby’s favorite way to play, and you can be sure that you will sing these songs thousands of times without her ever becoming tired of it.

Find the Toy ~ Take three cups or other containers. Hide a favorite, small toy or snack under one cup. At first, let your child see where you hid the toy. Let the child search for it, offering encouragement and praise. Next, hide the toy when she does not see where you hid it and let her search to find it. This game will help your one year old discover that even when an object cannot be seen, it is still there.

...playing with your child aged 3-4 year old:

Constructive play ~ When your child uses their imagination and skill to create something - a performance, a finger puppet show, block building or making a bug collection, they are engaged in what's known as constructive play. Constructive play develops problem solving skills, imagination, fine motor skills, and self-esteem. A tea party, playing dolls or cars, playing house or playing doctors and nurses are all forms of make believe or symbolic play. This type of play helps to develop your child's imagination and social skills.

Social play

This is playing with other kids - whether it's an incidental game at the park with a complete stranger or a set-up play date between peers. It teaches social skills, like empathy, and broadens the child's world.

Sensory play ~ This type of play stimulates the senses; for example, tactile, movement, sound, and visual experiences. You can even make play dough. Stir one cup of flour, with ½ cup salt and about ½ cup of water. Add the water slowly, until the dough holds together. Usually it requires a little bit less than ½ cup. Add food coloring to give the dough color. Once you have made the dough, let your child hold it, roll it, pound it. You can help your child roll the dough into a long rope and then practice cutting it into pieces with a craft stick. Your child can make pretend cookies or a pizza with toppings. The dough will keep for several days in a plastic bag stored in the refrigerator. Playing with play dough builds your child’s imagination.

Practice play ~ This type of play involves the repetition of new skills as they are being learned - things like throwing, kicking, twirling, and hopping. Practice play is one of those forms of play that continues into adulthood.

Record Keeping

When parents learn about their child's special needs, it will be extremely helpful to get in the habit of keeping records. As you see new doctors, developmental and educational professionals, you will need to provide information to those working with your child.

Having a child with a developmental delay or special need and juggling services can feel overwhelming at times. Most parents who keep their child's records organized and available say that doing so gives them a sense of empowerment when dealing with service providers and systems.

(As your child gets older, some of the information that was necessary when he/she was an infant or toddler will be needed less often. However, it is important to keep the records you have collected because they may be useful for obtaining services such as Social Security when he or she becomes an adult. Also, if a child was medically fragile, adult medical providers may need the information that is contained in your records.)

You don't need to spend a lot of money on record keeping systems. A binder which has dividers works wonderfully. A bonus is that it is portable and can accompany you to appointments. You may also download a care notebook template at: <http://cshcn.org/planning-record-keeping/care-notebook>

Examples of Records to Keep

Medical/Dental Records

- ◆ List of doctors and other medical providers and contact information
- ◆ Hospital discharge summaries
- ◆ Initial evaluations by new physicians and therapists (at the first visit, ask to be sent a copy)
- ◆ Dates and location of tests such as MRIs and important procedures
- ◆ Vaccination records
- ◆ Current medication
- ◆ Allergies

Developmental Records

- ◆ List of therapists and others who are working with your child and contact information
- ◆ Developmental milestones
- ◆ Developmental assessments/evaluations
- ◆ Individual Family Services Plan (IFSP) (see page 10)

Educational Records

- ◆ Teachers and others who are working with your child and contact information
- ◆ Educational assessments/evaluations
- ◆ Individual Education Program (IEP)

If you have questions about record keeping, please call WarmLine Family Resource Center.

Please go to pages 10-16 for worksheets.

Check the
National Center for Medical Home Implementation
www.medicalhomeinfo.aap.org
website for templates to create a "Care Notebook" for your child

Individual Family Service Plan (IFSP) Preparation

The IFSP is updated at least every six months until your child turns three years old. It is recommended that you use this guide to prepare before each meeting. It will help you identify your child's and family's needs so you can communicate them to your child's team.

Child's Name: _____ Date: _____

Things my child can do currently:

Smile	Crawl	Walk Alone	Cruises Around Furniture
Hold up Head	Sit Alone	Babble	Scribbles on Paper
Roll Over	Pull to Stand	Say Single Word	Points to Body Parts
Mouth Toys	Use Spoon	Put Words Together	Walks up Stairs
Dresses Self	Toilet Trained	Names Pictures	Plays Peek-a-Boo

My concerns about my child's development:

Toilet Training	Difficult to Discipline	Interaction w/ Family	Interaction w/ Others
Injures Self	Bites	Cries Often	Restless
Sucks Thumb	Separation Problems	Hyperactive	In a world of his/her own
Eats non-food items	Fearful	Rocks	Aggressive
Temper Tantrums	Poor Sleeping	Poor Eating	Other:

Family Concerns and Priorities:

X	Needs/Concerns for Your <u>Family</u>	X	Needs/Concerns for Your <u>Family</u>
	Parent support		Coordinating services between agencies
	Sibling support		Financial support (SSI, IHSS, Family Leave, etc.)
	Talking about your child's special needs with family, friends, strangers		Respite Care
	Information about your child's diagnosis/special need/condition		Financial planning for the future
	Child care		Translation services
	Transportation		Referral to social service agencies
	Recreation		Other:
	Special training (i.e., CPR, Sign Language, Etc.)		Other:
	Help finding medical/dental care		Other:
	Counseling (individual/family)		Other:

Putting it all Together - IFSP Vision Statement Guide

Each family receiving Early Start services for their child has their own priorities, concerns, and resources. These can change over time, but this worksheet will help you to identify your vision for your child and family's needs today.

Putting your vision into words may be challenging at first, but with practice, it will become easier. The goal is to have high expectations for your child and dare to dream. As your child gets older, you'll begin to ask what **his or her** dreams are for the future. Don't worry about whether they are "realistic". Many of us had dreams as children that changed as we got older. The value is in encouraging your child to picture what the future can hold and pursue his or her dreams.

Think About

How you want to introduce your child to others: _____

How you can help people see past the special need or disability. _____

Who are your child's "cheer leaders"? _____

What do you admire about your child. _____

What is most important **to** your child? _____

What is most important **for** your child? _____

When my child grows up, I want: _____

Your IFSP Goals for Your Child

One of the most important thing that you, as a parent, can do is to participate in the setting of goals for your child. When professionals have an idea of what you would like to see happen for your child, they will be better able to provide services and programs that help meet your expectations. *You know your child better than anyone!*

IFSP Goals

Please check those topics you would like to discuss at the IFSP meeting

X	Goals for Your Child	X	Goals for Your Child	X	Goals for Your Child
	Getting Around (Mobility)		Challenging Behaviors		Health Care
	Nutrition/Feeding/Eating		Play Skills /Play Groups		Dental Care
	Special Equipment/Supplies		Toileting		Vision
	Physical Therapy		Communicating/Speech		Hearing
	Occupational Therapy		Enhancing Development		
	Other:				

Personal Information

Child

Name:	Birthdate: ___ Boy ___ Girl
Address:	City/Zip:
Phone:	Language Spoken at Home:
Social Security #:	
Health Insurance:	Insurance #:

Parents

Father (Biological/Adoptive/Legal Guardian)	Mother (Biological/Adoptive/Legal Guardian)
Name:	Name:
Address:	Address:
City/Zip:	City/Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

Others Living in the Home

Name	Birthdate	Relationship

Emergency Contact

Name:	Relationship:
Address:	Phone:

Primary Service Providers

Pediatrician:	Phone:
Pharmacy:	Phone:
Durable Medical Equipment Co.:	Phone:
Alta Calif. Regional Ctr. SC:	Phone:
CCS Nurse Case Mgr:	Phone:
Home Nursing Agency	Phone:
Day Care Provider	Phone:

Mother's Prenatal History



1. Length of pregnancy (in weeks): _____
2. My expected due date: _____
3. My birthdate: _____
4. Mom's complications during pregnancy: _____

Child's Birth History

1. Hospital where born: _____
2. Birth weight: _____ Length: _____ Head Circumference: _____
3. Apgar Scores: _____
4. Cesarean Section: ___ Yes ___ No
5. Breech Birth ___ Yes ___ No
6. Hospitalized In NICU at: _____ Hospital for (length of stay) _____
7. Complications at birth and while hospitalized: (ie, problems breathing, oxygen, ventilator, jaundice, feeding problems, transfusion, heart defects, seizures, medication, etc.)

Approximate Date	Complication
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	



Child's Medical History

1. Allergies (medication, foods, tape, latex, etc.): _____
 2. Diet: ___ Regular ___ Formula : _____
 3. Route Fed: ___ Oral ___ NG ___ GT / Tube brand/size: _____
 4. Special feeding instructions: (i.e., ml/hr, bolus feed, aspiration risk, etc.): _____
-
5. Current medications: **See page 16**
 6. Past Illnesses. Check all that apply.

	Allergies		Asthma		Difficulty Swallowing
	Stops Breathing		Heart Problems		Skin Problems
	Poor Coordination		Breathing Difficulty		Seizures
	Excessive Diarrhea		Reflux		Excessive Vomiting
	Excessive Constipation		Frequent Fevers		Urinary Tract Infection
	Failure to Thrive		Anemia		Ear Infections
	Pneumonia		RSV		Frequent Colds
	Other:		Other:		Other:

7. Please explain the above items that were checked: _____

8. Please check the equipment your child currently uses:

	Monitor Type:		Nebulizer		Ventilator
	Tracheostomy		Colostomy		Oxygen
	Feeding Tube Type:		Feeding Pump		Hearing Aids
	Ankle-Foot Orthotics (AFO)		Walker		Wheelchair
	Other:		Other:		Other:

Approx. Date	Procedure	Hospital

Child's Medical History

10. Procedures to be avoided and why:

- 1. _____
- 2. _____
- 3. _____

11. Diagnostic Tests (EEG, MRI, CT, etc.)

Date	Test	Where Performed	Results

12. Hospitalizations

Date Admitted:	Date Discharged:	Reason for Hospitalization:
Hospital Name/City		Did you receive a copy of the discharge summary?:
Doctor(s)		
Diagnostic Tests:		
Comments:		

Date Admitted:	Date Discharged:	Reason for Hospitalization:
Hospital Name/City		Did you receive a copy of the discharge summary?:
Doctor(s)		
Diagnostic Tests:		
Comments:		

Date Admitted:	Date Discharged:	Reason for Hospitalization:
Hospital Name/City		Did you receive a copy of the discharge summary?:
Doctor(s)		
Diagnostic Tests:		
Comments:		

Child's Developmental History

Age Accomplished	Skill	Age Accomplished	Skill
	Smile		Crawl
	Hold up Head		Sit Alone
	Roll Over		Pull to Stand
	Mouth Toys		Use Spoon
	Dresses Self		Toilet Trained
	Walk Alone		Cruises Around Furniture
	Babble		Scribbles on Paper
	Say Single Word		Points to Body Parts
	Put Words Together		Walks up Stairs
	Names Pictures		Plays Peek-a-Boo

Family's Medical History

1. Do any of the child's siblings have developmental or health concerns? ___ Yes ___ No

If yes, please explain: _____

2. Do any relatives on either side of the family have the following?

	No	Yes	If yes, who?
Allergies			
Asthma			
Autism			
Cerebral Palsy			
Genetic Disorder (i.e., Down syndrome, cystic fibrosis, etc.)			
Heart Disease			
Hearing Loss			
Intellectual Disability/Developmental Delay			
Learning Difficulties/School Problems			
Speech/Language Delay			
Seizures			
Visual Impairment			
Other:			
Other:			

Medical Appointment Notes

Appointment Date/Time: _____ Reason for Visit: _____

Provider: _____ Phone: _____

Follow Up
When: _____ With Whom? _____

Questions or Concerns	Responses
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Other Instructions: _____

Medication Log

Pharmacy: _____ Phone: _____

Pharmacy: _____ Phone: _____

Place ✓ in if there is a change in dose.

Date Started	Medication	Reason Prescribed	Dose	Rx Number	Discontinued Date/Reason
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
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			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

Glossary

Activities of Daily Living (“ADL”): Activities that make a person independent in his/her environment, such as dressing, eating and toileting.

Applied Behavior Analysis (ABA): Behavior analysis focuses on the principles that explain how learning takes place. Positive reinforcement is one such principle. When a behavior is followed by some sort of reward, the behavior is more likely to be repeated. Applied behavior analysis (ABA) is the use of these techniques and principles to bring about meaningful and positive change in behavior.

Assistive Technology (AT): Any item, piece of equipment, or system used to increase, maintain, or improve function of individuals with disabilities.

Assessment: Observation and testing of children to identify the strengths and needs of the child in order to develop an appropriate educational plan.

Audiology: Service provided by a licensed audiologist who identifies and works with people with hearing loss.

Auditory Processing: The ability to understand and use information that is heard, both words as well as other non-verbal sounds.

Autism/Autism Spectrum Disorder (ASD): A disability in which the person has severe language and communication difficulties and has difficulty relating normally to other people. People with autism may have bizarre movement and self-stimulatory patterns, lack of normal handling of toys and other objects and lack functional skills.

Behavior Assessment: See Functional Behavior Assessment.

Case Management: The service coordinator or case manager is the person who helps parents develop this plan and is responsible for seeing that agencies are working with the family to provide all of the needed services.

Cerebral Palsy: A neuromuscular disorder caused by injury to an infant’s brain during either late pregnancy, birth, or trauma during the first two years of life. Children with cerebral palsy may have difficulty walking, speaking or swallowing.

Cognition; Cognitive Skills: Thinking skills; sometimes referred to as pre-academic or problem-solving skills in preschoolers.

Deaf-Blind: A disability in which children have impairment of vision and hearing that affects their ability to learn.

Developmental Milestones: Actions (e.g. reaching, rolling, crawling) that a child is expected to perform within a given age range.

Developmental Tests: Standardized tests that measure a child’s development as it compares to the development of all other children at that age.

Developmental Specialist: Someone who tests a child to measure how his/her development compares to other children of the same age.

Developmentally Delayed: Describes children who are not able to perform the skills that other children of the same age can perform.

Down Syndrome: A chromosomal disorder that results in mild to severe developmental delays and physical symptoms.

Early Intervention Services: Services designed to identify and reduce the impact of a developmental problem as early as possible.

Early Start: California's program to help families whose infants or toddlers (0-3 years old) have, or who are at risk for, disabilities or developmental delays.

Expressive Language: Ability to produce language for communicating with other people,

Fine Motor Skills: Skills needing the use of hands or the use of small muscle groups.

Gross Motor Skills: Skills needing the use of large muscle groups.

Head Start: Pre-school program for qualifying children ages 3 to 4 years. Head Start provides health, nutritional, educational, social and other services. Ten percent of children served must be children with disabilities.

Hearing Handicap/Hearing Impairment (HI): A disability; a hearing loss that interferes with the ability to understand or use language and that affects learning in school.

Individuals with Disabilities Education Act (I.D.E.A): The Federal Law that guarantees that children with disabilities will receive a free and appropriate education.

Individualized Education Program (IEP): A written plan for children ages 3 to 22 years which states a child's present level of educational performance, sets annual goals and short-term objectives, and identifies appropriate services needed to meet those goals.

Individualized Family Service Plan (IFSP): A written plan for families and children aged birth to three years which includes a statement of the family's priorities and resources and a statement of the child's present levels of development with outcomes and services to be provided.

Individualized Program Plan (IPP): A written plan for persons after age 3 prepared by the Regional Center and parents which includes the child's and family's desires, information about the child and a plan for delivering services.

Intellectual Disability: Used in Federal and California state law in place of "mental retardation".

Language Delay: A delay in the development of a child's ability to speak or understand language.

Lanterman Act: The Lanterman Developmental Disabilities Services Act is a California law that sets out the rights of persons with developmental disabilities and creates the agencies, including regional centers, responsible for planning and coordinating services and supports for persons with developmental disabilities and their families.

Low Incidence Disability: A student who is deaf, blind and/or orthopedically impaired.

Mentally Retarded: see **Intellectual Disability**

Mobility: Movement in the environment.

Multidisciplinary Assessment: Assessment of a child that involves a number of different professionals.

Natural Environment: A place where infants and toddlers without disabilities and their families might typically be found. Early Intervention services are required to be provided in a natural environment.

Occupational Therapy (OT): A service provided by a licensed occupational therapist who assists children with fine motor activities and everyday tasks like eating, dressing and hand use.

Orthopedically Impaired (OI): A disability in which children have difficulty getting around without adaptive equipment, e.g., wheelchair, braces, etc.

Physical Therapy (PT): A service provided by a licensed physical therapist who assists children with gross motor activities such as rolling, sitting, and walking.

Psychologist: Screens, diagnoses and treats people with social, emotional, psychological, behavioral or developmental problems. Administers psycho-educational tests. *Does not prescribe medication.*

Psycho-Social Development: The psychological development of a person in relation to his or her social environment.

Receptive Language: Recognition and/or understanding of what is heard.

Self-Help Skills: A term relating to skills such as feeding, dressing, and toileting.

Social Skills: Those skills associated with how children get along with adults and peers in home, school and community settings; with young children it also refers to their play skills.

Special Education: Instruction that is specifically designed to meet the needs of children with special needs.

Speech/Language Therapy: Services provided by a speech and language therapist or speech pathologist who helps children learn to communicate.

Visually Handicapped/Visually Disabled/Visually Impaired (VH): Vision loss affecting the ability to learn in school.

Visual Impairment (VI): Vision loss that affects ability to learn.



