**Child’s Name:** Harry Potter **DOB:**  7/12/2016 **MMI: 0001111111111**

**Service Coordinator:** Hagrid  **IFSP Auth. Dates:** 12/1/16 to 5/31/17

**Pediatrician:** Poppy Pomfrey **Diagnosis:** F80.9 and F82

**BACKGROUND INFORMATION**

**Pertinent Medical History, Medications and Recent Updates:**

**Harry was born at 29 weeks and developed an intraventricular hemorrhage on the second day post birth. He went under a hernia repair in the second month of his life and has no concerns ever since. He is currently on Baclofen for his spasticity. Harry has Retinopathy of prematurity stage 1 and left sided hemiplegia.**

**Harry’s Pediatrician noticed developmental concerns and referred the family to Early Steps.**

**Outcomes / Goals from IFSP (indicate if met/not met/ongoing/modified):**

1. **Outcome #1 – Harry will transition into sitting and sit with a good balance to reach and play with his toys around him. We will know he has achieved this goal when he transitions into sitting without any assistance and sits maintaining a good balance for at least 7-10 mins, 3 out of 5 times in his daily routine.**

**He has not met this goal. He currently needs minimal support to transition into sitting and has not attained a good sitting balance.**

1. **Outcome #2-Harry will hold onto his bottle for the whole duration of his feed. We will know this when he does so 3 times in the day.**

**He has met this goal.**

**Summary of Daily Routines:**

**Harry has an early start at 7.00 am and usually wakes up crying and settles down once his Mom gives him his milk bottle. Mom stays at home with Harry while Dad goes to work and Harry’s two siblings go to school. He has recently begun to reach out and ask for his bottle through gestures when he wakes up. Harry then plays with his toys in his play area and usually picks up his trucks and cars. He loves playing with the trucks and cars and hiding them under the couch or TV table. After play time he gets his medicine dose which is around 9.30 am. The baclofen makes his drowsy and hence takes two long naps in the day, sometimes even three. Bath time is his favorite routine and screams and squeals while smiling as mom takes him towards the tub. Mom takes him to the park 2-3 times a week and mentions Harry enjoys the park especially seeing the other children play. Mom places him on the swing and he enjoys that. He has dinner by usually 7pm and follows bedtime routine thereafter. Dad does his bed time routine and Harry enjoys it. He goes to bed by 8-8.30 pm.**

**FUNCTIONAL ASSESSMENT**

**POSITIVE SOCIAL RELATIONSHIPS: (Social Emotional Skills and Relationships)**

* **Behavior at home and in the community**

**Things we do well: Harry enjoys playing in his play area and is generally a very happy baby. While he plays, he is very alert about his surroundings and observes his siblings running around the house. He enjoys frolic play and loves being taken outside, especially the park. Harry’s siblings are a great motivator for him and can usually calm him when he is upset. He loves to interact with his family members at meal times and usually Mom places him in a high chair with supports at the dining table. Mom and Dad have one on one time with him every day and have seen how well he responds to them.**

**Things we need help with: Harry has a hard time staying still in his car seat. He tends to complain and shifts towards his strong side and his parents are concerned about taking him in the car all the time. When he is in his car seat he has to sit with an equally aligned posture which he usually does not when placed on the floor. Hence he tries to shift and get out of it. We are currently working towards using music and books during his car ride to make him feel comfortable throughout his car ride.**

* **Relationship with family, caregiver and peers:**

**Things we do well: Harry is very interactive and enjoys play time with his family. He particularly enjoys playing with his Uncle, Sirius. Harry is always pulling his nose and goes straight for his glasses. Harry loves to cuddle up to Dad and his siblings. He squeals on seeing his siblings come home from school and extends his hand towards them as if calling them to come lift and play with him. Harry has very good eye contact and is very observant of his surroundings. Harry loves playing his pet, Dobby and shows care while patting him and playing with him. Harry giggles when Dobby runs around him and is always reaching out for him. He has recently begun clapping but tends to do so with one side fisted.**

**Things we need help with: Harry is finds it difficult to interact with kids his age. Mom has noticed this only twice though when he had play dates with Ron and Hermione, their neighbor’s kids. We tried to problem solve and come up with a solution. Harry kept to himself and did not acknowledge Ron and Hermione. Mom and Dad are going to have more play dates and have more activities for all of them to do so as to involve Harry more.**

**ACQUISITION AND USE OF KNOWLEDGE AND SKILLS:**

* **How the child is communicating to get her/his needs met?**

**Things we do well: Harry gestures by raising his right hand towards what he needs, most often it is his pacifier. When he is upset about something or hungry he will whine and tap whatever is around. Mom realizes then that Harry needs something. In one of our sessions Harry kept whining even though he was fed and it wasn’t his nap time. Usually he is a happy baby and we knew there had to be something bothering him. After a few minutes of whining he took his left hand in his right hand and kept tapping it. We then realized he was gesturing towards mosquito bites on his left hand. That was the first time Harry gestured and made Mom know what was bothering him other than food or sleep.**

**We have introduced the baby signing videos, from which he has picked up ‘please’, ‘all done’ and ‘Dad’. He signs Dad for Mom and Dad both.**

**Things we need help with: Having left sided hemiplegia, there tends to be a delay in expressive speech.**

**The family would like to focus more on gestures for now and get him to point to the objects in his surroundings. He is a very smart baby and building on that is the focus. Mom and Dad are very good at verbalizing all his gestures and talking to him at eye level. Harry had a tendency to throw tantrums all the time but we problem solved and realized it’s his frustration to not able to communicate his needs. Just after a few days of introducing the baby signing videos we saw a decrease in the tantrums and he had picked up the signs well. This is his third week post introducing the videos.**

**Understanding simple concepts and directions in the daily routines: (Combines receptive language and cognition)**

**Things we do well: Harry is a smart boy and understands a lot of things in his daily routine. He has recently begun to enjoy the concept of cause and effect. He has many toys with push buttons and now plays with them appropriately. He enjoys books as well, Mom recently got him the texture book which incorporate different textures on animals. Harry loves it. Without prompting he went straight for the different textures and giggled as Mom made animal sounds. He is good with object recognition in his environment. His milk bottle is ‘bubba’ and when Mom or Dad say it Harry turns in the direction of the kitchen and makes ‘aa’ sounds while raising his arms towards his bottle. He knows his siblings when named and looks in their direction when they are called out. His receptive language and different play concepts are coming along really well.**

**Things we need help with: we do not have any specific concerns in this area. His parents are very good at setting different play activities for him and siblings. They have seen how it helps and try setting up activities at least one to two times a week. Playing in the pool which would not only help his physical strength but also other domains. Painting, flour dough play are some of the activities that the family has done Harry.**

**USE OF APPROPRIATE BEHAVIORS TO MEET THEIR NEEDS:**

* **Mobility, movement and ease of reaching for objects**

**Things we do well: Harry is comfortable rolling (one side more than the other) and tends to move around his play area by rolling. When placed in sitting, he can sit but tends to fall towards one side after a few minutes. He can reach out to objects when he is prone (lying on his tummy) and if there is something to push on he can do so and go ahead by sliding his body.**

**Things we need help with: Hemiplegia is when one side of the body is MORE affected than the other. Harry presents with severe spasticity on the left side of his body and low truncal tone. He has a dominant extension pattern throughout (Excessive arching) and tends to throw himself back when placed on the lap. He sits tilted towards his weak side and keep his right hand down for support. She shows a prominent extension synergy in his left lower limb and flexion synergy in his left upper limb. Due to all of this Harry has delayed motor milestones. We are doing a range of activities on the ball and functional play to incorporate symmetry and alignment as much as possible. He currently has foot orthotics and a hand brace for the left upper limb.**

**Harry tends to use his right hand for all activities and to promote using both his hands we decided to follow principles of CIMT. (Constraint induced movement therapy). Mom would place a sock on his right hand which would block him from using the same. Since the regimen actually is quite intensive and long duration, we modified it and began with just a few minutes. It has definitely worked and now Harry does attempt to hold onto something big by lifting both his hands. He yet has difficulty in initiating with his left hand for small objects.**

* **Independence throughout the day:**

**Things we do well: Harry can now hold onto his own bottle and feed himself bite sized foods. He hasn’t got all his teeth yet. Mom mentions Harry is very motivated to feed himself or hold onto his bottle when he is sitting with his family at meal times. His siblings are a great model for him and they now make sure Harry is beside them at all dinner times. He has attempted to use the spoon at the table but does not do so now.**

**Things we need help with: Harry’s hemiplegia inhibits him from exploring and displaying independent behavior. Though he is very good at letting his family know when he needs help. He either whines or gestures towards his preferred object. Harry tends to drool a lot and has difficulty using a sippy cup. He currently is on milk and purees. We decided to get a speech consult and the speech therapist gave some great strategies on how to use the nuk brush and other oro motor chewy toys. She showed Mom the method of stroking it inside of the cheek from side to side and massaging the cheeks for feedback.**

**COMPREHENSIVE ANALYSIS:**

**Harry is a 12 month old baby boy diagnosed with hemiplegia. His corrected age would be 9.5 months. With sever spasticity on one side accompanied by a strong extension pattern it is difficult for Harry to attain a good posture in any positions along with physical exploration. We are continuing to make him as independent as possible by incorporating functional play and activities. He may not attain all motor milestones in a correct pattern but he does attempt them in a compensated manner. He is a smart little boy and we are trying to focus on building his strength to become as functionally independent as possible. The nuk brush is used before meal times and it is definitely working. With respect to his communication we are currently focusing on signs since he is picking them up so well. His parents are very involved and that makes it a great team working towards Harry’s progress.**

**ASSESSMENT TOOL SCORES:**

**INTERVENTION PLAN**

* **We will continue to focus on the ball exercises to train his trunk and develop a good truncal tone. Mom and Dad are very good about taking videos and even trying out the activities while I’m there.**
* **Placing him across our legs to promote the all 4s position which would lead to weight bearing and hence help in normalizing tone mildly.**
* **Fine motor activities like playing with flour dough, promoting use of both the hands to hold onto a big ball and then involving turn taking by passing the ball back and forth.**
* **Continuing using the nuk brush and oral motor chewy toys for increasing tongue movement and lateralization.**
* **Different play activities like blocks and rings which would not only promote constructive play but also grasping and coordination.**

**Provider Signature: Date:** Click here to enter text.

**Provider Name: Minerva McGonagall. License #:** Click here to enter text.

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MT 7/17**