



ABC Early Childhood Program Mesquite, NM

Introduction and Background Information

Child's Name	Gerald Marquez	Date of birth	12/15/00
Parent(s)/Guardian(s)	Daniel Marquez; Father Jennifer Marquez; Mother	Address	123 Elm St. Mesquite, NM 88888
Phone Number	505-555-1111	Date of Referral	1/13/04
Ethnicity	Hispanic	Language	English/Spanish
Date of Evaluation	2/6/04	Chronological Age	3 yrs., 1 mo. 16 days
Report Date	2/13/04	Evaluation Team Coordinator	Janice Perez, Diagnostician

Gerald's pediatrician, Dr. Gourley, referred him to the ABC Early Childhood Program because of concerns that his parents had about his overall development, his skin and his weight. Gerald's parents want to make sure that Gerald is developing like other children his age and that if he is not, he can get services that will help with his development so that when he is ready to start school, he will be on the same level as other children his age. In order to address the concerns raised by Gerald's family an evaluation team made up of professionals with a variety of expertise was assembled to provide an overall impression of Gerald's development and to make recommendations to his family regarding eligibility for services and next developmental steps. Gerald was seen for a comprehensive team evaluation in his Head Start classroom on February 6, 2004. His mother and father were present throughout the evaluation and provided information regarding Gerald's development. The evaluation/assessment team consisted of Gerald's parents, Daniel and Jennifer Marquez, Janice Perez, diagnostician, Sherri Hendrickson, speech language pathologist, and Donna Eaton, occupational therapist.

Gerald lives with his mother and father and has frequent, close contact with his maternal uncle and grandmother. Gerald's home language is English and Spanish. His

mother and father speak English to Gerald but they speak Spanish when Jennifer's family is present. Gerald spends a great deal of time with his grandmother who speaks only Spanish. He has also been exposed to English in his Head Start program for 7 months.

Gerald does not have any brothers or sisters living at home. He has two stepbrothers on the paternal side of his family who are 6 and 9 years old. One of those boys has a history of strabismus. There is no other family history of strabismus, or of learning or developmental problems. A maternal uncle is said to have decreased hearing in one ear.

Gerald's mother is a stay-at-home mother. His father is an over-the-road truck driver and is often absent from the home for 5 or 6 days at a time. Gerald's social experiences include interactions with his Head Start classmates and his 3 cousins on his mother's side of the family. Gerald is the youngest of the 3 cousins. His father's family lives in a community six hours away so there is very little contact with his father's side of the family.

Gerald's mother described him as a child who is shy and selective about who he wants to interact with. He can be stubborn, but also shows a desire to please his parents and grandmother. Gerald enjoys playing outside and will imitate things he sees others doing. He is described as an active child at home. He sleeps through the night and usually has a 2 hour nap.

Gerald attends Head Start four days a week from 8:30 to 12:00. He had some difficulty separating from his mother when he first began school but his teacher reports that he no longer cries or acts out when his mother leaves after dropping him off at school. He often tells his school experiences to his parents and grandmother. Occasionally Gerald mentions something about Miss Brady, his teacher. He seems to like her. When Gerald comes home from school, he eats lunch and watches TV or plays in the yard. He usually takes about a 2 hour nap at about 2:00. After his nap, he and his mother might go for a walk to the playground or go to the store but usually, he just plays with his toys or watches TV. Sometimes his grandmother comes over or they go to grandma's house. Gerald goes to bed at about 8:30 or 9:00 at night. On Fridays, when Gerald is not in school, he and his mother usually have a relaxing morning watching TV and playing with his toys. They then head over to his grandmother's house for lunch. Gerald's grandmother does not drive, so after lunch, Gerald and his mother take her to the store for a weekly family outing so that she can do her marketing.

Jennifer's pregnancy with Gerald was uncomplicated except for a maternal urinary tract infection. Gerald was born at term without difficulty and had an appropriate birth weight of 6 lbs., 14 oz. He did not have any problems as a new baby and was discharged with his mother. Gerald has been generally healthy and has not had any significant illnesses, hospital, admissions, serious injuries, or seizure activity. Each winter, Gerald has had several ear infections, which clear with medication. Hearing screening was performed in 12/03 through Childfind, and he passed. Gerald's mother has noted that his left eye turns in occasionally, especially when he is tired. This seems to occur a bit less frequently lately.

Gerald has had small bumps on many areas of his skin since early infancy. The lesions on his skin sometimes have a tiny white center. They do not become infected and do not appear to itch. He has not had evidence of eczema and does not have any known allergies. Jennifer was told to use Noxzema on Gerald's skin but indicates that this was not helpful. She also used a medication for a virus, which she obtained in Mexico, which worked for a few months, but then the problem returned.

Gerald's pediatrician has been concerned about his weight, but as far as his mother knows, no testing has been done to determine the cause of his rapid growth. When Gerald was 2 years old, his height was between the 50-75th percentile and his weight at 51 lbs. was well above the 95th percentile, as was his head size at 50.8 cm. A dismorphology evaluation was recommended at that time to evaluate for the possibility of an overgrowth syndrome. This has not been accomplished because support to make the arrangements was not available to Gerald's mother. Gerald has not had gastrointestinal symptoms, but he does have a history of frequent vomiting which did not seem to be related to eating and might occur if he cried really hard or might occur quite suddenly. Gerald did not have oral motor feeding problems in infancy and gained weight rapidly. He currently eats all kinds of food, and his mother does not think that his appetite is excessively large. She did report, however, that she limits portions for Gerald since he tends to eat too much if more food is available. Gerald drinks one to two 8 oz. glasses of 2% milk each day and has another two glasses during the night from a sippee cup. Other than using 2% milk and limiting portion sizes, dietary modifications are not being used. Typical snacks for Gerald might include tortillas, cheese, cookies, or graham crackers.

Procedures and Tools

A young child's development is assessed with a combination of methods. In addition to standardized testing procedures (the tools used express the child's results numerically) and observations of the child during the evaluation in the Head Start classroom, information was gathered from the Head Start teacher on Gerald's skills, behaviors, and participation in the preschool class. The family also participated by sharing information on Gerald's skills and behaviors at home. Because a child spends just a few hours in the evaluation setting, which typically is unfamiliar as are the examiners, family report provides critical insight and information to the overall picture of a child's development. The following chart provides a description of the assessment and evaluation procedures and tools used as part of this developmental evaluation.

Name of Tool/Procedure	What does this tool/procedure tell us about this child?
Parent Interview	Provides the team with important information about the child's development, family priorities and what questions the family would like the evaluation team to address during the evaluation process.
Review of medical records	Provides the team with information about the child's past and current medical status.

Name of Tool/Procedure	What does this tool/procedure tell us about this child?
Teacher Interview	Provides the team with important information about the child's strengths and needs in the classroom environment. Skill development and behavioral information in relation to similarly aged peers is provided.
Behavioral Observations	Provide the team with information about how the child copes within his/her environment and in testing situations.
Bayley Scales of Infant Development – III: Mental Scale	This test assesses a child's general level of functioning based on typical developmental sequences. The cognitive evaluation includes early language items and sensorimotor activities as well as the child's awareness of his/her environment and his/her ability to interact with it.
Preschool Language Scale –4 (PLS-4)	The PLS-3 assesses a child's receptive and expressive language abilities. Receptive language is the understanding of what other people say and expressive language is how the child expresses himself/herself to others.
Peabody Developmental Motor Scales, 2 nd edition (PDMS-2)	This tool assesses the gross and fine motor skills of children. Skills such as balancing, moving around, playing ball, grasping and visual motor integration activities are assessed.
Vineland II	This tool provides information about a child's social-emotional and adaptive development.

Developmental Evaluation

The evaluation was conducted in the morning in Gerald's Head Start classroom and took approximately two and a half hours. His mother and father accompanied Gerald to the evaluation. Gerald's skills and abilities were assessed in an arena approach (a process in which various professionals gather together at the same time in the same room with the child and parent[s]) to observe a child and administer assorted testing tasks. Gerald warmed up to the testing situation and engaged in social interactions while working with the evaluation team. Gerald was in good health on testing day and tolerated the testing situation well. He was observed to speak primarily in English. The examiners used predominately English but when Gerald did not respond to the directions, they attempted to give the directions in Spanish as well.

Gerald appeared comfortable in his Head Start class where the evaluation took place. When possible, classroom materials were used or evaluation materials were added to the locations he was familiar with (blocks in the block center). He was guided to the materials and the activity by the evaluator. His mother and father sat close by. Gerald adjusted quickly and seemed undisturbed by the strangers in the room. He used

several appropriate social cues, such as smiling, initiating conversation and asking simple questions such as “What’s that?” Initially, he attended well to the first examiner.

The degree to which the evaluation procedures actually reflect a child’s true level of performance during a testing situation is always taken into consideration because young children may behave differently in unfamiliar settings than they do in more familiar ones. Therefore, test results should be used with caution because a child’s behavior can vary from day to day and because numerical scores cannot predict how an individual child will develop as he gets older. Gerald’s mother and father reported that Gerald’s behavior on testing day was typical of his usual behavior. The results were considered to be a good estimate of his skills at the time of testing.

Findings

Cognitive Development

Cognitive skills include abilities such as attention, memory, thinking, problem solving and play. Gerald demonstrated nice foundations for learning, such as attention, eye/hand coordination and simple problem solving skills. He attended well to a story that was read and commented on the pictures in the storybook. He also demonstrated understanding of sentences such as “The child is eating.” or “Show me.” However, with a couple of the sentences that were lengthier, Gerald appeared to get “lost” in the language. His difficulty with longer verbal instructions became evident almost immediately and was seen throughout the morning. However, he was so eager to please that he’d provide the examiner with a response of some kind even when he didn’t understand what it was that was being requested of him. He enthusiastically shared his thoughts and engaged the examiner in conversation throughout their time together.

When working with manipulatives, Gerald used his visual motor skills by imitating a vertical and horizontal stroke mark with a crayon. He also built a tall tower of blocks and easily placed a string of beads into a plastic tube with a cone-shaped bottom. Spatial organizational skills during his play with the blocks appeared to be more difficult for Gerald. When asked to copy a model, he worked very hard and was able to approximate a train by placing three blocks in a row and pushing it around. He truly attempted to copy a couple of other structures for an impressive amount of time before he gave up and just stacked the blocks. Gerald completed puzzle tasks using visual matching as his primary problem solving strategy. Short-term memory for objects was evidenced when he successfully identified an object that was shown to him, removed from his view, then presented in a grouping. As would be expected because of his receptive language difficulties, Gerald was not successful in an activity that targets short-term memory for auditory information by asking him to relate a series of two, then three, unrelated numbers.

Gerald understood some pre-academic concepts and skills appropriately for his age. He understood the concept of matching and matched five discs based on their color in addition to correctly naming the colors as he placed them. He counted 5 items using one-to-one correspondence. Gerald demonstrated understanding of the spatial concepts of “on”, “in”, “off”, and “out” easily.

Based on standardized testing, Gerald's cognitive skills are within normal limits.

Adaptive/Self-Help Development

Adaptive/Self-Help skills include a child's independent functioning in their environment. Self-help skills include toileting, feeding, dressing, and personal responsibility. Gerald knows his last name and asks questions to learn more about his environment. He is independent in his dressing, feeds himself, likes to help bathe himself, brushes his own teeth and has been using the bathroom on his own for about 6 months now.

Based on interviews with his parents and teacher, Gerald's self-help adaptive abilities are within normal limits.

Social/Emotional Development

Social/emotional skills include a child's ability to develop and maintain a level of social awareness, appropriate social relationships with family members and other children and to demonstrate a developmentally and culturally appropriate level of social ability and self-control. Interviews with Gerald's parents and teacher as well as observations during the testing process provided information related to behaviors and patterns of interaction that may affect Gerald's development. Gerald's interactions with examiners and with his family and teachers indicate typical developmental patterns. He is able to separate from parents, identify himself using his full name, indicate his gender, and recognize the needs of others. He asked and answered questions of the examiners and exhibited an eagerness to please the adults present during the evaluation. Gerald shows an interest in novel objects, new people and in the activities of others. He meets and greets adults appropriately and demonstrates manners in social conversation by using phrases such as "please", "thank you", and "excuse me".

However, according to parent and teacher report, in his social relationships with his peers, Gerald has some challenges. Gerald prefers to play alone and does not participate in small group games or activities with his peers. He has not formed any friendships with other Head Start classmates yet. Gerald has difficulty with the expression and control of emotions. He has trouble following household and school rules and limits set by his caregivers. He also has difficulty controlling impulses, especially when he is angry because he is denied his own way. It is challenging for Gerald to transition from one activity to another at the request of an adult. For example, his teacher reported that often Gerald would act out when it is time to go indoors after outdoor playground time or to move to the circle rug after morning snack time.

Based on interviews with his parents and teachers and scores from the Vineland II Adaptive Behavior Scales, Gerald's socialization skills are below average for a child his age.

Language and Communication Development

Communication skills include a child's receptive and expressive language abilities. Receptive language is the understanding of what other people say and expressive language is how one expresses himself/herself to others. Expressive language includes gestures, vocalizations, and use of words. The Bayley Scales of Infant Development, parent and teacher interview and the Preschool Language Scale-4 (PLS-4) were used to assess Gerald's language and communication development.

Gerald demonstrated receptive language skills of understanding the use of objects (“Show me what you cut paper with”), recognizing actions, (blowing, playing), and understanding descriptive concepts, (big, wet). He had difficulty understanding part/whole relationships (door of the car), pronouns, concepts (heavy, empty), grouping objects (“Show me all the things you can eat”), and understanding negatives (“Show me the toy that is not in the box”).

Observations made during the evaluation indicate that Gerald is having difficulty with processing the small “parts” of language. He has difficulty following simple directions. He’s more successful if a visual cue/gesture is used with the verbal command. He does not understand concepts of quantity, location, directions, and time. He had difficulty attending to colored pictures for an extended amount of time and responded better to tasks that included real objects. He is highly distracted by colors, which seems to interfere with his processing auditory information. Gerald appears to be demonstrating some characteristics associated with auditory processing difficulties. Some of these characteristics include difficulty paying attention to auditory signals, especially speech for an extended time, difficulty following simple commands, and answering simple questions appropriately.

Expressively, Gerald demonstrated the expressive language skills of using questions, changing pitch and loudness, combining 3 to 4 words phrases, using verb + *ing* endings, (eating, sleeping), and naming pictures. He had difficulty using plurals, answering *what*, *where*, and *yes/no* questions, producing basic sentences, using possessives, using pronouns, answering questions logically, and telling how an object is used.

Gerald is using 3-4 word phrases consistently, he labels objects/pictures, and uses language to gain attention, (“Look mommy”), to request an action, (“Let’s play ball”), and to describe things (“It’s dirty”). He doesn’t respond appropriately to simple questions in either English or Spanish. His spontaneous speech is characterized as impulsive. Gerald will say something that does not pertain to the task at hand or will respond to a question that was presented a few minutes before.

Oral Motor Development and Articulation:

During the evaluation, Gerald was offered a snack of crackers and apple juice. He was observed to bite and chew the cracker adequately. He used his tongue to move the cracker pieces from side to side and lip closure was observed during swallowing. Gerald drank his juice with a straw without difficulty. His parents reported that there are no concerns regarding feeding and swallowing. Gerald’s mother reported that he does not choke or cough while eating and there are no foods that are too difficult for him to eat.

A speech sample was obtained to determine how well Gerald’s speech was understood during spontaneous speech. He was understood by an unfamiliar listener 80% of the time with known context. Following is a list of speech sounds used by Gerald spontaneously: /d, t, m, nm, b, p, k, g, w, r, l, th, sh, h, z, s, y, l, e, o, u, a/. He also produced some consonant blends: /st, sk, tr, bl, pl/.

According to the standardized tests administered, Gerald's receptive and expressive language skills are below average for a child his age.

Motor Development

Motor development refers to the manner in which a child uses his or her hands and body to explore and interact with the environment. This movement can be described in terms of moving around from one location to another or manipulating toys or other objects within the environment.

The Peabody Developmental Motor Scales, Second Edition (PDMS-2) were administered to Gerald as well as clinically addressing his sensorimotor abilities.

Gerald was able to maintain his balance in a kneeling position. He did not demonstrate the ability to maintain balance on one foot or stand on his tiptoes. He is able to walk up and down stairs, however, he did not use an alternating pattern (left foot, right foot) and would not attempt to go up or down without support from a person's hand or the rail. He was able to take 2 to 3 steps walking backward and to run forward. He demonstrated difficulty with walking on a line and was not able to jump with both feet. Gerald enjoys ball play and was able to throw a ball underhand and overhand for short distances. However, his throws were random and without direction. He was able to kick a stationary ball forward about 3 feet and catch a ball from a distance of about 5 feet with his arms extended in front of him.

Gerald used his thumb and two or three other fingers to pick up small objects. He grasped a marker with his thumb pad and his index and 2nd fingers, resting the marker on his 4th finger. He was unable to button or unbutton large buttons.

Gerald was able to build a block tower of 9 blocks. He placed the three bottom blocks while imitating a train, but did not correctly place the top block. He was able to string beads, snip with scissors and imitated a vertical and horizontal stroke. He was not able to copy a circle or build increasingly complex block designs.

Gerald exhibited poor quality in his gross motor skills. He showed decreased coordination and balance for several activities including jumping, hopping and balancing on one foot. His mother states that he will play on playground equipment including going very hesitantly up and down stairs to the slide. Gerald's range of motion was within normal limits. He demonstrates slightly low muscle tone with weak abdominal and trunk muscles. While sitting at the table to perform fine motor activities, Gerald tended to secure his elbows at his sides or keep his arms on the table for increased stability. He demonstrated good upper bilateral skills, however, his midline control without stability is poor. Gerald's mother reported that he is able to put on a pull over shirt while dressing but has difficulty putting on pants without sitting down due to his difficulties in maintaining balance while standing on one foot.

Gerald's sensory responses were observed during the testing session because of their influence upon his body awareness and his ability to explore the environment and respond to various sensory experiences. Gerald was reported to be quite excitable, moving quickly from one activity to another. During this testing session, Gerald would move his body around in his chair while engaged in picture or language activities. He appeared to move less when he stabilized himself against the table using his arms or by

scooting forward in his chair so that his feet would not dangle. While engaged in fine motor tabletop tasks Gerald would stabilize his elbows at his sides or on the table, which seemed to help him maintain focus on the tasks. When engaged in gross motor activities such as ball play, he easily became much more excitable and was harder to calm down and be re-engaged in table or language activities. He did not appear to like having heavy pressure (proprioception) applied to his upper body as a calming intervention. Appropriate sensory feedback and body awareness are a foundation for coordination and balance abilities. In general, Gerald shows signs of decreased body awareness.

According to the test scores, Gerald's gross motor skills are below average for a child his age. His fine motor skills fall within normal limits for a child his age.

Medical Update

According to Gerald's medical records from his physical examination of 1/12/04, no specific medical risk factors for developmental concern were identified. He did not have facial nor general body dysmorphism. It was noted that his hands appeared small but measurements were not provided. On his skin, he still has tiny papules (bumps), some with a white center, over the surfaces on his arms, his legs and some on his trunk. They are not present on his palms and soles and not seen on his face. They are not inflamed and have not been scratched. They probably represent hardening of the secretions around hair follicles and are benign. His neurologic examination showed that he had mildly low muscle tone and slightly low strength. No irregularity in body proportions was identified and deep tendon reflexes were 2+ in all four extremities. He does not drool and can imitate moving his tongue from side to side. Although no specific medical risk factors for developmental concern were identified, it is possible that Gerald has an overgrowth syndrome accompanied by mild developmental delay.

Test Scores

Test	Gerald's Scores
Bayley Scales of Infant Development-II, Mental Scale	Gerald's Score = 85 Normal limits = a standard score of 85 through 114 Gerald's score places him at the low end of normal limits
Preschool Language Scale-4 (PLS-4)	Receptive Language: Gerald's performance on the PLS-3 placed him at the 2 year 3 month level (27 months) with a Standard Score of 77 at the 6 th percentile for his age group. Expressive Language: Gerald's scores indicated that he was at the 2 year 2 month level (26 months) with a Standard Score of 76 at the 5 th percentile for his age group. These results indicate that Gerald's expressive language skills are below average for a child his age.
Peabody Developmental Motor Scales, Second Edition (PDMS-2)	Quotients between 90 and 100 are considered within normal range. Standard Scores between 8 and 12 are considered within normal limits Gross Motor: Gerald's quotient = 70 which places him in the 2 nd percentile for his age with an age equivalency of 17 – 18 months <i>Stationary Activities</i> ; Standard score of 6 <i>Locomotion</i> ; Standard score of 3 <i>Object Manipulation</i> ; Standard score of 7

Test	Gerald's Scores
	<p>Gerald's gross motor scores indicate that his skills are below average for his age.</p> <p>Fine Motor: Gerald's quotient = 91 which places him in the 27th percentile for his age with an equivalency of 32 months.</p> <p><i>Grasping;</i> standard score of 9</p> <p><i>Visual-motor integration;</i> standard score of 8</p> <p>Gerald's fine motor scores indicate that his skills are at the low end of normal limits for his age.</p>
Vineland II: Adaptive Behavior Scales	<p>Communication standard score = 71: Adaptive Level – Moderately Low</p> <p>Daily Living skills standard score = 95: Adaptive Level – Adequate</p> <p>Socialization standard score = 61: Adaptive Level – Low</p> <p>Motor Skills standard score = 83: Adaptive Level – Moderately Low</p> <p>Adaptive Behavior Composite standard score = 74: Adaptive Level – Moderately Low</p>

Conclusions and Next Steps

Gerald is a delightful young boy who was a lot of fun to work with. His desire to please, as well as his interest in the evaluation materials, supported his performance during the evaluation process. It also appeared that limiting visual information such as pictures while examiners provided him with verbal instructions increased his attending to what the evaluators said. However, when colored items were used, he tended to be highly distracted by the colors and wanted to name them for the examiners. The fact that he wasn't stable in his chair prompted him to stabilize himself and shift around in his chair until he became comfortable.

Gerald is demonstrating delays in his receptive and expressive language, social emotional development, and gross motor skills with apparent difficulty processing more complex auditory information. His developmental abilities ranged from 21 to 33 months.

For tasks that Gerald was interested in, he demonstrated appropriate attention and evidenced some nice problem solving and exploration of activities throughout the morning. He generally needed some time to explore the items on his own before he was asked to do what the examiner was trying to get him to do. If he was allowed some time to do what he wanted to do with the evaluation materials first, he was better able to listen and complete what was being asked of him. His attempts with tasks that he understood were goal oriented; he recognized his successes with them and enjoyed receiving praise from those of us present during the evaluation. If the task was too difficult, Gerald tended to revert back to a more immature pattern of play with the test materials. For example, with spatial organizational tasks with the blocks, when the structures were too difficult for him to imitate, he reverted back to stacking them. With some picture tasks, Gerald had difficulty waiting for instructions to be given, as he was so excited to talk about what he was seeing in the pictures. It was also noted that throughout the morning, Gerald's listening and attending decreased when there were a lot of verbal instructions associated with a task. When this happened, he appeared to quit listening and do his own thing, which negatively impacted his performance.

Gerald's cognitive skills as well as his social emotional development are at the low end of within normal limits. The evaluation team feels that Gerald would benefit from continuing his Head Start program with other typically developing peers. In this setting, Gerald would have opportunities to learn from his peers and work on typical preschool concepts such as counting and numerical awareness, pattern discrimination, and descriptive terminology that expresses the physical attributes of objects (i.e., color naming, shapes, texture, etc.). A speech language pathologist can help Gerald's teachers identify strategies that can be embedded into the typical preschool curriculum that will support Gerald's auditory processing abilities, as well as language and concept acquisition. Opportunities to practice visual spatial tasks would also be appropriate at this time as this was the other area that is negatively impacting his cognitive development. It is recommended that he continue to be exposed to both English and Spanish, the language spoken exclusively by his grandmother and occasionally by his parents. The Head Start setting will support his continued English language acquisition.

Some things adults can do with Gerald to support and enhance his language and communication skills include the following:

- Look through simple picture books together talking about the pictures and activities using short phrases. Encourage Gerald to point to actions in the pictures and body parts on the characters in the book. Discuss what objects are for and where you see them.
- Play simple "following directions" games with Gerald to improve his ability to understand language. Be sure you have his attention and then provide simple one-step instructions for Gerald to follow such as "Get your shoes", "Clear your plate", or "Close the door" to encourage him to pay attention and process verbal information. As he begins to successfully complete simple one-step directions, make instructions more complex such as "Get your shoes and put them away in the closet."
- Use simple short phrases to describe what Gerald is doing as he goes through the day. Describe what you are doing as you complete tasks during the day. Encourage Gerald to comment about activities throughout the day. Minimize excessive language with Gerald to prevent him from becoming overwhelmed. For example, he should be told, "No hitting" rather than "You shouldn't hit other people because it really hurts them." Longer phrases may not be understood by Gerald, which can cause him to ignore language.

Because of Gerald's difficulties with gross motor skills, it is recommended that he be provided and encouraged to engage in many activities that will give him opportunities to use his large muscles. Obstacle courses, regular visits to the playground, ball or bean bag play with targets or buckets to throw into, running and chasing games like "tag" or relay races are all activities that can support and enhance Gerald's gross motor development. It would be helpful to talk about body positions and describe Gerald's movements as he engages in gross motor activities during circle time activities, outdoor play and in dressing. It's not a good idea to try to follow highly active games with language activities or activities that require a high level of mental focusing.

Transitioning from high activity periods to less vigorous activities takes time for Gerald.

It is recommended that adults provide stabilized seating for Gerald as he engages in fine motor tasks or eating and other table activities. Additionally, it is suggested that a physical therapist conduct an in-depth physical therapy evaluation in order to help with the development of intervention strategies to improve gross motor skills and provide information about providing seating stability.

It is possible that Gerald has an overgrowth syndrome accompanied by mild developmental delay. Gerald is large for his age and medical assessment for the cause is recommended. Gerald's pediatrician, Dr. Gourley, could help with this evaluation and Children's Medical Services can also support the family in making a dysmorphology clinic appointment. In addition to looking for a cause of Gerald's rapid growth, it will be important to encourage some weight control measures, such as dietary suggestions from a nutritionist and an exercise program.

It is suggested that Gerald be seen by a dermatologist in order to make a specific diagnosis related to chronic papules on his skin.

Gerald has evidence of an intermittent left esotropia. It is suggested that he be evaluated by a pediatric ophthalmologist, who can test each eye separately and recommend intervention. This is especially important for young children, since if they do not practice using each eye efficiently in early childhood, they may have a permanent vision loss later in life.

Recommendations: Next Steps

- υ Pediatric ophthalmologic evaluation
- υ Dysmorphology evaluation
- υ Physical therapy evaluation
- υ Continue in Head Start with services and supports as identified in an Individualized Education Plan to implement intervention strategies within the everyday routines and activities of the Head Start classroom
- υ Dietary and exercise program
- υ Referral to Children's Medical Services

Compliance and Eligibility Statement

The evaluation procedures have been conducted in compliance with the Individuals with Disabilities Act (IDEA) Part B and the NM Special Education Regulations. Gerald meets eligibility criteria for Part B special education preschool services in the category of developmental delay. 30% or greater delays were documented to be present in the following developmental areas:

- υ Communication
- υ Gross motor development
- υ Social-emotional development

Janice Perez, Diagnostician
Evaluation Coordinator

Date

Team Members:

Jennifer Marquez, Parent
Daniel Marquez, Parent
Janice Perez, Diagnostician
Sherri Hendrickson, SLP
Donna Eaton, OT



I/We, as a part of a comprehensive team, have reviewed the evaluation results discussed in this report.

I/We _____ Agree _____ Do Not Agree

That this is an accurate estimate of our child's abilities at this time.

Parent Signature

Parent Signature

Date

Date