

Sam



Pre-Kindergarten Case Conference  
May, 2010

## **STRENGTHS**

Sam is a very sweet, social and happy little boy. He is extremely loving and presents no aggressive behavioural issues that are dangerous to himself or others. Sam is very gentle, when he touches others it is most often a soft, exploratory tap. He communicates his emotions very effectively; it is not difficult to read how Sam is feeling. Sam is also very intuitive to the feelings of others and often expresses empathy for someone who is upset or laughs right along with you if something is funny.

Sam is very affectionate and enjoys hugs and kisses. Once comfortable in an environment Sam plays well independently and can amuse himself with the fanciest toy or the laces on his shoes. Sam responds well to most adults and is learning to interact with his peers. Though definitely delayed in his ability to learn we are convinced that the potential is there for Sam to learn to be very independent in his activities of daily living.

## **CONCERNS, NEEDS AND EXPECTATIONS**

As all of his therapists and doctors have said, and we agree, Sam is a complex little boy who does not fit any one diagnosis, which can present challenges when trying to determine the best way to deal with some of his unique issues. Some of the diagnostic labels Sam has received are hypotonic cerebral palsy, developmental disability and epilepsy. We hope to express some of our concerns in regards to Sam's integration to kindergarten, along with suggestions and our expectations.

### **Mobility**

#### **Concerns:**

Sam currently does not walk (note "does not", rather than "cannot"). He gets around quite well using his right arm to propel himself around the floor on his bottom and can get where he wants to go quite quickly. Despite attending preschool 2 days/week for the past 2 years he does not appear much more motivated to walk like his peers. He has a walker which he can use with hands-on support but currently does not access the walker on his own. He can pull to stand and get back down to the floor on his own. When moving longer distances Sam is either carried or is in a stroller. Sam is unable to climb up or down stairs, though he is showing some interest in doing so.

#### **Needs and Expectations:**

Sam will require constant adult supervision during floor time. A stroller or wagon will be required to move Sam from the classroom to other areas of the school until he is more

proficient with his walker. Sam will need close one-on-one supervision around stairways.

### **Feeding**

#### **Concerns:**

Sam currently does not feed himself (again, note “does not” rather than “cannot”). Sam has proven he has the ability to bring items to his mouth and chew/suck on them; however he will not do this with any item that is edible. He also has strong texture aversions and does not eat table food. He does not drink; he gets all of his fluids through food. His diet at this point consists of commercial baby food and other pureed, smooth foods (i.e. yogurt, pudding) and certain fork-mashed foods (i.e. avocado, banana). Sam is spoon-fed by an adult, he does not feed himself. Sam does not have an effective means to express hunger and does not indicate he wishes to be fed. Feeding has always been a challenge; Sam was diagnosed as failure to thrive at 3 months of age and has remained very underweight for his age and activity level.

#### **Needs and Expectations:**

We expect that Sam will be fed by an adult at all times, including a mid-morning snack, lunch, and mid-afternoon snack. We will provide all required supplies such as bibs, spoons and wipes. Sam will need to be fed at regular intervals at times that he can anticipate.

### **Toileting**

#### **Concerns:**

Sam is not toilet trained at all and wears a diaper at all times. He has shown interest in the toilet, however we feel toilet training is an unrealistic goal until Sam is walking and is able to get himself to/from the bathroom and on/off the toilet.

#### **Needs and Expectations:**

We expect an adult to check Sam’s diaper every 2 hours and change his diaper in privacy when required. We will provide all diapers, wipes, disposal bags and a change of clothing in case of accidents.

## **Seizures**

### **Concerns:**

Sam has been having seizures since approximately the fall of 2009. It was first thought they were atonic seizures but are now thought to be complex partial seizures. He is on the second trial medication with little success in controlling the seizures. They are brief, about 15-30 seconds, and are characterized by a “forced laughing” sound and an almost total loss of muscle control. It is likely that if Sam is sitting or standing when he has a seizure he will fall, presenting the possibility of injury.

### **Needs and Expectations:**

The adults working with Sam will need to become familiar with the type of seizures Sam has, how to anticipate and recognize them. It’s possible that if/when Sam’s medications are changed a dose may need to be administered at school. When Sam has a seizure it is important to stay as close to him as possible to ensure he doesn’t fall, but no other interventions are necessary.

## **Social Limitations**

### **Concerns:**

Sam has the same awareness of social cues and appropriate social conventions as a typical one-year-old. His ability to play interactively with others is limited. His expressions of happiness can sometimes be very loud (ex. “happy screaming”), and he doesn’t understand the concept of being quiet. Sam does seem to understand the word “no” but his ability to obey is also limited.

### **Needs and Expectations:**

We expect one-on-one adult supervision and assistance to help Sam learn appropriate social behavior and encourage simple interactions with his peers, both in the classroom and on the playground. We also expect the adult to help Sam learn basic social concepts such as turn-taking and sharing using methods appropriate to his cognitive level.

### **Communication**

#### **Concerns:**

Sam is completely non-verbal. We have been told that it is very likely that Sam will never acquire speech and we agree with that assessment. Sam's cognitive level has hindered the implementation of alternative forms of communication such as PECS. Currently we have no formal method of communication with Sam, other than becoming in tune to his cues, learning the meanings of his vocal intonations and facial expressions and monitoring his responses to our interventions.

#### **Needs and Expectations:**

We expect continuity in regards to who will be working with Sam. We understand that he cannot deal with the same adult all day every day but it would be helpful if there was some consistency and familiarity between Sam and his caregivers which would make it easier to get to know his cues. At the beginning of the school year we will provide his teachers and other caregivers an outline of some common behaviours and what they mean.

### **Sensory Issues**

#### **Concerns:**

Though not formally diagnosed Sam definitely has moderate to severe sensory issues. They include tactile (ex. Is reluctant to use his hands to touch unfamiliar objects and surfaces), auditory (ex. children singing songs, loud unfamiliar mechanical noises), vestibular (enjoys swinging, being thrown in the air etc.), visual (curtains blowing in the breeze, evergreen trees), oral sensitivities (eats only purees, gags on table foods). Sam can easily become overwhelmed when presented with too much stimulation.

**Needs and Expectations:**

We expect that when Sam becomes overwhelmed sensory regulation strategies will be used to calm him within the environment. If necessary, we expect that he would be removed from the environment for a sensory break. At the beginning of the school year we will provide a list of Sam's triggers and some suggested strategies to deal with them.

**Other Safety Issues****Concerns:**

If Sam is seated in a chair and his feet can touch the floor he can and will propel himself backwards and can tip over.

Sam is relatively defenseless when it comes to other people. He is not able to tell someone if he has been hit, if someone takes his toy or if someone has spoken to him in an inappropriate manner.

Because Sam spends the majority of his time on the floor in a seated position rather than upright and walking like his peers there is always a risk of being stepped on or tripped over.

**Needs and Expectations:**

When Sam is seated he should be secured in his special chair and his feet should not be able to touch the floor. We expect that when Sam is in the chair it is safe for him to be left for short periods, such as to get his snack or retrieve a craft supply. Our expectation is not that Sam will be left in his chair for long periods.

We expect that when Sam is freely moving about the classroom on the floor he will be constantly supervised to ensure he is safe. When Sam is participating in group activities or play with his peers we expect these interactions to be facilitated directly by an adult.

**If any of our expectations are unrealistic or need to be altered in any way we welcome more discussion. If there is anything we can provide that will make this transition even smoother we are more than willing to do whatever is necessary. It is our intention to be very involved in Sam's schooling.**