

**Niagara Special Needs Resource Agencies
Level of Service Tool
CHILD INDICATORS**

Description of Performance Area Indicators

These descriptions are only examples provided to assist with clarification when completing the Level of Service Tool. Where indicated, scores have been correlated to assessment information captured on the DISC and/or CARE. Refer to these definitions when considering the frequency of behaviours. {Occasionally (less than 5 times over a 20 day period); Often (6-10 times over a 20 day period); Very Often (more than 10 times within a 20 day period)}

1. Physical Health/Medical Issues

0 Child does not have medical issues that impact on daily routine.

- No concerns about seizures, allergies that are dangerous, special diet, repetitive infections, etc.

1 Child has chronic medical issues, but remains stable; course of illness tends to be predictable, protocols/supports are in place for dealing with illness.

- Child had asthma attacks that are controlled with medication at school and home.
- Child has repetitive infections that cause high fever and illness, but resolve themselves with treatment.
- Child has seizures that are short and have a medically signed protocol to be followed.
- Child has food allergies that are dangerous, but family and staff has strategies in place to prevent allergic reactions and have epi-pens on site wherever needed.
- Child is catheterized, but training has been completed for all staff and there is a medically approved protocol in place.
- Child has diabetes but it is well controlled

2 Child has unstable medical condition, is technology dependent or medically Fragile

- Child is dependent on things like tube feeding, suction, intravenous medication, tracheotomy, etc.
- Child has a degenerative or other condition that makes their medical condition unpredictable from day to day.
- Child has seizures that are not well managed with medication and happen very often or at unpredictable times.
- Child has asthmatic attacks at preschool very often
- Child has diabetes that is not well controlled with hypo/hyperglycemic reactions very often
- Child has life threatening food allergies but there is no access to epi pens and/or strategies to prevent reactions are not in place

2. Feeding

0 Child will eat with minimal or no modifications. (I.e. bottle-fed, spoon-fed)

- Child does not require adults to support their feeding in any way other than putting food on plate, verbal reminders, etc.

1 Child has some independent feeding skills but requires some support or modification. Child has limited repertoire of foods or requires modification to some textures

- Child needs assistance such as adult supervision or assistance to get food to mouth
- Child requires use of adapted spoon, bowl or cup and assistance with moving from one feeding activity to another (ie drinking to spoon feeding) .
- Child throws food or has difficulty attending to feeding task and requires adult supervision to complete meal(ie. Remain seated at table)

2 Child is totally dependent for feeding or requires tube feeding at child care centre. Child has failure to thrive or lack of weight gain. Child is being introduced to oral feeding or has a therapeutic feeding program .

- Child is at risk for aspiration and requires modified positioning or food presentation
- Child requires frequent feeding or is on ketogenic diet
- Child has severe oral motor difficulties and requires lengthy time to feed

3. Social

0 Child interacts developmentally appropriately with other children and adults (i.e. smiling and eye-contact, responsive attachments to significant others, interactions with other children, turn-taking where developmentally appropriate.)

1 Child requires modifications or support in order to interact developmentally appropriately with other children and adults.

- Child requires verbal prompts and cues to interact appropriately.
- Child requires social scripting or other specialized plan to support social development.
- Child occasionally or often laughs when others are hurt or has difficulty relating to peers
- Child bullies or is bullied occasionally or often
- DISC scores indicate possible delay in social domain

2 Child has limited social interaction in the presence of other children or adults.

- Child does not respond to adults or children.
- Child makes no attempt to interact with others.
- Child isolates self most of the time in a social situation.
- Child very often laughs when others are hurt or has difficulty relating to peers
- Child bullies or is bullied very often
- DISC scores indicate probably delay in social domain

4. Emotional

0 Child is able to self-regulate in a developmentally appropriate way that has minimal impact on their environment. (i.e. expression of strong feelings, ability to calm themselves.)

1 Child is unable to self-regulate in a developmentally appropriate way that has moderate impact on his/her environment.

- Child distracts other children and adults with uncontrolled emotional outbursts occasionally or often.
- Child is able to gain control of their emotions with an individualized plan.
- Child cries and/or screams for reasons unknown, appears sad, has many changes in mood, has little emotional response to activities, does not respond to praise or show remorse, or indicates self hate occasionally or often
- Child appears anxious or fearful occasionally or often

2 Child is unable to self-regulate in a developmentally appropriate way that has maximum impact on his/her environment. Child has extremely high or low affect.

- Child cries and/or screams for reasons unknown, appears sad, has many changes in mood, has little emotional response to activities does not respond to praise or show remorse or indicates self hate very often
- Child is totally isolated emotionally very often.
- Child has emotions triggered by reasons unknown and escalates once emotions are triggered very often.
- Child appears anxious or fearful very often

5. Behaviour

0 Child's behaviour is developmentally appropriate most of the time. Can express wants and needs (i.e. meets adult expectations that are developmentally appropriate)

1 Child's behaviour is developmentally inappropriate occasionally or often

- Child tantrums, breaks down, loses control occasionally or often
- Child's behaviour can be managed with strategies.

2 Child's behaviour is developmentally inappropriate; needs behaviour intervention. Relationship between caregiver and child is compromised.

- Child tantrums, breaks down, loses control very often
- Child is very often aggressive or violent demonstrating things like throwing chairs, biting, hitting, kicking others.
- Child engages in dangerous or self injurious behaviours

6. Play Skills

0 Child uses toys appropriately and functionally, and can play with other children in a manner that is developmentally appropriate. (i.e. parallel, cooperative, etc.)

1 Child is able to demonstrate developmentally appropriate play skills with strategies/ intervention

- Child wanders from activities without purpose occasionally or often but can be redirected by adult.
- Child will sit and observe others playing.
- Child occasionally or often perseverates at certain things that may or may not be play but can be redirected by adult or other strategies.
- Child needs adult and/or other support (i.e. Visual schedule) to assist development of playskills and transitions.

2 Child very often requires adult assistance to participate in play activity. Child very often demonstrates developmentally inappropriate play behaviours (i.e. fighting with other children, spends unusual amount of time with certain activities/toys, has very limited variety of interests)

- Child has limited functional playskills.
- Child wanders from activities without purpose very often and has difficulty being redirected by adult.
- Child very often perseverates at certain things that may or may not be play.

7. Attention

0 Child's ability to attend is developmentally appropriate

1 Child is able to demonstrate developmentally appropriate attending skills with strategies/ intervention

- Child has short attention span occasionally or often
- Child is able to be brought back to task with verbal or other cueing.

2 Child is unable to focus and attend to tasks

- Child has short attention span very often
- Child is very often unable to be brought back to task with verbal or other cueing

8. Cognitive Skills

0 Child demonstrates age appropriate cognitive skills. (i.e. problem solving, insight, awareness, memory, classification, motor planning.)

1 Child demonstrates delays in some areas of cognitive development that require monitoring.

- Child has difficulty participating in cognitive activities that are age appropriate without some modification. i.e. circle activities, pre-reading, pre-printing, matching, classification, etc.
- DISC scores indicate possible delay in auditory attention and memory as well as visual attention and memory

2 Child demonstrates significant delays in some areas of cognitive development and requires intervention.

- Child completes few if any cognitive activities that are age appropriate.
- Child requires adult to support him/her through cognitive activities.

- Child requires significant modification to cognitive activities in order to participate in them.
- DISC scores indicate probable delay in auditory attention and memory as well as visual attention and memory

9. Communication/Language

0 Child demonstrates developmentally appropriate communication skills and does not have difficulty interacting with peers or adults.

1 Child demonstrates delays in some areas of speech/language development that require monitoring.

- Child cannot clearly and consistently communicate to make wants and needs known. There may be delays in clarity of speech, development of vocabulary, or length of utterances.
- DISC scores indicate possible delay in receptive and expressive language

2 Child demonstrates significant delay in speech/language development and requires intervention. (Strangers cannot understand most of what the child says.)

- Child has little to no communication skills. Child understands little or nothing of what is said to her/him.
- Child requires assistive or alternate communication strategies (ie PEC's, ASL)
- DISC scores indicate probable delay in receptive and expressive language

10. Fine Motor

0 Child demonstrates developmentally appropriate fine motor skills.

1 Child demonstrates delays in some areas of fine motor skill development that can be addressed through environmental modifications, and/or require monitoring.

- Child may have difficulty with muscle tone in hands, dexterity, pencil grasp, etc.
- Child may need some adaptive tools and practice to develop fine motor skills.
- Child requires intervention by adults occasionally or often to continue to develop fine motor skills.
- DISC scores indicate possible delay in fine motor skills

2 Child demonstrates significant delays in fine motor development that significantly impacts on his/her ability to develop independence. Intervention is required.

- Child's fine motor skills are very limited and not developmentally appropriate, so that playing with toys, creative skills, self-help skills and other developmentally appropriate skills very often require support of an adult.
- DISC scores indicate probable delay in fine motor skills

11. Gross Motor

0 Child demonstrates developmentally appropriate gross motor skills.

1 Child demonstrates delays in gross motor skills that can be addressed through environmental modifications, and or require monitoring.

- Child is able to walk and move around environment independently but may have some concerns with muscle tone, flexibility, clumsiness, falling.
- Child requires monitoring of gross motor skills to ensure that they continue to develop or child requires some modification to the environment. For example: modified toilet seat, prosthesis for one limb, AFO's (ankle/foot orthotics), railings for stability, etc.
- DISC scores indicate possible delay in gross motor skills

2 Child demonstrates significant delays in gross motor development that significantly impacts on his/her ability to develop independent mobility. Intervention is required.

- Child is unable to walk or needs great support to walk including walker or stander, etc. Child needs adult support to move from one activity to another.
- DISC scores indicate probable delay in gross motor skills

12. Self-help i.e. Toileting, dressing, etc. *Please refer to #2 section for feeding

0 Child demonstrates developmentally appropriate ability to perform/ assist with self-help tasks.

- Child accomplishes all tasks having to do with toileting, dressing, in a developmentally appropriate manner.

1 Child demonstrates delays in ability to perform self-help tasks that require monitoring. Minimal environmental modifications are necessary for the child to be independent.

- Child requires adult support to toilet self. For example, a modified toilet seat, a visual schedule to cue order of tasks, some physical support to take pants down, etc.
- Child requires adult support to dress/undress self. For example, a visual schedule to cue order of tasks, verbal encouragement to stay cued to task, some physical support with getting clothes on or off.
- DISC scores indicate possible delay in self help skills

2 Child demonstrates significant developmental delays in ability to perform self-help tasks. Maximum assistance is necessary for the child to be independent. Intervention is required.

- Child is dependent on adult for all toileting activities and/or remains diaper dependent .
- Child is dependent on adult for all dressing/undressing tasks.
- DISC scores indicate probable delay in self help skills

13. Sleeping

0 Child has a consistent sleeping routine at home and at child care ; parents/centre staff have no concerns in this area.

1 Child's sleep habits at home or child care occasionally or often interfere with daily activities. (i.e. sleeps too little or too much). Minimal environmental modification is necessary for child to fall asleep for an extended period of time.

2 Child's sleep habits at home or child care very often interfere with daily activities (i.e. Sleeps too much or too little). Requires maximum assistance to fall asleep for an extended period of time. Parents/centre staff have concerns in this area.

14. **Safety**

0 Child understands and follows rules consistently ensuring s/he is usually safe.

1 Child is occasionally or often unpredictable or places him/herself in dangerous situations.

- Child occasionally or often climbs or hides and endangers self.
- Child occasionally or often is abusive towards self or others.
- Child occasionally or often bangs head on floor or table but can be redirected by adult .

2 Child very often is unaware of danger to him/herself or others (runs, climbs and/or is self-abusive, aggressive towards peers and/or adults.

- Child runs away from adult without .
- Child very often climbs or hides and endangers self by doing so.
- Child very often is abusive towards self or others.
- Child very often bangs head on floor or table.

15. **Sensory Systems and Processing**

1 Child demonstrates developmentally appropriate hearing, vision, and sensory processing such as oral sensory processing, auditory processing, tactile processing, vestibular processing.

2 Child requires aids or modifications to the environment in order to interact appropriately within the environment.

- Child requires aids such as hearing aids, cochlear implants, glasses
- Child requires modifications such as sensory diet, brushing, etc. in order to appropriately interact with the environment.
- Child has sensitivity to touch or problems with the feel of clothing and it is occasionally or often interfering with his ability to interact appropriately.

3 Even with modifications the child has difficulty interacting within the environments because of sensory concerns.

- Adaptations have been made to suit the child's sensory needs and there continues to be problems for the child in interpreting or responding to the environment. That is, the child cannot hear or see well enough to interact or the child continues to act out behaviorally because of sensory concerns.
- Child has sensitivity to touch or problems with the feel of clothing and it is very often interfering with his ability to interact appropriately attend.

16. Child Stressors

0 Child has minimal stressors

1 Child has some stressors which require effort in order to cope.

- Many new professionals or programs to follow routines and meet expectations;
- Family concerns such as newly separated parents, parent illness, new sib in the home, move from one community to another, financial difficulties.

2 The child is trying to cope with a large number of stressors

- Many simultaneous changes to their lives such as a move and a separation of parents at the same time
- Parental attachment concerns.(documented)
- Family Violence(documented)
- Parental Mental Health Issues(documented)
- Limited parental abilities
- Apprehension and placement in kinship or foster care