A Workbook and Instructional Manual to accompany

Observing Kassandra
A Transdisciplinary Play-Based Assessment of a Child with Severe Disabilities

Toni W. Linder
A Workbook
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Instructional Manual
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Observing Kassandra
A Transdisciplinary Play-Based Assessment of a Child with Severe Disabilities

by
Toni W. Linder, Ed.D.
with
Susan Taylor, M.A.
Katie Greer, CCC-LP
Karen Harmon, O.T.R.
and
Chris Perreault, R.N.
Other products in the **TPBA** system:

- *Transdisciplinary Play-Based Intervention: Guidelines for Developing a Meaningful Curriculum for Young Children* by Toni W. Linder, Ed.D.
- *Transdisciplinary Play-Based Assessment and Intervention: Child and Program Summary Forms* by Toni W. Linder, Ed.D.
- *And You Thought They Were Just Playing: Transdisciplinary Play-Based Assessment Video* produced and written by Toni W. Linder, Ed.D.
  directed and edited by Rebecca S. Newman

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Acknowledgments

I extend special thanks to Kassandra, Karen, and Wade Mathews for their involvement in this project.

And, to “The Team,”
Susan, Katie, Karen, and former team member Patsy, for bringing my work “to life.”
Without them, my work would just be ideas.
KASSANDRA AND TPBA

This manual, both a workbook and instructional manual, accompanies *Observing Kassandra: A Transdisciplinary Play-Based Assessment of a Child with Severe Disabilities*, a videotape in the line of products (Linder, 1993a, 1993b, 1993c; Linder & Newman, 1995). Also provided is a tablet of forms designed specially for the transdisciplinary play-based assessment (TPBA) and transdisciplinary play-based intervention (TPBI) processes. Used together, the videotape, workbook, and tablet of forms can help team members to practice their skills in observing children at play and in recording notes about the children's developmental strengths and areas of concern.

ABOUT TRANSDISCIPLINARY PLAY-BASED ASSESSMENT

TPBA is both an assessment and intervention process that involves a child in structured and instructional play situations that provide opportunities for developmental observations of cognitive, social-emotional, communication and language, and sensorimotor abilities. The TPBA approach is initiated by gathering information concerning the child's developmental status from the child's parents or caregivers. A Parent Pre-assessment Interview (see p. 5 for an example of a completed Interview form) is completed in addition to obtaining a developmental history. The parents' or caregivers' observations relating to the child's typical day, "best" and "difficult" times, and "favorite" and "avoided" activities provide insight into strengths and possible areas of concern and can suggest questions to be addressed during the play session. Questions relating to family culture, relationships, expectations, and goals may also have implications for the process and content of the TPBA. This information is then used to plan a play session, the content and sequence of which are structured to provide observation of the child across developmental areas. Toys and materials that are appropriate to the child's level are arranged to entice the child to play as well as to demonstrate various play strategies and developmental skills. One team member facilitates the child's play, encouraging the expression of optimal abilities.

To structure the TPBA process, guidelines are arranged in developmental areas (i.e., cognitive, social-emotional, communication and language, and sensorimotor), which are further categorized for ease of use. The worksheets and summary forms associated with the TPBA process (Linder 1993a, 1993b, 1993c) help team observers to note specific behaviors and organize their observational data for later analysis.

Following a child's play session, the team moves through seven steps to turn their data into a useful program for the child; each of the steps is described as follows:

**Step 1:** Schedule a post-session meeting. Ideally this meeting is held immediately after the play session so that participating parents or caregivers can participate. Team members should discuss initial impressions, raise questions, and share information.

**Step 2:** Analyze videotape (if available). The opportunity to view the play session a second time or to focus on selected sections of the session can be invaluable for team members as they complete and review their Observation Worksheets. (The Observation Worksheets are
forms provided in Transdisciplinary Play-Based Assessment and Intervention: Child and Program Summary Forms (Linder, 1993b); these forms include questions that correspond to the Observation Guidelines in each developmental area. Team members should make notes on these worksheets as they observe a child's play session.)

Step 3: Correlate observations and guidelines. Team members are encouraged to review Transdisciplinary Play-Based Assessment: A Functional Approach to Working with Young Children (Linder, 1993a) as they complete this step. Contained in this volume are age charts that accompany each domain. These charts are available to help team members as they evaluate a child's developmental level and make professional judgments about skills on which a child is ready to work.

Step 4: Complete Summary Sheets. The Summary Sheets (see examples on pp. 6–13) enable observers to translate the data compiled on the Observation Worksheets into a more meaningful format. Each Summary Sheet includes a column listing the major observation categories. Also provided are corresponding columns to rate the child's performance, to justify or explain the ratings, and to indicate the child's strengths and what he or she is ready for in each category.

Step 5: Develop preliminary transdisciplinary recommendations. A meeting should be held to review earlier-mentioned concerns, offer suggestions for intervention strategies, and address areas of disagreement.

Step 6: Convene program planning meeting. This is a full team meeting in which team members review assessment information, determine eligibility for services, and plan intervention goals. It is at this step that TPBA becomes part of the larger, federally mandated, team assessment process; TPBA can become the basis for individualized education program (IEP) or individualized family service plan (IFSP) development.

Step 7: Write formal report. The TPBA process ends with a formal written report (see example on pp. 14–22), which should be comprehensive and functional so that it can serve as the basis for program planning and intervention.

ABOUT OBSERVING KASSANDRA

By watching the 60-minute videotape that accompanies this manual, you will meet Kassandra Mathews and her mother, as well as other members of her transdisciplinary team. When the TPBA session was conducted, Kassandra (whose nickname is “Cissy”) was 4 years and 8 months old. She has severe health problems and developmental delays. Prior to the play session, Karen Mathews completed the Parent Pre-assessment Interview form shown on page 5. Using the information provided on the form, the play session was then scheduled and planned.

Kassandra's TPBA session is facilitated by Katie Greer, a speech-language pathologist who works with Kassandra in her preschool classroom, and Kassandra's mother. The session was conducted in Kassandra's preschool classroom, a site often used for TPBAs and a setting in which Kassandra was likely to feel comfortable.
The *Observing Kassandra* package is designed to help readers develop their TPBA implementation skills, particularly for Steps 2, 3, and 4 described above. Preservice and in-service trainers may want to use the package to assist practitioners in improving their developmental observation skills and in using the TPBA guidelines contained in *Transdisciplinary Play-Based Assessment* (Linder, 1993a). Trainers may use the videotape and accompanying products in any manner that suits their program requirements; however, suggestions are offered below:

1. **Before beginning a training session,** read *Transdisciplinary Play-Based Assessment: A Functional Approach to Working with Young Children* (Linder, 1993a) and watch *Observing Kassandra: A Transdisciplinary Play-Based Assessment of a Child with Severe Disabilities* as many times as necessary to take notes on the quantity, quality, use, and generalization of Kassandra’s developmental skills, learning style, and typical interaction patterns. It may be helpful to watch the videotape four times, once for each developmental area addressed by TPBA.

2. **Begin a training session by showing** *And You Thought They Were Just Playing* (Linder & Newman, 1995) as a means to introduce the TPBA approach.

3. **As a group,** discuss the videotape and how TPBA relates to recommended practices in assessment.

4. **Read** *Transdisciplinary Play-Based Assessment: A Functional Approach to Working with Young Children* (Linder, 1993a) as a group, or recommend that participants read the volume before the next meeting.

5. **Lead a detailed discussion** of each of the developmental areas.

6. **Show** *Observing Kassandra: A Transdisciplinary Play-Based Assessment of a Child with Severe Disabilities* to the group. Recommend that they use the Observation Worksheets in the accompanying tablet to take notes on the quality, quantity, use, and generalization of Kassandra’s developmental skills, learning style, and typical interaction patterns.

7. **Ask the training participants to complete the Summary Forms** for each of the four developmental areas. If the group is large, it may be wise to divide into teams of four or more members. Each team should include a minimum of four members, with a representative from each developmental area on every team.

8. **As a group,** discuss the findings and compare the participants’ Summary Forms to those provided in this manual (pp. 6–13). Use the videotape to illustrate or discuss various points noted on the Summary Sheets.

9. **Determine recommendations.**

10. **Instruct the participants to work as a team(s) to develop a final report.** Remind the group of the goals of the TPBA process and the overall structure of the TPBA process including the post-play session steps, which can be summarized as follows:

Following the post-session meeting (Step 1), videotape analysis (Step 2), and a guideline review (Step 3), the child’s strengths, ratings of abilities and justifications...
for the ratings, and corresponding areas of program readiness are organized on Summary Sheets (Step 4). Transdisciplinary recommendations can then be developed (Step 5) and a program planning meeting can be convened (Step 6), where an IEP or an IFSP is developed with the child's parents or caregivers. Program planning will then lead to a formal report (Step 7) and other measures, as appropriate.

11. Compare the final report(s) prepared by the participants with the report provided in this manual (p. 14–22). The report shown is written in an integrated fashion; that is, the team did not write a separate section or report for each developmental area. Depending on state or agency requirements, the format of the report may need to be altered. (For example, the format used in Transdisciplinary Play-Based Assessment [Linder, 1993a] follows the outline provided by the Observation Guidelines, an approach that may be easier for individuals just learning how to write reports.) The integrated report, such as the one shown in this manual for Kassandra, is more transdisciplinary and congruent and less redundant than many other formats; however, if teams use a different format, the content and recommendations can still be compared to the report provided here and discussed.

There are numerous other activities that can be conducted in association with the Observing Kassandra package; three possibilities are as follows:

1. Role-play a parent interview. The group can divide into pairs, with one participant being Karen Mathews (Kassandra’s mother) and the other being the interviewer.
2. As a group, role-play an IEP meeting. Be sure to include Kassandra’s parents.
3. Practice conducting a TPBA with another child.

REFERENCES

Parent Pre-assessment Interview

Name of child: Cassandra Mathews

Name of person completing form: Karen Mathews (mother)

1. Tell us about your child's typical day.
   8 A.M. up, play in her center till 9 A.M., has breakfast feeding time. Play for
   15 to 20 mins. Feeding while getting ready for school. Will take a
   little nap. Go to school, come home, play, feed her, take a nap, then
   What are the best times? play. Go to bed.
   As long as she is healthy she o. kay.
   About the Best times between 8 A.M. and 11 A.M. in morning.
   What are the most difficult times?
   12 to 3 P.M. at school is昏昏欲睡 o.kay, I guess. She has a hard time
   of not 100%. It's a day-by-day thing. There's no way of killing
   off hand.

2. What are your child's favorite toys and activities?
   Music, Ball, Puzzles, Blocks, Keychains, Books, Dolls.
   Like paper, a water paint.

3. What toys or activities does your child avoid?
   Holding pencil, markers, crayolas, puzzles that are all one.
   Water, eating, standing or walking longer than 5 min.

4. What is your child's relationship with other family members?
   Wondeful, very close to older brother, Johnathan.
   Love to be around family as long as she is healthy.

5. What cultural/religious customs of your family are important for us to know?
   Standard Customs. We believe in, enjoy taking part in all
   holidays.

6. What expectations do you have for your child?
   Do the best I can do to make her stay healthy, to stay in school.

7. What are your goals for your child in 1 year?
   Her feeding to get better, walking
   more on her own, doing activities and center with class, sitting longer
   than 5 min.
   - in 5 years: Eating, walking, talking, and going to school more, staying

8. What supports does your family have?
   Family, friends, PAC, Denver Options, Denver General Hospital Specialist Clinic, Repetie, Social Ser., SSI,
   Choice Care

9. What are your questions or concerns about your child?
   Speech, Feeding, Therapy, How do I get ready for kindergarten?

10. What information do you want from us?
    Speech, Kindergarten, Therapy information on how to be more mobile.
### Summary Sheet for Cognitive Guidelines

**Name of child:** Cassandra Mathews  
**Date of birth:** 1/5/91  
**Age:** 4 years 8 months  
**Name of observer:** Susan Taylor  
**Discipline or job title:** teacher  
**Date:** 9/20/95

<table>
<thead>
<tr>
<th>Observation categories</th>
<th>Areas of strength</th>
<th>Rating</th>
<th>Justification</th>
<th>Things I'm ready for</th>
</tr>
</thead>
</table>
| I. Categories of Play   | K. enjoys sensorimotor play  
M. Usual toys functionally and can combine toys  
K. Used emerging dramatic play. | - | Majority of play is in the 9- to 24-month range: Relational and functional | 1) Increase types of toys that can be combined  
2) Increase functional use of objects  
3) Encourage play directed toward self in pretend. |
| II. Attention Span     | K. is capable of sustaining attention on a preferred toy for several minutes. | - | Attends mostly to simple putting things "in"  
- distractible by others in the room, then loses focus | 1) Increase attention to cause-and-effect toys, and combinational play  
2) Increase ability to attend without adult facilitation. |
| III. Early Object Use  | K. does simple combinations with toys.  
K. does 1-2 actions in sequence. | - | 12- to 15-month range: links simple actions, below age level | 1) Increase number of actions in a sequence to three  
2) Increase variety of different actions on same object. |
| IV. Symbolic and Representational Play | Emerging pretend play: feeding baby | - | Below age level  
16- to 18-month range: pretend play on inanimate object emerging | 1) Increase use of functional object use on self and doll (e.g., cup, cloth, etc.)  
2) Increase sequence of actions (number) directed toward self or doll to three. |
| V. Gestural Imitation  | K. attempts to imitate gestures and imitates actions and simple words. | - | Below age level  
12- to 18-month range: imitates novel movements immediately after a model | 1) Increase facial taking in imitation  
2) Provide adequate wait time  
3) Increase repertoire of gestures, sounds, and actions initiated. |

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<th>Observation categories</th>
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<th>Things I’m ready for</th>
</tr>
</thead>
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<tr>
<td>VI. Problem Solving Approaches</td>
<td>K. can complete shape box (when) K. can attempt to activate a toy with a button.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Below age level 12- to 18-month age range: - matches configurations (circle, square, triangle) - manipulates objects into small opening</td>
<td>1) Increase opportunities for cause-and-effect play. 2) Increase opportunities for K. to use tools to solve problems.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VII. Discrimination/Classification</td>
<td>Identifies people in pictures Sorts by shape Puts pieces together on Marble Works with assistance Recognizes self &amp; peers in photos</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Below age level 24- to 36-month age range: Although K. can sort by shape at home, she is not consistent.</td>
<td>1) Identify and label pictures. 2) Identify colors, shapes. 3) Identify whose parts go in larger puzzle or activity (part to whole).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIII. One-to-One Correspondence</td>
<td>Can relate words to pictures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Below 24-month level: Does not yet have correspondence between number &amp; the corresponding number of objects to two</td>
<td>1) Increase opportunities to count one or two things.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IX. Sequencing Ability</td>
<td>See Early Object Use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sequencing of actions, not yet concepts.</td>
<td>See Early Object Use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X. Drawing Ability</td>
<td>Marks on paper, beginning to scribble</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12- to 18-month range: imitates scribbling</td>
<td>1) Increase hand strength. 2) Refine grasp to better manipulate marker. 3) Increase motivation to mark on paper.</td>
<td></td>
<td></td>
</tr>
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### Summary Sheet for Social-Emotional Guidelines

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</tr>
</thead>
</table>
| I. Temperament         | In the assessment, K. easily adapted to the people, toys, camera, etc. She was easily engaged in most activities that were of interest. K's activity level was good. | +      | K's temperament (adaptability, sensitivity, and activity level) vary depending on her health, whether or not she has had a seizure, and other activities of the day. | 1) Try to stabilize health issues.  
2) Increasing independent movement may also make her less dependent (fussy). |
| II. Mastery Motivation | K's motivation to complete the shape box was good. She also worked hard to get the pieces together on the Marble Works. |        | K chooses tasks she knows she can do. She will persist if supported by an adult or peer but typically moves on if challenged. | 1) Reinforce K's efforts to accomplish a task—not just the finished task.  
2) Encourage her to try new toys, materials, puzzles.  
3) Pair with a peer who can keep K motivated. |
| III. Social Interactions with Parent | K. initiates and enjoys play with her mother. K responds to her mother's requests some of the time. K. clearly enjoys her mother. |        | Although K. initiates positive interactions she dominates the turns. Reciprocity and equality of interactions reduced. | 1) Increase the number of turns K. gives her mother.  
2) Increase initiation of play with mother and number of interactions.  
3) Increase imitation of mother words and actions. |
| IV. Social Interactions with Facilitator | K. enjoys interacting with a facilitator. K. allows turns to be inserted. K. responds to modeling. | +      | K. relies heavily on adult support to maintain play and interaction. | 1) Decrease amount of support needed to sustain interaction and goal-oriented or purposeful play.  
2) Increase turn taking.  
3) Expand interactive play sequence. |

### Summary Sheet for Social-Emotional Guidelines

**Name of child:** Kassandra Mathews  
**Date of birth:** 1-5-91  
**Name of observer:** Susan Taylor/Toni Linder  
**Discipline or job title:** teacher  
**Age:** 4 years  
**Date:** 9-20-95

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</thead>
<tbody>
<tr>
<td>V. Characteristics of Dramatic Play</td>
<td>K. is beginning dramatic play.</td>
<td>-</td>
<td>K.'s dramatic play is delayed (12- to 18-month range). She uses words (even when not on topic) to maintain the interaction and control the play.</td>
<td>1) Increase awareness of interests of others.</td>
</tr>
<tr>
<td>VI. Humor and Social Conventions</td>
<td>K. smiles at movement, the hat on her head, and adults.</td>
<td>-</td>
<td>Below age level: 12- to 18-month range. Mostly smiles at physical actions. Not yet laughing at incongruous actions. Words.</td>
<td>1) Increase awareness of incongruous events.</td>
</tr>
</tbody>
</table>
| VII. Social Interactions with Peers | K. will interact with peers when peer initiates interaction. K. will take a turn, when the peer structures the turns. K. observes peers and plays parallel to peers. | - | Below age level: 24- to 30-month range. Parallel play. | 1) Increase initiation with peers.  
2) Increase turn taking with peers (spontaneous).  
3) Increase spontaneous imitation of peers.  
4) Increase communication with peers. |

### Summary Sheet for Communication and Language Guidelines

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<th>Observation categories</th>
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<th>Rating</th>
<th>Justification</th>
<th>Things I'm ready for</th>
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<tbody>
<tr>
<td>I. Communication Modalities</td>
<td>K. communicates with eye gaze, gesture, vocalization, and sign. K. communicates frequently.</td>
<td>-</td>
<td>K. does not use the number of words and signs expected for her age. Her words are repetitive.</td>
<td>Increase number of signs and words in K.'s repertoire, especially labels and action words.</td>
</tr>
<tr>
<td>II. Pragmatics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Stages</td>
<td>K. is moving into locutionary stage.</td>
<td>-</td>
<td>K. is moving into locutionary stage, with words and signs; however, much of her intent must be implied.</td>
<td>Increase use of words to communicate intent.</td>
</tr>
<tr>
<td>B. Range of Meaning</td>
<td>K. uses communication to greet, gain attention, label, request objects or actions, and to protest.</td>
<td>-</td>
<td>Below age level approx. 18- to 24-month range in communicative intentions.</td>
<td>1) Increase use of all meanings. 2) Increase variety of words and signs used for meanings. 3) Increase requests for information.</td>
</tr>
<tr>
<td>C. Functions</td>
<td>K. uses communication to satisfy her needs to control the behavior of others, and to get people to interact with her.</td>
<td>-</td>
<td>Below 2 years as all functions present in same form by 2.</td>
<td>1) Increase use of all functions, vary words. 2) Add words to help her seek information. 3) Add more labels.</td>
</tr>
<tr>
<td>D. Discourse Skills</td>
<td>K. initiates interactions, can take a turn, and can change a topic.</td>
<td>-</td>
<td>Below age level - Both quantity and quality of discourse is delayed. Approx. 18-month to 2-year range.</td>
<td>1) Increase number of turns on a topic - with a new comment. 2) Increase comments, relevant to subject.</td>
</tr>
<tr>
<td>E. Imitation/Echoalise</td>
<td>K. repeats words and signs she wants to say (if simple).</td>
<td>-</td>
<td>Imitative skills are below age level. K. is not imitating complex words or sentences.</td>
<td>1) Increase imitation of all sounds - both vowel and consonant. 2) Increase attempts to imitate words and signs.</td>
</tr>
<tr>
<td>Observation categories</td>
<td>Areas of strength</td>
<td>Rating</td>
<td>Justification</td>
<td>Things I'm ready for</td>
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<td>-------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>III. Phonology: Sound Production System</td>
<td>K's sounds include p, b, m, d, n, and g. K produces a variety of vowel sounds.</td>
<td></td>
<td>Below age level required number of sounds produced.</td>
<td>1) Increase use of sounds in words and in vocal play.</td>
</tr>
<tr>
<td>IV. Semantic and Syntactic Understanding in Verbal Expression</td>
<td>K uses referential words: (tree) - extended (baby, several) - relational (more)</td>
<td></td>
<td>Below age level approx 18 months - Use only a few examples of each type of word - Does not use categorical terms (2 years)</td>
<td>2) Increase use of all early referential, extended and relational concepts.</td>
</tr>
<tr>
<td>V. Comprehension of Language</td>
<td>K responds to the speaker. K uses eye contact. K can follow one-step direction within routine.</td>
<td></td>
<td>Below age level: 12- to 18-month range. K does not always respond, so it is difficult to ascertain exact level.</td>
<td>3) Increase response to &quot;what&quot; and &quot;where&quot; questions. 4) Expand repertoire of responses to requests for action. 5) Increase vocabulary comprehesion</td>
</tr>
<tr>
<td>VI. Oral Motor</td>
<td>K is beginning to tolerate some oral intake and touching food to her mouth.</td>
<td>✓</td>
<td>Defensive around oral cavity. Tube fed, so eating and drinking not observed.</td>
<td>1) Decrease sensitivity to oral area. 2) Increase tolerance of food and drink through oral intake.</td>
</tr>
<tr>
<td>VI. Other Concerns (Identify):</td>
<td>- Ear infections - G-tube - Gastric reflux - Skin irritations</td>
<td>✓</td>
<td>Follow-up hearing check after tubes inserted.</td>
<td></td>
</tr>
</tbody>
</table>

# Summary Sheet for Sensorimotor Guidelines

<table>
<thead>
<tr>
<th>Observation categories</th>
<th>Areas of strength</th>
<th>Rating</th>
<th>Justification</th>
<th>Things I'm ready for</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. General Appearance of Movement</td>
<td>K. can move independently from one area to another. Walking skills are emerging.</td>
<td>-</td>
<td>- K. does not use typical movement patterns, scoots on her bottom. - Very small height and weight for age</td>
<td>1) Ready to use supported walk for moving 2) Ready to stand unsupported for play 3) Increase number of positions for play (in sitting)</td>
</tr>
<tr>
<td>II. Muscle Tone/Strength/Endurance</td>
<td>- Range of motion is within normal limits within all joints, except slight shoulder flexion. K. is capable of maneuvering body into and out of sit, pulls to stand.</td>
<td>-</td>
<td>- Low tone throughout extremities and trunk - Strength is weak - Endurance is low, tires easily</td>
<td>1) Activities to increase tone in trunk and extremities 2) Increase ability to grade movements, transition from one position to another 3) Increase endurance through nutrition</td>
</tr>
<tr>
<td>III. Reactivity to Sensory Input</td>
<td>- K. likes swinging and feeling her body move through space. - K. likes to explore different textures with her hands.</td>
<td>+</td>
<td>K. appears to respond to different tactile, auditory, visual, olfactory, and vestibular inputs.</td>
<td>1) Provide experiences with movement such as swings, bounce toys, etc. to increase awareness of balance and postural control 2) Provide gradual exposure to different textures 3) Provide deep pressure input</td>
</tr>
<tr>
<td>IV. Stationary Play Positions</td>
<td>- K. sits unsupported (ring sit or side sit). - K. stands unsupported briefly. - K. uses protective reactions in sitting.</td>
<td>-</td>
<td>K. needs support in standing and cannot play in “standing using leaning against” a</td>
<td>1) Needs increased stability and ability to shift weight in standing 2) Increase variety of sitting positions 3) Increase ability to pivot in kneeling without support</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Observation categories</th>
<th>Areas of strength</th>
<th>Rating</th>
<th>Justification</th>
<th>Things I'm ready for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility in Play</td>
<td>- K. can get from one place to another. - K. walks with one hand held.</td>
<td>-</td>
<td>Below age level in independent movements (approx. 18 months). Lack of refined quality of movements.</td>
<td>1) Increase shoulder and hip stability. 2) Increase ability to shift weight to both sides. 3) Increase attempts to move in and out of upright positions. 4) Increase balance.</td>
</tr>
<tr>
<td>Other Developmental Achievements</td>
<td>- K. can throw a tennis ball with two hands about 2 inches. - K. catches ball in sitting between her legs</td>
<td>-</td>
<td>Below age level: - No jumping, kicking - No catching with hands</td>
<td>1) Increase balance in standing. 2) Increase ability to throw with one hand.</td>
</tr>
<tr>
<td>Pretensions and Manipulation</td>
<td>- K. reaches for toys accurately. - K. uses isolated finger movements for signs. - K. orients hand to put puzzle pieces in shape sorters.</td>
<td>-</td>
<td>Low tone in hands - Low strength - Fine motor skills below age level</td>
<td>1) Increase opportunities for pushing and pulling objects to increase hand strength. 2) Increase number of signs using different hand and finger movements. 3) Refine grasp. 4) Encourage use of both hands.</td>
</tr>
<tr>
<td>Motor Planning</td>
<td>- K. can perform routine tasks, like sitting in a chair, getting around an object.</td>
<td>-</td>
<td>K. cannot perform a sequence of motor actions requiring her to figure out how to get in, out, over.</td>
<td>1) Increase balance, stability, and desire to move.</td>
</tr>
</tbody>
</table>

KASSANDRA’S FINAL REPORT

STUDENT: Kassandra Mathews
DATE OF ENTRY: 9-20-95
PARENTS: Karen and Wade Mathews
DATE OF BIRTH: 1-5-91
AGE: 4 years, 8 months, 15 days
TEAM: Toni W. Linder, Ed.D.
       Susan Taylor, M.A. (teacher)
       Katie Greer, CCC-LP
       Karen Harmon, O.T.R.
       Chris Perreault, R.N.
       Karen Mathews (parent)

SOCIAL HISTORY

Kassandra Mathews is 4 years and 8 months old. She resides with her mother, Karen; her father, Wade; and her 6-year-old brother, Johnathon. Kassandra also has an 18-year-old stepsister who lives in California. Mr. Mathews is a computer operator, and Mrs. Mathews is a homemaker who devotes a great deal of her time to caring for Kassandra. The family also has relatives who live in Denver, including Kassandra’s grandmother, who is referred to as “Nanny.”

SUMMARY OF MEDICAL INFORMATION

Kassandra has been diagnosed with a rare disorder, cardio facio cutaneous syndrome. This condition is related to many health concerns. Kassandra’s status is post-ASD repair (atrial septal defect, a defect in the wall between the two upper chambers of the heart); there are concerns about kidney reflux, gastric reflux, skin conditions (eczema, allergic reactions), seizure disorder, chronic otitis media (middle ear infections) necessitating PE tubes (ventilating tubes to open the ear drum), and failure to thrive with subsequent gastrostomy tube placement for primary nutrition. She has hypotonia (low tone) in her extremities and trunk and slight flexion tightness in her shoulders, tracheomalacia (softness of the trachea, causing it to collapse), and strabismus (visual impairment in which one eye cannot focus in coordination with the other because of an imbalance of the eye muscles).

CURRENT HEALTH

During the past year Kassandra has experienced many health complications that require ongoing treatment and assessment. Kassandra continues to be susceptible to viral infections to which she is exposed in the classroom and in the community. It is important to note that Kassandra has not had chickenpox; notification of exposure must be reported to the family so protective measures can be taken. Kassandra frequently has spiked temperatures and often has ear infections. The last set of PE tubes was placed in the fall of 1994; due to an increase in ear infections, Kassandra is scheduled to have the PE tubes replaced in December.
Kassandra continues to have seizures that are under fair control with medication. She receives phenobarbital (10cc BID [twice a day]). The seizures seem to occur in association with stress (e.g., heat, teething). The seizure activity generally lasts 1–2 minutes with no breathing difficulty. Kassandra sometimes becomes very sleepy after significant seizure activity.

Kassandra has been followed by the feeding clinic staff at Children's Hospital. There have been some gaps in treatment (primarily as a result of the change in the referral process). Kassandra receives the majority of her nutrition via the G-button. She receives continuous feedings at night (70 cc/hr x 9 hours) and then receives 2–6 ounces every 3–4 hours. In September 1995, there were attempts to feed her rice cereal and/or applesauce during snack and then forgo the G-button feeding. Because of weight loss, Kassandra now needs to receive her formula throughout the day, regardless of her oral intake. Kassandra does receive 2 ounces of formula via G-button during snacktime at school. Kassandra's current weight is approximately 23 pounds. She continues to take metaclopromide for reflux.

Kassandra's parents also have concerns about allergies. There have been many unexplained skin rashes and vomiting that may be due to allergens. However, because Kassandra has ingested very little, not much has been understood about the nature of her allergies related to food intake. In the fall, while at school, Kassandra had a reaction to touching chocolate pudding. Although it had been known that she could not drink milk, this tactile exposure caused her to develop hives all over her body. Kassandra underwent allergy testing in October 1995. The results indicated significant reaction to cow's milk, egg whites, peanuts and other legumes, wheat, grass, and cat hair; there was some reaction to soybean products. Therefore, it was recommended that Kassandra's oral intake be limited to applesauce and rice cereal until more is understood. Most recently, there was a reaction (hives) to a pumpkin-carving activity. Kassandra is unable to receive the flu vaccine and is now taking Amantadine for protection from the flu. She also uses defonide cream for skin reactions.

Kassandra has been closely monitored for kidney reflux. An assessment was done in September 1995. She still takes Nitrofurantoin to control infection. There is discussion about kidney surgery, which may be scheduled in the near future.

Kassandra's hearing ability, which is followed regularly, may fluctuate as a result of ear infections. Her vision is monitored regularly; her next appointment is scheduled for January 1996. Surgery was done last summer for ptosis (drooping eyelids).

Kassandra's health is followed by a Denver General Hospital (DGH) primary care physician. Kassandra receives physical and occupational therapy at DGH on a weekly basis. Her mother stated that Kassandra was evaluated at DGH for foot orthotics, but the physical therapist believed that Kassandra walked better without them and would benefit from wearing sturdy high-topped shoes.

Kassandra is also attending the feeding clinic at Children's Hospital. Also involved in her care are a neurologist, a geneticist, a dermatologist, and heart, kidney, and allergy specialists. The Mathews family has had to coordinate many different appointments and a great deal of information resulting from these consultations.
In the future, a more in-depth assessment and further genetic testing may be conducted at The Johns Hopkins University in Baltimore, Maryland. Kassandra’s health care plan is available for classroom staff and is revised as needed. Kassandra receives G-button feedings at school. In the classroom, Tylenol is available for fevers and Benadryl is accessible in case of an allergic reaction. Several classroom staff have been trained in the G-button feeding and medication administration, both of which must be done under the supervision of a registered nurse. In addition, the staff are aware of her allergies as well as the need to monitor the potential allergens with which she may come in contact. The family is easily available via pager.

Kassandra’s attendance has been greatly affected by her illnesses, seizure activity, and numerous follow-up appointments. The family makes every attempt to have her come to school when possible. The primary concerns of Mr. and Mrs. Mathews relate to keeping Kassandra healthy, increasing her communication skills, and helping her learn to walk independently.

**DEVELOPMENTAL ASSESSMENT**

**ASSessment Method**

Kassandra was evaluated in a transdisciplinary play-based assessment (TPBA) (Linder, 1993a) session in her preschool classroom at Bradley Elementary School, an outreach classroom of Sewall Child Development Center. The TPBA process involves assessing the child in an informal play setting that contains manipulatives, representational toys, tactile and art materials, construction playthings, and gross motor equipment. Kassandra interacted with her mother and a play facilitator (the speech-language therapist who works with Kassandra in the classroom). On another day, Kassandra was videotaped in her classroom while interacting with a peer.

**DEVELOPMENTAL OBSERVATIONS**

Kassandra entered the room in her wheelchair but was able to walk with the assistance of an adult when she was removed from the chair. She appeared small for her age, and is in fact, below the 5th percentile for height and weight. At the time of the assessment, she weighed 23 pounds. Kassandra’s facial features are unusual, including widely set eyes and a small amount of fine hair. She has a ready smile and easily charms her way into interactions with the adults in the room. Kassandra’s primary method of moving around the room during the assessment was to scoot backward while sitting by pushing with her arms and legs or to scoot forward, pushing with her right hand and bearing more weight on her right hip. Mrs. Mathews reported that Kassandra also moves around the home on her elbows and knees. Kassandra has not been observed to move into the hands-and-knees position at preschool and typically resists that position. Mrs. Mathews noted that Kassandra is beginning to make more efforts to stand unsupported and to take a few steps.

Kassandra’s range of motion had been determined [prior to the TPBA] to be within normal limits in all joints, with the exception of slight shoulder flexion tightness. She has low tone throughout her extremities and trunk. In the sitting position, Kassandra demonstrated good protective and equilibrium (balance) reactions on all sides and was able to catch herself if bumped. She
Kassandra was able to move from supine to sitting by pushing up from her side. Kassandra was able to sit unsupported, typically using a ring-sit or side-sit position, with her back varying from a rounded (flexed) posture to a straight posture. In the sitting position, Kassandra was able to play with toys without using her hands for balance. She was able to roll a large ball and toss a tennis ball with two hands a distance of about 12 inches. While seated on the floor, she also rotated her body, both to the left and to the right.

During the play session, Kassandra was observed to kneel at a support and to move from half-kneeling to standing while holding the support with her hands. She was able to cruise around the sensory table and push a child-size chair across the room. Kassandra was able to stand for a few seconds without assistance, take at least three to four steps independently, and walk with one hand held for the length of a long hall (40-50 feet). Kassandra used a wide base of support while in standing posture: Her feet were placed apart and abducted (turned out), and weight bearing was on the medial or inside borders of her feet. Kassandra uses considerable control in lowering herself slowly to the floor to pick up a toy or engage in floor play. According to her mother, Kassandra moves up steps on her hands and knees and scoots down the steps in the sitting position. Kassandra was also observed to pull herself up onto a platform swing, where she was swung while seated without holding on to any supports.

Team members observed Kassandra playing with a variety of toys and materials. She was able to reach for, grasp, and connect tubes in Marble Works. She used a pincer grasp (with the pads of her index finger and thumb together) to pick up and insert marbles into the tube. Kassandra was also able to combine other objects, such as shapes in a shape box, rings on a post, and pieces in a simple, separate-piece puzzle. She was able to isolate her index finger to point and was able to use two hands together to make a sign for MORE and CATERPILLAR. Kassandra was able to point to pictures and name pictures of children from her class. She was capable of simple dramatic play, pretending to feed the doll a bottle. When given other items for the doll, such as a comb and hat, Kassandra put the hat on her own head and went to look in the mirror at herself. Her attention span was longer with activities of her choosing, such as the shape box, and shortest with drawing, which her mother reports she avoids. Kassandra made just a few marks on a paper, using a power grasp with the marker between three fingers rather than a more refined grasp. She showed delight at her various accomplishments, engaging the adult by smiling and clapping. Kassandra typically sequenced only two actions (e.g., picking up an object and putting it in or on something). Her actions and words were repetitive in nature, and modeled higher-level skills were not consistently imitated (e.g., turning over a piece so it would fit, combing the baby’s hair). The above-mentioned skills show a developmental level in fine motor and cognitive skills ranging from 12 to 36 months, with the majority of her skills falling in the 12- to 18-month and 18- to 24-month range.

In the area of adaptive (self-help) skills, Mrs. Mathews reported that Kassandra moves her arms and legs to assist in being dressed, puts on and takes off her own hat (which she always wears because of her skin sensitivities), and removes her shoes. She has recently begun saying “stinky” and holding
her nose immediately following soiling or wetting her diaper. She has also learned the routine of washing her hands at preschool. Although Kassandra is presently fed by a G-button and continues to refuse puréed food by mouth, she does sit at the table with the other children as they eat snack. The team members report that she will now tolerate having a plate with snack on it placed before her, occasionally even touching it and bringing the food to her mouth. Kassandra had begun attending the feeding clinic in the fall of 1995 but had to discontinue involvement due to her illnesses.

Kassandra's social interactions with adults differed from her interactions with peers. With adults Kassandra was more animated and initiated more verbal and physical play interactions. Kassandra thoroughly enjoyed the attention of adults and frequently initiated social and verbal exchanges with the adults in the room by saying, “Hi!” Kassandra communicated primarily through words, vocalizations, gestures, and signs. She tended to try to control the “topic” of conversation and did not always respond to the language of her communication partner. At times, Kassandra continued to repeat a word or a series of words, either to try to convey her message or to maintain her “turn” in the conversation. For example, during the assessment, Kassandra said “Daddy, Mommy, Katie, baby,” when the facilitator was trying to elicit an imitation of the word “push.” Her team reported that using words from her repertoire to engage an adult is also typical of her communication with adults in the preschool. In this way, even if the words are not related to the activity at hand, Kassandra manages to keep the adult interested.

In contrast, Kassandra’s communication with a peer in her classroom was seen to be reduced. When her peer initiated a play interaction and structured the turns, Kassandra was able to complete the stacking of rings, with the peer handing her a ring and Kassandra putting it on the post; communication was, however, minimal. Although Kassandra appeared interested in the peer, the work of engaging and maintaining interaction was left to the peer. (Because the peer observed with Kassandra is also named Cassandra, a differentiation is made in the classroom: Kassandra is called Cissy, her family’s nickname for her. Kassandra responds to both names.)

Kassandra was observed to use communication for a variety of purposes or intentions, including to greet (“hi”), to gain attention (“Katie”), to label (“babo” for bottle), to request objects (“baw”), to request an action (signed more to continue a song), to comment (“ma knee” for my knee), and to protest (vocalizes and turns away). A sample of her communication during this evaluation included the following:

dadi
mi [mine]
ma [my] knee [pointing to her knee]
knee [pointing to Katie’s knee]
[pointed to the cameraman]
gagoo
pidi dadi [pretty Katie] [no context]
ow [when ball hit her]
baw [imitated the word “ball”]
mmmmm [exerting effort]
a [imitated the word “hi”]
Kassandra's mother has generated the following list of signs and words that she has seen or heard Kassandra use at home:

<table>
<thead>
<tr>
<th>mommy</th>
<th>music</th>
<th>hop</th>
</tr>
</thead>
<tbody>
<tr>
<td>home</td>
<td>see</td>
<td>tetah</td>
</tr>
<tr>
<td>boo</td>
<td>ow</td>
<td>(aunt in Czech)</td>
</tr>
<tr>
<td>oh</td>
<td>ouch</td>
<td>repeated after parent:</td>
</tr>
<tr>
<td>bus</td>
<td>tree</td>
<td>the ABCs except</td>
</tr>
<tr>
<td>bye bye</td>
<td>pretty</td>
<td>c, f, g, h, m, n, s, u,</td>
</tr>
<tr>
<td>hi</td>
<td>girl</td>
<td>v, x, z; 1 2 3 4 5</td>
</tr>
<tr>
<td>bee</td>
<td>papa</td>
<td></td>
</tr>
<tr>
<td>all</td>
<td>Pat</td>
<td></td>
</tr>
<tr>
<td>nanny</td>
<td>boy</td>
<td></td>
</tr>
<tr>
<td>knock</td>
<td>horsey</td>
<td></td>
</tr>
<tr>
<td>go</td>
<td>Jerry</td>
<td></td>
</tr>
<tr>
<td>pop</td>
<td>key</td>
<td></td>
</tr>
<tr>
<td>apple</td>
<td>mine</td>
<td></td>
</tr>
<tr>
<td>door</td>
<td>eye</td>
<td></td>
</tr>
<tr>
<td>uh oh</td>
<td>teeth</td>
<td></td>
</tr>
<tr>
<td>m hm</td>
<td>Robin</td>
<td></td>
</tr>
<tr>
<td>Bobie (Johnathan)</td>
<td>pretty butt</td>
<td></td>
</tr>
<tr>
<td>Dee</td>
<td>big</td>
<td></td>
</tr>
<tr>
<td>ho ho</td>
<td>stop</td>
<td></td>
</tr>
</tbody>
</table>
As indicated by the communication sample shown here, Kassandra is able to produce a number of different sounds including p, b, m, d, n, and g. She also produces a variety of vowel sounds.

An oral-motor assessment could not be performed because of Kassandra's significantly reduced tolerance for the examination of her oral cavity. Historically, there have been no concerns regarding her oral structures or functioning. She is currently fed via G-button. Oral feeding has been encouraged for some time; however, it has been met with a great deal of resistance by Kassandra.

Kassandra has made significant gains in communication since her last evaluation and is now using words to communicate. Her communication skills are still, however, below age expectations. Her understanding of language is approximately at the 18- to 24-month level, as is her expressive language, although her speech sound production has not reached that level. As she practices more communicative attempts and more readily imitates modeled words, it is expected that her speech production skills will improve. An increase in communicative attempts should also assist her in increasing social interactions and cognitive, interactive play.

SUMMARY

Kassandra Mathews is a delightful girl of 4 years, 8 months, who demonstrates developmental delays in all developmental areas. She is functioning primarily in the 12- to 24-month range, with the majority of her skills falling at approximately the 18-month level. Kassandra's developmental issues are exacerbated by chronic health problems related to cardio facio cutaneous syndrome. Kassandra has made a great deal of progress during the last year and is now beginning to walk and talk. She is becoming more interested in engaging in play with objects and in interacting with adults and peers in her environment. The following recommendations are suggested to further advance her developmental gains.

RECOMMENDATIONS

HEALTH

1. Revise health care plan as needed and communicate pertinent health issues to classroom staff and transportation team.
2. Continue close communication among home, school, and various health care providers.
3. Continue with G-button feedings in the classroom and with attempts at oral feeding.
4. Monitor reactions to potential allergens in Kassandra's environment and convey information about them to the family.

DEVELOPMENT

1. Encourage Kassandra to stand unsupported and to walk independently for a few steps by placing chairs (or other furniture or people) just far
enough apart that she will feel confident in walking a few steps to reach the next chair, other furniture, or person.

2. Encourage Kassandra to engage in swing activities (on playground toddler swings or on an adult’s lap while swinging). These activities will give Kassandra more experiences with feeling movement and will help her to develop balance and postural control. Sit-on toys with springs or bouncing toys (e.g., trampolines) will increase the tone in her trunk.

3. Encourage Kassandra to propel riding toys on which she pushes with her feet on the floor, either alternately or simultaneously. This type of activity can strengthen her legs, as well as her arms and hands as she holds on to support herself as she moves along. Other activities that require her to push against resistance with her arms or legs can also be encouraged.

4. Encourage Kassandra to play with materials of a variety of textures (e.g., cotton, satin, velour, netting, papers with texture, water, beans, rice, sand).

5. Provide opportunities for Kassandra to sit in a variety of positions to play, including long-sit, side-sit, kneel-stand, and seated in a stable chair with her feet on the floor.

6. Position motivating toys so that Kassandra wants to move to get them. Arrange the toys in different positions (e.g., up, to the side, a few feet away) to require Kassandra to shift her weight to reach for them.

7. Encourage Kassandra to draw circular strokes and scribbles with a regular crayon or marker on paper placed on a vertical surface. The paper may be placed on an easel or taped to a door at eye level when she is sitting. This will encourage her to use large arm movements and to see the cause-and-effect relationship between the crayon and the mark it makes.

8. Encourage Kassandra to play with materials that require pushing and pulling with her hands. This type of play will increase hand strength. Activities that require the use of two hands (e.g., manipulating Play-Doh, tearing paper, stringing beads on a pipe cleaner, pouring from one container to another) are important for Kassandra.

9. Encourage Kassandra to relate objects that go together and to combine objects, especially objects that are used functionally in her environment (e.g., comb and hair on a doll, bowl and spoon, washcloth and dishes).

10. Encourage Kassandra to play with toys that make something happen (e.g., push buttons that make a tape recorder go, a lever or switch to activate a toy, marbles that go down a ramp).

11. Encourage Kassandra to increase to three the number of different actions she performs on a toy (e.g., pick up a Marble Works tube, add it to another, then drop in a marble).

12. Encourage Kassandra to have a conversation and to include another peer in her play. This can be facilitated by encouraging peers to imitate Kassandra’s actions and words, thus prompting Kassandra to imitate the actions and words of another, and by actively inserting a turn for each player or communicator.

13. Encourage Kassandra to identify pictures of familiar objects through imitation of words or signs.
14. Pair Kassandra with a peer who is interested in turn taking, so that Kassandra will increase social play and communication and will have an opportunity to initiate interaction.

15. Encourage Kassandra to label the objects and actions in her environment by modeling with single words or signs. Keep phrases short and provide wait time before responding to Kassandra’s vocalizations.

16. Model the use of words for various meanings (e.g., commenting, requesting information, “What’s that?”) and functions (especially to engage another in interaction [e.g., “Let’s play”]).

17. Encourage Kassandra to expand her use of tongue and lip movements in oral-motor play and her imitation of all sounds.

18. Encourage Kassandra to respond to suggestions and questions, especially “what” and “where” questions.

19. Increase tolerance of food and drink through oral intake. Make this a fun game.

20. Begin to chart times that Kassandra is wet or soiled. As she becomes fairly regular and when her doctor agrees, Kassandra may be ready to begin potty training.

This report is submitted by Toni W. Linder, Ed.D., Susan Taylor, M.A. (teacher), Katie Greer, CCC-LP, Karen Harmon, O.T.R., and Chris Perreault, R.N.
Relax . . . Engage . . . Improvise . . . Play!

A Workbook and Instructional Manual to accompany

Observing Kassandra
A Transdisciplinary Play-Based Assessment of a Child with Severe Disabilities

By Toni W. Linder, Ed.D.,
with Susan Taylor, M.A., Katie Greer, CCC-LP, Karen Harmon, O.T.R., &
Chris Perreault, R.N.

Designed for use in conjunction with its companion video, this booklet translates the visual presentation into action. Both a workbook for the "students" attending the video training sessions and an instructor's manual for the practitioners who are facilitating the classes, it follows along with the taped play-based assessment session of Kassandra, a preschooler with severe disabilities and health impairments. It guides practitioners step by step through the process of converting their observational data into a meaningful report and a useful intervention program.

Early interventionists will gain hands-on practice in:
- analyzing play sessions
- correlating observations and guidelines
- completing TPBA Summary Sheets
- developing transdisciplinary recommendations
- planning meeting agendas
- preparing formal reports

Presenting valuable practice opportunities for practitioners working with the TPBA system, this manual and the Observing Kassandra video comprise an effective and affordable means of developing proficiency in this insightful, authentic program.

ABOUT THE AUTHOR: Toni W. Linder, Ed.D., along with colleagues from various disciplines, conceived and developed the highly acclaimed Transdisciplinary Play-Based Assessment and Intervention system. She is Professor in the College of Education at the University of Denver.

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