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Case Study: JM

Subject

JM is a five years old male, he lives with his mom and dad. He is of Caucasian descent. He was born in Glendale, AZ.

Information Source

The tools used to gather information on JM were informal conversations with his parent's, data gathered during a two-day observation, and a 4 year old checklist. The informal conversations with JM's parents usually were in the form of talking to them as they picked their son up from school. I also included data gathered during an observation conducted over a two day period of watching JM while in circle time, centers/activities, work job and open play. From the two-day observation, I was able to create a checklist to bench mark my observations about JM.

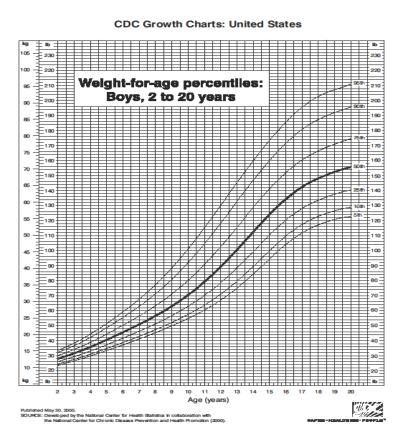
Background Information

JM is the youngest of seven children. He is one of seven siblings and half-siblings. His older brothers and sisters are so much older than JM, that they are not in the familial home. JM is the first child from this marriage, it is a second marriage for each parent. This blended family consists of four grown children from JM's mother and two grown children from JM's father. JM, is the only child left at home. He has been the only child in the house since the age of three. He has been in a Christian based school since the age of two. His father is a doctor, and his mother is a college teacher. The lead teacher in JM's classroom stated that the family is of upper middle class.

JM appears to be generally healthy and robust, he is big for his age, running on the 75th percentile for his weight according to the CDC Growth Charts. (CDC,

2000). He is the tallest and the largest child in the class. His eye sight and his hearing are were tested during his four year old physical at beginning of the 2011-2012 school year, according to his father. His physical characteristics and development tends to be more soft and rounded, not lightly muscled like the other boys in his class. I have observed that when at P.E., JM does not want to do any of the exercises that involve jumping, running or climbing. At one particular P.E. class, I asked him to follow the other children by jumping over a low bar, then jumping on a small trampoline 10 times, then jumping with his feet together, doing a "bunny hop" into three circles. He said that he was tired, his head hurt and that his feet hurt. I told him that he had to try, even if he did it differently than the other children, he at least had to try. He cried to the lead teacher, and she also told him he had to do it. He sat down with his head on his knees and said that he was not feeling well.

He is on track for most of his gross motor skills, his developmental specialists feels that he com over come most of his coordination issues with



practice and one on one direction. His gate when he runs is more of a fast amble instead of a side by side motion of a child who is truly running. His balance on climbing is not smooth, he tends to wobble and takes longer than his peers of the same age at pulling him self up. He cannot

jump forward and land with both feet together, this is one of the points that he was assessed in as having a problem by his teacher when she was doing her visual assessment of strength and coordination. "Gross Motor-Advances rapidly during preschool-Abilities are refined and strengthened :stopping, jumping, skipping, running" (Poggi, (2008), pg.7)

JM's attendance has been excellent in the three months that I have been in the classroom he has only been absent one time, this was when his grandmother was in town for a visit. His participation patterns in the classroom that I have observed, and this was confirmed by the assistant teacher, is that JM tends to participate better early in the day, he has longer attention span and can sit still for longer periods of time.

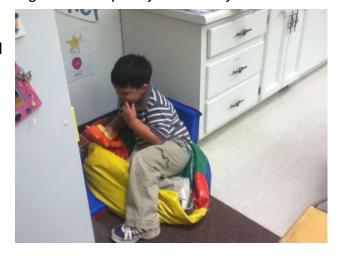
Some of JP's behavioral characteristics and performances, as noted on the checklist show that JM is still considered "continuing to develop" in several areas. These include:

- 1. Takes turns
- 2. Shows respect and right's of others property
- 3. Keeps hands to his/her self
- 4. Listens while others speak / tell a story
- 5. Is polite / courteous to other children & teachers
- 6. Helps classmates clean up when play time is over
- 7. Can Express anger in words rather than actions
- 8. Works and plays Cooperatively with other children

During one of the observation days, I saw a behavior that is typical of JM, he is easily distracted when doing his individual activities than some of his peers that I observed. He saw some of the other children at one of the other center activity tables, so he tried to take his work over to where the other children were playing together. When told to come back to the activity table he argued with the assistant teacher and myself. He eventually came back and rushed through the work job so he could go onto something else. This work job involved writing letters and numbers, then coloring them with paint and a paint brush. He is

intelligent and he was able to do the assigned work quickly and neatly. Later the

same day during Circle Time, the children were all listening to a story, I watched JM fidgeted and crawled over to the book rack and start pulling out books, the lead teacher gave him a ball to stay occupied with, he threw the ball and was asked to go to the Cozy Corner, this is a soft area for some quiet time.



From the checklist I have noted that JM is at age level for language, math and writing. JM can write out and perform simple math problems such as 2+2 = 4. He can write his first name and most of his last name. He can identify more numbers that he can write, he can count and sequence numbers and objects at age level. When I joined the class as an intern, JM was already writing his name, but with the help of a name print card. He show progress after working one on one with the developmental specialists for several weeks, he no longer needs to use his "name print card" as he did the first time I saw him write his name, these are all categorized as typical behavior.

JM's typical behavior is based on the findings from his two-day observation



and the 4 year old checklist. He is at age level for recognition of shapes, recognizing most upper and lower case letters and numbers 1 to 10, writing his first name and counting. He has a good command of sentence structure and verb usage for his age. His fine motor skills are still being worked on such as holding scissors

with the thumb up and holding his pencil correctly. The lead teacher is helping with the scissor holding by having him use scissors that have an extra hole to

encourage proper finger placement. "Skills include holding small objects, cutting, writing, tying shoes, building and puzzles." (Poggi, 2008, pg. 6).

His atypical behavior centers around his social/emotional behavior. When the developmental specialists asked his parents about the possibility of getting some intervention for JM, they stated that they did not see anything wrong with his behavior. The developmental specialists based her recommendation to JM's parents on the findings of observing him in a variety of circumstances at preschool over several months. The school director has talked to the parents and asked them what they would like to see as a consequence for JM's behavior, the parents stated that the teacher should give him one warning, one time out, then take him to the office to sit and call them. This policy is currently in place.

Developmental Performance

JM's key areas of interest are centered around artistic endeavors. I have observed that when the daily work job is coloring or drawing (a non-wet project), that JM is willing to do the activity without much direction or encouragement. On

this occasion I saw that he was very sell-directed and gathered the materials needed to complete the project by himself. He used a glue stick to glue buttons onto a "letter B" that they had just colored in with markers. He has self-control when doing a project that he enjoys, he has intense concentration



and will even describe what he is doing. JM does not like to get his hands wet or messy, on one particular project where we were using paper mache to cover an egg carton, JM said that he thought he could do the project if he could have a towel handy to wipe off the "yucky stuff", the assistant teacher sat by him and helped him wipe his hands, and he was able to finish his project without any tears. He was proud of his work!

JM's area of limitation are social/emotional, at the present time he is being observed my a developmental specialists once a week. The specialists has suggested that the teacher be more firm with JM when he acts out. She would



like to see him put in a chair, but still part of the group. Once on the chair, he is not to talk, turn around or touch anyone or anything. He does not like this, but so far it has only worked part time in keeping him self-regulated. Some of the other interventions that were tried, (holding a ball, a weighted

octopus stress reliever) only last a week or so and JM is back where he started having a hard time controlling himself around others. The chair technique is rotated with JM missing out on recess for 10 minutes.

He has great trouble with self-regulation. He is disruptive and invades personal space. During one circle time, he kept playing with the hair of one of the girls in front of him. She asked him to leave her alone, and JM said that he would, but he went right back to pulling and twisting her hair. The little girl finally moved away, after the story she told JM that she did not like that he didn't listen to her. He apologized after being told to by the teacher. JM's overall personality/temperament is that of an outgoing child, but he is most comfortable if he is in control of a given situation. He likes to be in charge, he often tries to insinuate himself into the games of others. One day he was observed on the playground sitting near a group of his classmates. Before long the children were saying that JM had come into their group uninvited and stated that it was now *his* game. He was told by the teacher to sit on the outside of the group until he was invited in. "Moral development refers to changes in people's sense of justice and of what is right and wrong, and in their behavior related to moral issues." (Feldman,(2010), pg. 246).

Conclusion and Recommendations

JM is at age level for reading, writing and language. He is a little behind on fine motor (holding a pencil, using scissors correctly), the teacher and his developmental specialists is working with him on this. JM has some problems with self-regulate for a specific period of time, his attention span is also very short with the exception of artistic endeavors (arts, crafts and music). He understands the social situations that demand him to sit quietly, but he does not. He is aware that certain circumstances demand certain types of behavior, but he is easily distracted and he often misses instructions or misses out on a story that is being read during center time or activity.

My recommendations are the continued monitoring of JM's social/emotion skills as he moves forward into kindergarten. I feel that being in a more structured environment will benefit JM. Involving the parents, and documenting his behavior will keep the family in the loop and give them a realistic view at their sons social/emotional developmental tendencies. The kindergarten teacher may be better able to decide if JM needs to be tested for an IEP based on his social/emotional, if the parents consent. Some suggestions that I have made to the family, are that they can be shown exercises that can be extended into the familial home from preschool on how to bring him down when he gets to over stimulated. I would also recommend some form of organized physical activity for JM that is age appropriate to help with coordination and large motor group strengthening. The parents are on board with keeping up JM challenged during the summer by playing some educational games together as a family. I recommend that these games have rules and boundaries that can be easily met as a way to help JM understand outcome and consequences.

References

CDC Growth Charts: *Children (Male/Female) Center for Disease Control*: National Center for Health Statistics (2000).

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