

THE INFANT BEHAVIORAL ASSESSMENT AND INTERVENTION PROGRAM (IBAIP[®])

**An Education and Training Program for Health Care
and Early Intervention Professionals**

DATA ENTRY MANUAL[®]



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PRIMARY AUDIENCE

The Data Entry Manual[®] is intended for use by those individuals who have received instruction and certification in the administration of the Infant Behavioral Assessment (IBA[®]) and the Neurobehavioral Curriculum for Early Intervention (NCEI[®]). This instructional manual was developed to assist those certified in the training components of the Infant Behavioral Assessment and Intervention Program (IBAIP[®]) to enter data into the IBAIP Data Entry Website[®] (www.ibaip.org).

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BEFORE YOU BEGIN:

SPECIAL CONSIDERATIONS

- a. **Data Entry Practice:** **It is highly recommended that you practice using the three records (Demographic, IBA, and IFSP), by entering “pretend data” into these records.** To practice, simply type in the **PASSWORD** on the Log On screen in the User ID and Password boxes that are provided. This will allow you to access each of the records and practice entering data into each of them. As long as you are logged in with the **PASSWORD** all of your “practice mistakes” will be automatically cleared.
- b. **The Tab Key:** allows you to jump from one field to the next once you are in a particular record. **If you accidentally hit Enter/Return, while you are entering data, it will automatically enter (Add) that record. If this happens, you will need to add the record again, as you have submitted an incomplete record.**
- c. **Entering Dates:** The records (Demographic, IBA, and IFSP) will ask you for dates. **These must be entered as two digit fields: MM/DD/YY. For example: 6/9/04 should be entered as: 06/09/04.**
- d. **IBAIP Subject Inclusion Requirements:** Each child that you select (up to five children) should meet the IBAIP Inclusion Requirements: 1) The infant’s chronological age is between birth to six months of age, and/or 2) the infant may have a higher chronological age, but is functioning at a developmental level within the birth-six month age range. Please select children on your caseload, that you are confident, you will be following for at least 3/4 of the year. This ensures that we will have a least 3 data points on each child’s IFSP.
- e. **Entering IBA Data: Frequency of Input:** If at all possible, it would be helpful if you could administer one IBA per week on each child that you are following. **These do not have to be written up as formal reports.** We would like to have as much information on the child’s neurobehavioral progress as possible. If you only see the child every other week, that’s fine. Just administer the IBA then.
- f. **Helpful Hint: Text Size.** Once you have logged into one of the records, you may wish to increase the size of the text (to avoid eye strain). Simply **CLICK ON: View** on your tool bar. Then **CLICK ON: Text Size.** This will give you a range of text sizes in which to choose from. **CLICK ON** one of them (i.e., Larger or Largest).

THE DEMOGRAPHIC RECORD[©]

THE DEMOGRAPHIC RECORD

IBA Online Database, DEMOGRAPHIC RECORD: Add a New Record	
Add a New Demographic Record	
Please fill out the form, then click on the "Add Record" button at the bottom of the page.	
Subject Number:	<input style="width: 100%;" type="text"/>
Date of Entry:	<input style="width: 100%;" type="text" value="06-Sep-2004"/>
Enrollment Date:	<input style="width: 100%;" type="text"/>
Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
Birthdate:	<input style="width: 100%;" type="text"/>
Gestational Age:	<input style="width: 50%;" type="text"/> Weeks <input style="width: 50%;" type="text"/> Days
Birthweight in Grams:	<input style="width: 100%;" type="text"/>
Birthweight:	<input style="width: 50%;" type="text"/> lbs <input style="width: 50%;" type="text"/> oz
Ethnicity:	<input type="checkbox"/> 01 Asian <input type="checkbox"/> 02 African American <input type="checkbox"/> 03 Caucasian <input type="checkbox"/> 04 Hispanic <input type="checkbox"/> 05 Native American <input type="checkbox"/> 06 Multi Racial <input type="checkbox"/> 07 Pacific Islander <input type="checkbox"/> 08 Other
Other Ethnicity:	<input style="width: 100%;" type="text"/>
Mother's Age:	<input style="width: 100%;" type="text"/>
Mother's Occupation:	<input style="width: 100%;" type="text"/>
Mother's Education:	<input type="checkbox"/> Less than 12 years <input type="checkbox"/> 12 years (High School Graduate) <input type="checkbox"/> 13 years <input type="checkbox"/> 14 years <input type="checkbox"/> 15 years <input type="checkbox"/> 16 years (University Graduate) <input type="checkbox"/> 17 years <input type="checkbox"/> 18 years (MA, MS, MEd) <input type="checkbox"/> PhD
Father's Age:	<input style="width: 100%;" type="text"/>
Father's Occupation:	<input style="width: 100%;" type="text"/>

Father's Education:	<input type="checkbox"/> Less than 12 years <input type="checkbox"/> 12 years (High School Graduate) <input type="checkbox"/> 13 years <input type="checkbox"/> 14 years <input type="checkbox"/> 15 years <input type="checkbox"/> 16 years (University Graduate) <input type="checkbox"/> 17 years <input type="checkbox"/> 18 years (MA, MS, MEd) <input type="checkbox"/> PhD
Child's Living Arrangement:	<input type="checkbox"/> 01 Mother/Father <input type="checkbox"/> 02 Mother/Father/Extended Family <input type="checkbox"/> 03 Single Mother <input type="checkbox"/> 04 Single Father <input type="checkbox"/> 05 Single Mother/Extended Family <input type="checkbox"/> 06 Single Father/Extended Family <input type="checkbox"/> 07 Extended Family <input type="checkbox"/> 08 Foster Caregivers
Parity (i.e., Birth Order):	<input type="checkbox"/> 01 First Born <input type="checkbox"/> 02 Second <input type="checkbox"/> 03 Third <input type="checkbox"/> 04 Fourth <input type="checkbox"/> 05 Fifth <input type="checkbox"/> 06 Sixth
Number of siblings:	<input type="text"/>
Number of siblings living in home:	<input type="text"/>
Number of siblings living outside of home:	<input type="text"/>
Number of siblings with a disability:	<input type="text"/>
Medical History:	<input type="checkbox"/> 01 Prematurity <input type="checkbox"/> 02 Very Low Birthweight <input type="checkbox"/> 03 IUGR <input type="checkbox"/> 04 Perinatal Asphyxia <input type="checkbox"/> 05 BPD <input type="checkbox"/> 06 Genetic Abnormality/ Significant Dysmorphology <input type="checkbox"/> 07 Short Bowel Syndrome <input type="checkbox"/> 08 Meningitis <input type="checkbox"/> 09 Grade II-IV IVH <input type="checkbox"/> 10 TORCH

	<input type="checkbox"/> 11 Seizure Disorder <input type="checkbox"/> 12 Developmental Delay <input type="checkbox"/> 13 Cerebral Palsy <input type="checkbox"/> 14 Low/High Tone <input type="checkbox"/> 15 Vision/Hearing Impairment <input type="checkbox"/> 16 Foster Caregivers
Other Medical History:	<input type="text"/>
Community Services:	<input type="checkbox"/> 01 None <input type="checkbox"/> 02 Developmental Therapy Services <input type="checkbox"/> 03 Day Care <input type="checkbox"/> 04 Other
Other Community Services:	<input type="text"/>

[| Log Off |](#)

Database Powered by [Gossamer Threads Inc.](#)




INSTRUCTIONS FOR ADDING A NEW DEMOGRAPHIC RECORD

*****Please Note:** You must enter a Demographic Record for each child. This record must be submitted before any other record (i.e., IBA, IFSP) is submitted. Enter this information only once for each child (i.e., do not update information on this record).

1. Log On to the Internet
2. Go to the IBAIP Webpage[®] by typing in the following address: <http://www.ibaip.org>

THE INFANT BEHAVIORAL ASSESSMENT AND INTERVENTION PROGRAM (IBAIP[®])

An Education and Training Program for Health Care
and Early Intervention Professionals



- [IBAIP Program Guide[®]](#) (Available for downloading)
- [IBAIP Newsletter[®]](#)
- [The Infant Behavioral Assessment \(IBA\) Training Manual[®]](#)
- [Neurobehavioral Curriculum[®]](#)
- [Holding Parents Holding Their Baby[®]](#)
- [IBAIP Data Entry Records[®]](#) (Members Only)

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3. **CLICK ON:** IBAIP Data Entry Records[®] (Members Only)

4. This will take you to a screen entitled: “**IBAIP Data Entry Site**®.” This screen lists the following components:

IBAIP Data Entry Site®

The Demographic Record

The IBA Record

The IFSP Record

The IFSP Record Key

Data Entry Manual

Return to the IBAIP Main Page

CLICK ON: The Demographic Record.

5. **REMEMBER:** For each child you must enter a demographic record. This information is entered only **once per child** (i.e., **do not** update information on this record).

6. This will take you to a screen entitled: **Demographic Log On.**

IBA Online Database, DEMOGRAPHIC RECORD: Login

Demographic Log On

Welcome! You need to have an active account to access IBA Online Database, DEMOGRAPHIC RECORD.

User ID:

Password:

a. Type in your **USER ID** in the box provided.

b. Type in your **PASSWORD** in the box provided.

c. **CLICK ON: Log On**

7. You should now be at a screen entitled: **Demographic Record Main Menu.**



CLICK ON: Add

8. A screen entitled, “Add a New Demographic Record,” will appear.

IBA Online Database, DEMOGRAPHIC RECORD: Add a New Record

Add a New Demographic Record

Please fill out the form, then click on the "Add Record" button at the bottom of the page.

Subject Number:	<input type="text"/>
Date of Entry:	<input type="text" value="06-Sep-2004"/>
Enrollment Date:	<input type="text"/>
Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
Birthdate:	<input type="text"/>

9. Type in the child’s assigned **Subject Number**.

10. Type in the **Enrollment Date**. The **Enrollment Date** is the date that the child was entered into the program. **REMEMBER:** All dates must be entered as two digit fields: MM/DD/YY (e.g., 6/9/04, should be entered as 06/09/04).

11. Proceed to type in text and/or check the appropriate box(es) for the information that is requested on this form. If you should make a mistake (i.e., checking the wrong box) simply **CLICK** on the box and the check-mark will be removed.

SPECIAL CONSIDERATIONS

a. **Ethnicity:** Check only one box. If the ethnicity of the child is not listed, check box: **08 Other**. Type in the child's ethnicity in the space provided in: Other Ethnicity.

b. Check only one box for the following categories:

Mother's Education
Father's Education
Child's Living Arrangement
Parity (Birth Order)

c. **Medical History:** Check all the boxes that apply. If there are additional medical characteristics or diagnoses that are not listed under this category, type this information into the space provided for: Other Medical History.

d. **Community Services:** Check all the boxes that apply. If there are other services that the child is receiving, that are not listed under this category, check box: **04 Other**, and then type in the other service(s) the child may be receiving in: Other Community Services.

12. **Please check your work before submitting this document. Once you have submitted the Demographic Record, it is automatically added to the IBAIP Data Base. It cannot be retrieved.**

13. Once you have checked the Demographic Record and are confident that you have filled in all the categories appropriately, **CLICK ON: Add Record**, located at the bottom of the page.

14. **Demographic Record Added:** Once you have **CLICKED ON: Add Record**, one of two screens will appear:

a. If you have entered all the information onto the Demographic Data Entry Screen correctly, the following screen will appear:

BA Online Database, DEMOGRAPHICS: Record Added	
Record Added	
The following record was successfully added to the database:	
ID:	111
Entered by (Userid):	bob
Subject Number:	102
Date:	20-Aug-2004
Enrollment Date:	02-May-2004
Sex:	M
Birthdate:	15-Feb-2004

b. **Error Message:** If you have left out critical information, an **Error Screen** will appear: **“Error: Unable to Add Record.”** This screen will direct you to fill in the missing information. Please see the example provided below.

Error: Unable to Add Record	
There were problems with the following fields:	
<ul style="list-style-type: none"> • subnum (Can not be left blank) • dmenrol (Can not be left blank) • dmbdate (Can not be left blank) 	
Please fix any errors and submit the record again.	
Subject Number:	<input type="text"/>
Date of Entry:	20-Aug-2004
Enrollment Date:	<input type="text"/>
Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
Birthdate:	<input type="text"/>

Error Screen Key: subnum = Subject Number
dmenrol = Enrollment Date
dmbdate = Birthdate

Simply type in the information that the **Error Screen** is requesting (e.g., Subject Number) and then proceed to **CLICK ON: Add Record**, at the bottom of the page. You should then see a screen that indicates that the Demographic Record was successfully added: “**Record Added.**” You may now **CLICK ON: Log Off**, if you are finished. This will take you back to the **IBAIP Data Entry Site**[®]. If you wish to add a Demographic Record for another child, **SEE # 15**, below.

15. **Adding Several Demographic Records**: After successfully submitting one Demographic Record (as indicated by the screen that states: “**Record Added**”), simply **CLICK ON: Add**, at the bottom of the page. This will reset the Demographic Data Entry Screen and will allow you to enter a Demographic Record for another child. Proceed, following the directions provided (i.e., #9—>#14 above). **REMEMBER: You will enter one Demographic Record once, per child. Do not update this form.**

THE IBA RECORD[©]

THE IBA RECORD

IBA online database, IBA Record: Add a New IBA Record

Add a new IBA Record

Please fill out the form, then click on the "Add Record" button at the bottom of the page.

Subject Number:	<input type="text"/>	
Date of Entry:	<input type="text" value="06-Sep-2004"/>	
Child's Birthdate:	<input type="text"/>	
Gestational Age in Weeks:	<input type="text"/>	
Observation Number:	<input type="text"/>	
Observation Date:	<input type="text"/>	
Time Started:	<input type="text"/>	
Time Stopped:	<input type="text"/>	
Time Elapsed in Minutes:	<input type="text"/>	
Chronological Age:	<input type="text"/> Months	<input type="text"/> Days
Corrected Age:	<input type="text"/> Months	<input type="text"/> Days
Name of Rater:	<input type="text"/>	
Name of Co-rater:	<input type="text"/>	
Name of Interactor:	<input type="text"/>	
Situation:	<input type="text"/>	
Video or Live:	<input type="radio"/> V <input type="radio"/> L	
Time Since Last Fed:	<input type="text"/> Hours	<input type="text"/> Minutes
Time Since Last Slept:	<input type="text"/> Hours	<input type="text"/> Minutes
Disposition:	<input type="text" value="-"/>	
Environment		
Light:	<input type="text" value="-"/>	
Sound:	<input type="text" value="-"/>	
Activity:	<input type="text" value="-"/>	
Attenuating Factors:	<input type="text"/>	

AUTONOMIC/VISCERAL		
Color		
	Pink	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Mottled	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Pale	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Red	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Dusky	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Respiration		
	*Stable	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Yawn	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Sigh	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Irregular	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Sneeze	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Cough	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Hiccough	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Gasp	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Pause	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Visceral		
	*Stable	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Burp	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Spit Up	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	BM Grunt	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Gag	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Elimination	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Vomit	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Neurophysiological		
	*Stable	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Tremor	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Twitch	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Startle	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Seizure	<input checked="" type="radio"/> 0 <input type="radio"/> 1
MOTOR		
Head		
	Orients	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Lowering	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Headshake	<input checked="" type="radio"/> 0 <input type="radio"/> 1
	Maximal Head Turn	<input checked="" type="radio"/> 0 <input type="radio"/> 1

Trunk/Extremities	
Well-Regulated Tone	<input type="radio"/> 0 <input type="radio"/> 1
Stilling	<input type="radio"/> 0 <input type="radio"/> 1
Tuck	<input type="radio"/> 0 <input type="radio"/> 1
Immobility	<input type="radio"/> 0 <input type="radio"/> 1
Squirm	<input type="radio"/> 0 <input type="radio"/> 1
Pull Away	<input type="radio"/> 0 <input type="radio"/> 1
Flaccid	<input type="radio"/> 0 <input type="radio"/> 1
Arching	<input type="radio"/> 0 <input type="radio"/> 1
Arms	
Reach	<input type="radio"/> 0 <input type="radio"/> 1
Well-Regulated Tone	<input type="radio"/> 0 <input type="radio"/> 1
Smooth Movement	<input type="radio"/> 0 <input type="radio"/> 1
Arm Over Face	<input type="radio"/> 0 <input type="radio"/> 1
ATNR	<input type="radio"/> 0 <input type="radio"/> 1
Stop	<input type="radio"/> 0 <input type="radio"/> 1
Bow	<input type="radio"/> 0 <input type="radio"/> 1
Airplane	<input type="radio"/> 0 <input type="radio"/> 1
Flaccid	<input type="radio"/> 0 <input type="radio"/> 1
Straighten w/Tension	<input type="radio"/> 0 <input type="radio"/> 1
Shoulder Retraction	<input type="radio"/> 0 <input type="radio"/> 1
Hands	
Grasp	<input type="radio"/> 0 <input type="radio"/> 1
Resting	<input type="radio"/> 0 <input type="radio"/> 1
Holding On	<input type="radio"/> 0 <input type="radio"/> 1
Hand to Midline	<input type="radio"/> 0 <input type="radio"/> 1
Hand to Mouth	<input type="radio"/> 0 <input type="radio"/> 1
Groping:	<input type="radio"/> 0 <input type="radio"/> 1
Hand on Stomach	<input type="radio"/> 0 <input type="radio"/> 1
Self-Clasp	<input type="radio"/> 0 <input type="radio"/> 1
Hand on Head	<input type="radio"/> 0 <input type="radio"/> 1
Finger Extension	<input type="radio"/> 0 <input type="radio"/> 1
Finger Splay	<input type="radio"/> 0 <input type="radio"/> 1
Fisting	<input type="radio"/> 0 <input type="radio"/> 1

Legs	
Well-Regulated Tone	<input type="radio"/> 0 <input type="radio"/> 1
Smooth Movement	<input type="radio"/> 0 <input type="radio"/> 1
Bracing	<input type="radio"/> 0 <input type="radio"/> 1
Toe Grasp	<input type="radio"/> 0 <input type="radio"/> 1
Foot Clasp	<input type="radio"/> 0 <input type="radio"/> 1
Toe Splay	<input type="radio"/> 0 <input type="radio"/> 1
Flaccid	<input type="radio"/> 0 <input type="radio"/> 1
Sitting on Air	<input type="radio"/> 0 <input type="radio"/> 1
Straighten w/Tension	<input type="radio"/> 0 <input type="radio"/> 1
STATE	
Deep Sleep	<input type="radio"/> 0 <input type="radio"/> 1
Light Sleep	<input type="radio"/> 0 <input type="radio"/> 1
Drowsy	<input type="radio"/> 0 <input type="radio"/> 1
Diffuse Alert	<input type="radio"/> 0 <input type="radio"/> 1
Alert	<input type="radio"/> 0 <input type="radio"/> 1
Interactive Alert	<input type="radio"/> 0 <input type="radio"/> 1
Active Alert	<input type="radio"/> 0 <input type="radio"/> 1
Hyperalert	<input type="radio"/> 0 <input type="radio"/> 1
Cry	<input type="radio"/> 0 <input type="radio"/> 1
ATTENTION/INTERACTION	
Eyes	
Facing Gaze	<input type="radio"/> 0 <input type="radio"/> 1
Directed Gaze	<input type="radio"/> 0 <input type="radio"/> 1
Brow Raising	<input type="radio"/> 0 <input type="radio"/> 1
Animate Locking	<input type="radio"/> 0 <input type="radio"/> 1
Inanimate Locking	<input type="radio"/> 0 <input type="radio"/> 1
Hand Gaze	<input type="radio"/> 0 <input type="radio"/> 1
Brow Lowering	<input type="radio"/> 0 <input type="radio"/> 1
Blink	<input type="radio"/> 0 <input type="radio"/> 1
Clench	<input type="radio"/> 0 <input type="radio"/> 1
Upward Gaze	<input type="radio"/> 0 <input type="radio"/> 1
Expression	
Smile	<input type="radio"/> 0 <input type="radio"/> 1
Ooh Face	<input type="radio"/> 0 <input type="radio"/> 1
Facial Brightening	<input type="radio"/> 0 <input type="radio"/> 1
Sober	<input type="radio"/> 0 <input type="radio"/> 1

Lip Compression	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Wary	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Frown	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Pout	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Grimace	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Ugh Face	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Gape Face	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Cry Face	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Oral	
*Neutral	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Sucking	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Mouthing	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Tongue Show	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Suck Search	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Drooling	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Tongue Extension	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Jaw Extension	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Vocal	
Pleasurable	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Silent	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Undifferentiated	<input checked="" type="radio"/> 0 <input type="radio"/> 1
Protest	<input checked="" type="radio"/> 0 <input type="radio"/> 1

Add Record

| [Log Off](#) |

Database Powered by [Gossamer Threads Inc.](#)




INSTRUCTIONS FOR ADDING A NEW IBA RECORD

1. Log On to the Internet
2. Go to the IBAIP Webpage[®] by typing in the following address: <http://www.ibaip.org>

**THE INFANT BEHAVIORAL ASSESSMENT
AND INTERVENTION PROGRAM (IBAIP[®])**

**An Education and Training Program for Health Care
and Early Intervention Professionals**



- [IBAIP Program Guide[®]](#) (Available for downloading)
- [IBAIP Newsletter[®]](#)
- [The Infant Behavioral Assessment \(IBA\) Training Manual[®]](#)
- [Neurobehavioral Curriculum[®]](#)
- [Holding Parents Holding Their Baby[®]](#)
- [IBAIP Data Entry Records[®]](#) (Members Only)

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3. **CLICK: IBAIP Data Entry Records[®] (Members Only)**

4. This will take you to a screen entitled: “**IBAIP Data Entry Site**®.” This site lists the following components:

IBAIP Data Entry Site®

The Demographic Record
The IBA Record
The IFSP Record
The IFSP Record Key
Data Entry Manual
Return to the IBAIP Main Page

5. **CLICK ON: The IBA Record.**

6. A screen entitled, “**IBA Log On,**” will appear.

IBA online database, IBA Record: Login

IBA Log On

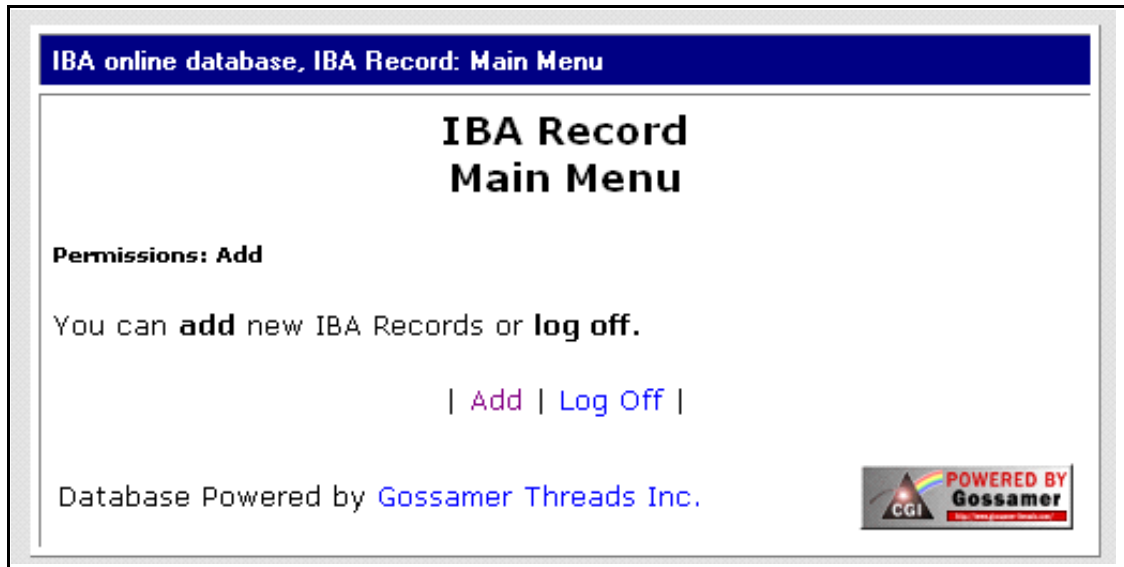
Welcome! You need to have an active account to access IBA online database, IBA Record.

User ID:

Password:

- a. Type in your **USER ID** in the box provided.
- b. Type in your **PASSWORD** in the box provided.
- c. **CLICK ON: Log On**

7. You should now be at a screen entitled: **IBA Record Main Menu**.



CLICK ON: Add

8. A screen entitled, “**Add a New IBA Record**,” will appear.

IBA online database, IBA Record: Add a New IBA Record

Add a new IBA Record

Please fill out the form, then click on the "Add Record" button at the bottom of the page.

Subject Number:	<input type="text"/>
Date of Entry:	<input type="text" value="06-Sep-2004"/>
Child's Birthdate:	<input type="text"/>
Gestational Age in Weeks:	<input type="text"/>
Observation Number:	<input type="text"/>
Observation Date:	<input type="text"/>

9. Type in the child’s assigned **Subject Number**. The first part of this screen requests information that can be obtained from the IBA Observational Record (on the backside of the IBA). Please type in the information that is requested.

SPECIAL CONSIDERATIONS

- a. **Observation Number:** You will need to keep track of the chronological sequence in which the child's IBAs were conducted. You may do this by simply numbering the IBAs as you conduct an observation or adding it to the IBA Record provided for you at the end of this section, page 28.
- b. For the **Disposition, Light, Sound, and Activity Categories**, a pull down window has been provided. Simply **CLICK ON** the **Inverted Triangle** next to the box corresponding to each of these categories. A set of numbers will appear ranging from #1 -> #6. **CLICK ON** the number that best reflects the child's predominant **Disposition** and environmental factors (i.e., **Light, Sound, and Activity** level). Definitions for each of these numerals (i.e., #1-#6) can be found in your IBA Training Manual[®] in Appendix D. A copy of these definitions has been provided for you at the end of this section, page 27.
- c. **Entering IBA Data: Frequency of Input:** If at all possible, it would be helpful if you could administer one IBA per week on each child that you are following. **These do not have to be written up as formal reports.** We would like to have as much information on the child's neurobehavioral progress as possible. If you only see the child every other week, that's fine. Just administer the IBA at that time.

10. **IBA Data Entry Example:** After you have filled in the information from the IBA Observational Record, you will now proceed to fill in the behaviors that you have recorded on your IBA. All the behaviors on this screen are listed as they appear on the IBA. Next to each behavior you will find a filled circle (●) with the number “0” next to it and an unfilled circle (○) with the number “1” next to it. For example:

AUTONOMIC/VISCERAL

Color

Pink: ● 0 ○ 1
Mottled: ● 0 ○ 1
Pale: ● 0 ○ 1
Red: ● 0 ○ 1
Dusky: ● 0 ○ 1

In the example above, all of the behaviors have been checked as “0.” **This is the case for all the behaviors on the IBA Data Entry Screen.** To indicate that the child has been observed to have Pink, Mottled, and Red colorations, during the course of your observation, simply move your cursor to the circle next to the number “1” and **CLICK ON** it. For example:

Pink: ○ 0 ● 1
Mottled: ○ 0 ● 1
Pale: ● 0 ○ 1
Red: ○ 0 ● 1
Dusky: ● 0 ○ 1

So, in summary, all the behaviors on the IBA data entry screen have been checked as “0,” as if you did not observe these behaviors. To indicate what behaviors that you have observed, simply move your cursor to the circle next to the number “1” and **CLICK ON** it.

SPECIAL CONSIDERATIONS

a. **Vocal:** In the **Vocal** category (under **ATTENTION/INTERACTION**), a new behavior has been added: “**Silent.**” Select this behavior **only if you did not hear any sounds from the infant during the course of the observation (i.e., Pleasurable, Undifferentiated, Protest).**

11. **Please check you work before submitting this Record. Once you have submitted this IBA Record, it is automatically added to the IBAIP Data Base[®]. You cannot retrieve this record once it has been submitted.**

12. Once you have checked the IBA Record and are confident that you have filled in all the categories appropriately, **CLICK ON: Add Record**, at the bottom of the page.

13. **IBA Record Added:** Once you have **CLICKED ON: Add Record**, one of two screens will appear:

a. If you have entered all the information onto the IBA Data Entry Screen correctly, the following screen will appear:

Record Added	
The following record was successfully added to the database:	
Record ID:	97
Data entered by(Userid):	bob
Subject Number:	102
Date of Entry:	20-Aug-2004
Child's Birthdate:	02-May-2004
Gestational Age in Weeks:	36
Observation Number:	15

b. Error Message: If you have left out critical information, an **Error Screen** will appear: **“Error: Unable to Add Record.”** This screen will direct you to fill in the missing information. Please see the example provided below:

IBA online database, IBA: Error: Unable to Add Record		
Error: Unable to Add Record		
There were problems with the following fields:		
<ul style="list-style-type: none"> • subnum (Can not be left blank) • ibbdate (Can not be left blank) • ibgest (Can not be left blank) • ibobnum (Can not be left blank) • ibobdate (Can not be left blank) 		
Please fix any errors and submit the record again.		
Subject Number:	<input type="text"/>	
Date of Entry:	<input type="text" value="20-Aug-2004"/>	
Child's Birthdate:	<input type="text"/>	
Gestational Age in Weeks:	<input type="text"/>	
Observation Number:	<input type="text"/>	
Observation Date:	<input type="text"/>	

Error Screen Key

subnum = Subject Number ibobnum = Observation Number
 ibbdate = Child's Birthdate ibodate = Observation Date
 ibgest = Gestational Age in Weeks

Simply type in the information that the **Error Screen** is requesting (e.g., Subject Number) and then proceed to **CLICK ON: Add Record**, at the bottom of the page. You should then see a screen that indicates that the IBA Record was successfully added: **“Record Added.”** You may now **CLICK ON: Log Off**, if you are finished. This will take you back to the **IBAIP Data Entry Site**® If you wish to add more IBA Records for the same child, or a different child, **SEE #14 BELOW.**

14. **Adding Several IBA Records**: After successfully submitting one IBA Record (as indicated by the screen that states: “**Record Added**”), simply **CLICK ON: Add**, at the bottom of the page. This will reset the IBA Data Entry Screen and allows you to enter another record of the same child and/or a new child’s IBA Record. Proceed, following #9—>#14 above.

Additional Materials for IBA Data Entry

- **Predominant Disposition and Environmental Factors**
- **IBA Log Forms**

Predominant Disposition and Environmental Factors

<u>Disposition</u>	1	2	3	4	5	
	Lethargic/ Flat		Sunny Optimum		Fussy/ Irritable	6 Too variable to rate "Skittish"
<u>Light</u>	1	2	3	4	5	
						6 Too variable to rate "Skittish"
<u>Sound</u>	1	2	3	4	5	
	Low		Moderate		High	6 Too variable to rate "Skittish"
<u>Activity Level</u>	1	2	3	4	5	
	Low		Moderate		High	6 Too variable to rate "Skittish"

Further descriptions of environmental factors:

1. Light
 - Low: Purposely dimmed to accommodate the infant.
 - Moderate: Normal indirect lighting.
 - High: Bright overhead lighting (e.g., clinic lighting).
 - To Variable to Rate: Extreme ratings below and above #3 occurring simultaneously during course of observation.

2. Sound
 - Low: Quiet, no extraneous sound in background or foreground.
 - Moderate: Background sound (e.g., television, siblings in another room, another interventionist present).
 - High: Foreground sound (e.g., television and radio on, other children/adults present, conversation level high).
 - To Variable to Rate: Extreme ratings below and above #3 occurring simultaneously during course of observation.

3. Activity Level
 - Low: Ideal, only parent and interactor present.
 - Moderate: Another observer present, minimal movement.
 - High: Considerable movement in the room (e.g., other children playing in the room).
 - To Variable to Rate: Extreme ratings below and above #3 occurring simultaneously during the course of observation.

IBA[®] LOG

Interventionist's Name: _____

Subject Number: _____

OBSERVATION DATE	OBSERVATION DATE
1.	25.
2.	26.
3.	27.
4.	28.
5.	29.
6.	30.
7.	31.
8.	32.
9.	33.
10.	34.
11.	35.
12.	36.
13.	37.
14.	38.
15.	39.
16.	40.
17.	41.
18.	42.
19.	43.
20.	44.
21.	45.
22.	46.
23.	47.
24.	48.

IBA[®] LOG

Interventionist's Name: _____

Subject Number: _____

OBSERVATION DATE	OBSERVATION DATE
1.	25.
2.	26.
3.	27.
4.	28.
5.	29.
6.	30.
7.	31.
8.	32.
9.	33.
10.	34.
11.	35.
12.	36.
13.	37.
14.	38.
15.	39.
16.	40.
17.	41.
18.	42.
19.	43.
20.	44.
21.	45.
22.	46.
23.	47.
24.	48.

IBA[®] LOG

Interventionist's Name: _____

Subject Number: _____

OBSERVATION DATE	OBSERVATION DATE
1.	25.
2.	26.
3.	27.
4.	28.
5.	29.
6.	30.
7.	31.
8.	32.
9.	33.
10.	34.
11.	35.
12.	36.
13.	37.
14.	38.
15.	39.
16.	40.
17.	41.
18.	42.
19.	43.
20.	44.
21.	45.
22.	46.
23.	47.
24.	48.

IBA[®] LOG

Interventionist's Name: _____

Subject Number: _____

OBSERVATION DATE	OBSERVATION DATE
1.	25.
2.	26.
3.	27.
4.	28.
5.	29.
6.	30.
7.	31.
8.	32.
9.	33.
10.	34.
11.	35.
12.	36.
13.	37.
14.	38.
15.	39.
16.	40.
17.	41.
18.	42.
19.	43.
20.	44.
21.	45.
22.	46.
23.	47.
24.	48.

IBA[®] LOG

Interventionist's Name: _____

Subject Number: _____

OBSERVATION DATE	OBSERVATION DATE
1.	25.
2.	26.
3.	27.
4.	28.
5.	29.
6.	30.
7.	31.
8.	32.
9.	33.
10.	34.
11.	35.
12.	36.
13.	37.
14.	38.
15.	39.
16.	40.
17.	41.
18.	42.
19.	43.
20.	44.
21.	45.
22.	46.
23.	47.
24.	48.

THE IFSP RECORD[©]

THE IFSP RECORD

IFSP Record: Add a New Record

Add a New IFSP Record

This is a three-page form, please fill out this first page, then click "continue" at the bottom of the page and proceed to page two.

Subject Number:	<input style="width: 60%;" type="text"/>
Date of Entry:	<input style="width: 60%;" type="text" value="06-Sep-2004"/>
Current Program:	<input style="width: 60%;" type="text"/>

Objective by Domain:	Developmental Progress	Environment	Motor	Cue Matched
Cognition:				
COG1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG6:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG7:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG8:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Objective by Domain:	Developmental Progress	Environment	Motor	Cue Matched
Communication:				
COM1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM6:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM7:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM8:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

| [Log Off](#) |

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Continue adding page 2

Fill out this second page and then click "continue" at the bottom

Objective by Domain:	Developmental Progress	Environment	Motor	Cue Matched
Gross Motor:				
GM1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM6:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM7:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM8:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Objective by Domain:	Developmental Progress	Environment	Motor	Cue Matched
Fine Motor:				
FM1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM6:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM7:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM8:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[| Log Off |](#)

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Continue adding page 3

Fill out this third page and then click "Add Record" at the bottom

Objective by Domain:	Developmental Progress	Environment	Motor	Cue Matched
Social:				
SOC1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SOC2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SOC3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SOC4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SOC5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Self-Help:				
SH1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SH2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SH3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SH4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SH5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments: <input type="text"/>				
Current Overall Self-Regulatory Competence:				<input type="checkbox"/> Optimal <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Minimal
Were new assessment data obtained this quarter?				<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, please update Bayley (BSID) or other assessment information:				
Bayley (BSID)				
Bayley Date:	<input type="text"/>			
Chronological Age:	<input type="text"/> Months	<input type="text"/> Days		
Corrected Age:	<input type="text"/> Months	<input type="text"/> Days		
	<input type="text"/> MDI	<input type="text"/> PDI		
	<input type="text"/> MR	<input type="text"/> PR		
	<input type="text"/> MAE	<input type="text"/> PAE		

Curriculum Based Assessment Please type in the name of the assessment	<input type="text"/>	
Date:	<input type="text"/>	
Chronological Age:	<input type="text"/> Months	<input type="text"/> Days
Corrected Age:	<input type="text"/> Months	<input type="text"/> Days
	<input type="text"/> COG AE	<input type="text"/> FM AE
	<input type="text"/> COM AE	<input type="text"/> SOC AE
	<input type="text"/> GM AE	<input type="text"/> SH AE
Complexity of Health Needs:	<input type="checkbox"/> No Concern <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound	
Risk Factors in Psychosocial Environment:	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	

| [Log Off](#) |

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INSTRUCTIONS FOR ADDING A NEW IFSP RECORD

1. Log On to the Internet
2. Go to the IBAIP Webpage[®] by typing in the following address: <http://www.ibaip.org>

**THE INFANT BEHAVIORAL ASSESSMENT
AND INTERVENTION PROGRAM (IBAIP[®])**

**An Education and Training Program for Health Care
and Early Intervention Professionals**



- [IBAIP Program Guide[®]](#) (Available for downloading)
- [IBAIP Newsletter[®]](#)
- [The Infant Behavioral Assessment \(IBA\) Training Manual[®]](#)
- [Neurobehavioral Curriculum[®]](#)
- [Holding Parents Holding Their Baby[®]](#)
- [IBAIP Data Entry Records[®]](#) (Members Only)

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Washington Research Institute,
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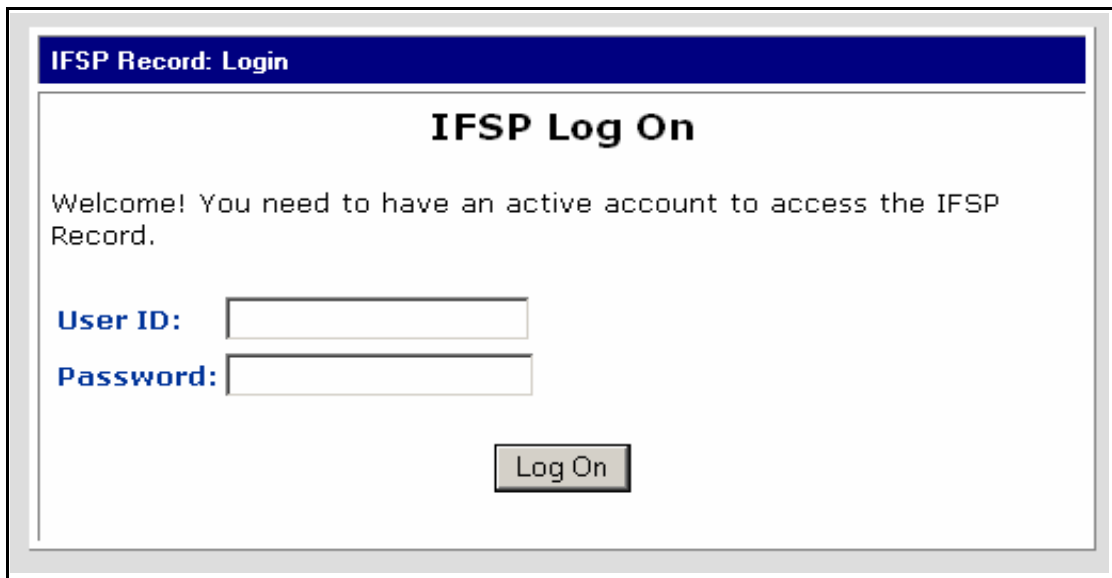
3. **CLICK ON: IBAIP Data Entry Records[®] (Members Only)**
4. This will take you to a screen entitled: “**IBAIP Data Entry Site[®]**.” This site lists the following components:

IBAIP Data Entry Site[®]

The Demographic Record
The IBA Record
The IFSP Record
The IFSP Record Key
Data Entry Manual
Return to the IBAIP Main Page

5. **CLICK ON: The IFSP Record.**

6. This will take you to a screen entitled: **IFSP Log On.**



IFSP Record: Login

IFSP Log On

Welcome! You need to have an active account to access the IFSP Record.

User ID:

Password:

- a. Type in your **USER ID** in the box provided.
- b. Type in your **PASSWORD** in the box provided.
- c. **CLICK ON:** Log On

7. You should now be at a screen entitled: **IFSP Record Main Menu.**



IFSP Record: Main Menu

IFSP Record Main Menu

Permissions: Add

You can **add** new IFSP Records or **log off** .

| [Add](#) | [Log Off](#) |

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Gossamer**

CLICK ON: Add

8. A screen entitled, “**Add a New IFSP Record**,” will appear.

IFSP Quarterly Report Form: Add a New Record	
Add a New IFSP Record This is a three-page form, please fill out this first page, then click "continue" at the bottom of the page and proceed to page two.	
Subject Number:	<input type="text"/>
Date of Entry:	<input type="text" value="20-Aug-2004"/>
Current Program:	<input type="text"/>

9. Type in the child’s assigned **Subject Number**. Type in the **Current Program** that the child is enrolled in (i.e., the name of the classroom that the child is enrolled in).

10. There are five columns on this form:

A. The first column lists **Objectives by Domain** which include:

- a. Cognition: COG1→COG8
- b. Communication: COM1→COM8
- c. Gross Motor: GM1→GM8
- d. Fine Motor: FM1→FM8
- e. Social: SOC1→SOC5
- f. Self-Help: SH1→SH5

On your “IFSP Worksheet” (found in the back of this section, page 52) fill out the entire worksheet. Write in the objectives that you have identified for the child in the corresponding domain in an abbreviated form (e.g., “horizontal tracking”; you don’t have to write the whole objective out). Perhaps you have identified three cognitive objectives for this individual child. You would then write these objectives in as COG1→COG3 on your IFSP Worksheet. You will then repeat this process for all domains. Continue to fill out the remainder of the worksheet. This provides you with a record of the objectives that you have been working on with the child during the first quarter in which you began collecting data on this particular child.

B. The second column, Developmental Progress, provides you with a pull down window. **CLICK ON** the **Inverted Triangle** next to the box that corresponds with COG1. The window provides you with the four options to choose from. These include:

- a. 0 = No Change
- b. 1 = Slight Change
- c. 2 = Moderate Change
- d. 3 = Objective Achieved

Select the number which best describes the developmental progress the child has made toward COG1 and **CLICK ON** it. This is now recorded onto the data entry page of the IFSP Form.

C. The next three columns address the neurobehavioral facilitation that you have used to support the child to work towards the achievement of COG1. These three columns address the **Environment**, **Motor (i.e., Handling and Positioning)**, or **Cue Matched** facilitation that you have determined to use to support the child in the achievement of COG 1. In **Environment**, pull down the window by **CLICKING ON** the inverted triangle next to the box that corresponds with COG1. The support is listed as:

- a. M = Minimal
- b. LS = Low Support
- c. MS = Moderate Support
- d. HS = High Support
- e. T = Terminate the Interaction

You will notice that next to LS, MS, and HS, numbers have been added:

LS1	MS1	HS1
LS2	MS2	HS2
LS3	MS3	HS3
LS4	MS4	
LS5		
LS6		

These numbers correspond to the numbers located in each category of facilitation (LS, MS, HS) found in the Neurobehavioral Curriculum, Profile of Neurobehavioral Strategies for each of the three sections of facilitation that are provided: **Environment**, **Motor** (i.e., Handling and Positioning) and **Cue-Matched** strategies.

In our example above, you will now pick the level of **Environmental** support that you plan to utilize with the child in helping him/her to achieve COG1. Select the level (LS1-LS6, MS1-MS4, HS1-HS3) by **CLICKING ON** that specific level. This is now recorded onto the data entry page of the IFSP Form. This process is then repeated for **Motor** and **Cue-Matched** facilitation that you may be using to help support the child to achieve COG1. For further clarification, please see: The IFSP Record Key, page 48.

SPECIAL CONSIDERATIONS

- a. **IFSP Data Entry: Frequency Input.** Please enter data into the IFSP Data Entry Screen **every three-four months** for each child (up to five children) that you are serving. Each child that you select should meet the IBAIP Inclusion Requirements (i.e., birth to six months of age and/or functioning at a developmental level within this age range).
- b. **The IFSP Data Entry Screen** is divided into three pages. After filling out page one, **CLICK ON: Continue**, at the bottom of the page. This will take you to page two. After completing page two, **CLICK ON: Continue**, at the bottom of the page. This will take you to page three. If you should receive an **Error Message**, please see number 11 on page 43 .
- c. **IFSP Record Worksheet:** Record all information onto this worksheet (provided at the end of this section, page 52) prior to recording it onto the Add a new Demographic Record Screen. In this way you will have a “hard copy” of this data as you are entering it into the IBAIP data base. It will also provide you with a record to refer to when you are filling out the child’s next IFSP Record (three-four months later).
- d. **Neurobehavioral Facilitation:** If you are not using neurobehavioral facilitation for a particular objective, do not use the pull down window under **Environment, Motor, or Cue Matched** facilitation, leave them blank. Or perhaps you are only using **Motor** facilitation for a particular objective. In this case you would only use the pull down window under **Motor** facilitation, **CLICKING ON** the level of **Motor** facilitation that you are using (e.g., MS1) for that particular objective.
- e. **Adding Additional Objectives:** If, in the development of the child’s second quarter IFSP, you have decided to add a new objective, simply add it on. For example: During the first quarter you may have identified 3 cognitive objectives for the child. These would be listed as COG1—>COG3. In the second quarter you may have decided to add a new cognitive objective. This new objective would become COG4.

11. **Error Message:** The IFSP Data Entry Screen is divided into three pages. After filling out page one, **CLICK ON: Continue**, at the bottom of the page. If you have left out the **Subject Number**, an **Error Screen** will appear: “**Error: Unable to Add Record.**” This screen will direct you to type in the **Subject Number**. Please see the example provided below

IFSP Quarterly Report Form: Error: Unable to Add Record	
Error: Unable to Add Record	
There were problems with the following fields:	
<ul style="list-style-type: none">• subnum (Can not be left blank)	
Please fix any errors and then click "continue" at the bottom of the page and proceed to page two.	
Subject Number:	<input type="text"/>
Date of Entry:	20-Aug-2004
Current Program:	<input type="text"/>

Error Screen Key: subnum = Subject Number

Simply type in the information that the Error Screen is requesting (i.e., Subject Number) and then proceed to **CLICK ON: Continue**, at the bottom of the page. This will now take you to page 2. After completing page two, **CLICK ON: Continue**, at the bottom of the page. This will take you to page three.

12. The objectives for each domain continue on through the middle half of page three. Then another set of questions are asked. Please type in, or check the box, for the information that is requested. See **SPECIAL CONSIDERATIONS** on page 44.

SPECIAL CONSIDERATIONS

a. The category “**Current Overall Self-Regulatory Competence**,” asks for your best judgement of the child’s current overall self-regulatory competence. Please check one box only (i.e., Optimal, High, Moderate, Low, Minimal).

b. **Adding Assessment Data**: If during the quarter, new assessment data were obtained for the child, you are asked to provide this information if it meets the following two criterion: 1) the Bayley Scales of Infant Development was administered; and/or 2) a Curriculum Based Assessment was administered (e.g., EIDP) that provides age equivalencies for each domain. Please refer to the **IFSP Record Key** for further clarification, page 47.

c. **Complexity of Health Needs and Risk Factors in Psychosocial Environment**: The last two categories on SCREEN #3 are entitled “**Complexity of Health Needs**” and “**Risk Factors in Psychosocial Environment**.” Please refer to the IFSP Record Key, to assist you in filling out these two categories (pages 50-51). The IFSP Record Key has also been made available for you on the **IBAIP Data Entry Site**[®] Screen (i.e., the first screen that appears after **CLICKING ON: IBAIP Data Entry Forms** of the IBAIP Webpage[®]).

13. Please check your work before submitting this record. Once you have submitted the IFSP Record it is automatically added to the IBAIP Data Base[®]. You cannot retrieve this record once it has been submitted.

14. **IFSP Record Added:** Once you have checked the IFSP Record and are confident that you have filled in all the categories correctly, **CLICK ON: Add Record**, at the bottom of the page.

15. Once you have **CLICKED ON: Add Record**, one screen will appear:

IFSP Quarterly Report Form: Record Added.	
Record Added	
The following record was successfully added:	
Record ID:	183
Entered by (Userid):	bob
Subject Number:	102
Date of Entry:	20-Aug-2004

You may now **CLICK ON: Log Off**, if you are finished. This will take you back to the IBAIP Data Entry Site[©]. If you wish to add an IFSP Record for another child, **SEE #16 BELOW**.

16. **Adding Several IFSP Records:** After successfully submitting one IFSP Record (as indicated by the screen that states: “**Record Added**”), simply **CLICK ON: Add** at the bottom of the page. This will reset the IFSP Data Entry Screen and allows you to enter a new child’s IFSP Record. Proceed, following the directions provided (i.e., # 9—>#15 above).

Additional Materials for IFSP Data Entry

- **The IFSP Record Key**
- **IFSP Record Worksheets**

IFSP RECORD

KEY

Definitions are provided for the following fields:

1. Objectives by Domain:

COG = Cognition

COM = Communication

GM = Gross Motor

FM = Fine Motor

SOC = Social

SH = Self-Help

2. Developmental Progress:

0 = No Change

1 = Slight Change

2 = Moderate Change

3 = Objective Achieved

3. Neurobehavioral Facilitation for Environment, Motor, Cue-Matched Strategies:

M = Minimal Support

LS = Low Support

MS = Moderate Support

HS = High Support

T = Terminate the Interaction

Each category of Neurobehavioral Facilitation (i.e., Environment, Motor, Cue-Matched Strategies) has a pull down screen which corresponds to each category of facilitation (i.e., M, LS, MS, HS, T) found in the Neurobehavioral Curriculum, Profile of Neurobehavioral Strategies.

For example:

<u>Environment</u>	<u>Motor (Handling & Positioning)</u>	<u>Cue-Matched</u>
M	M	M
LS1	LS1	LS1
LS2	LS2	LS2
LS3	LS3	LS3
LS4	LS4	LS4
LS5	LS5	LS5
LS6	LS6	LS6
MS1	MS1	MS1
MS2	MS2	MS2
MS3	MS3	MS3
MS4	MS4	MS4
	MS5	
	MS6	
	MS7	
	MS8	
HS1	HS1	HS1
HS2	HS2	HS2
HS3	HS3	HS3
	HS4	HS4
	HS5	
T	T	T

4. Bayley Scales of Infant Development (BSID)

MDI = Mental Developmental Index

MR = Mental Raw

MAE = Mental Age Equivalency

PDI = Psychomotor Developmental Index

PR = Psychomotor Raw

PAE = Psychomotor Age Equivalency

5. Curriculum Based Assessment:

COG AE = Cognitive Age Equivalency

COM AE = Communication Age Equivalency

GM AE = Gross Motor Age Equivalency

FM AE = Fine Motor Age Equivalency

SOC AE = Social Age Equivalency

SH AE = Self-Help Age Equivalency

6. Complexity of Health Needs:

Please **CLICK ON** the box which best describes the current health of the child (as of this reporting period):

No Concern: The child occasionally exhibits typical childhood illnesses (e.g., a cold or flu).

Mild: The child exhibits frequent ear infections, colds, and/or flu.

Moderate: The child exhibits a stable, but complex medical status. The child may need medical intervention for feeding (e.g., Nasogastric (NG) or Orogastric (G) tube; or Gastrostomy (GT) tube. The child may have a condition requiring medication for seizure disorder, re-flux, cardiac, or respiratory problems. Occasional hospitalization may be required to stabilize aforementioned conditions.

Severe: Physiological instability (i.e., 12-24 hour home nursing care and/or frequent hospitalizations).

Profound: The child is diagnosed with a terminal illness.

7. Risk Factors in Psychosocial Environment:


Please **CLICK ON** the box which best describes the current psychosocial environment of the child (as of this reporting period):

- None:** No risk factors present.
- Mild:** One risk factor as designated below.
- Moderate:** Two-three risk factors as designated below.
- Severe:** Four or more risk factors as designated below.

Risk Factors:

- Mother's and/or father's education is less than or equal to 12 years of school.
- Mother's and/or father's age is less than or equal to 19 years of age.
- Change in work status of one or both parents (e.g., reduction in work hours, loss of employment, or increase in work hours [over 50 hours/week])
- Low social economic status (SES). For example, the family is currently receiving aid from Welfare or AFDC. ***Note: if the family is currently living in a community shelter or is homeless, the category **Severe**, is always checked.
- Marital separation or divorce.
- Unmarried, single parent.
- History of Child Protection Services' (CPS) involvement with one or both parents.
- Parent(s) with documented developmental delays or emotional/mental illness.
- Poor social support and/or parent(s) report a feeling of "social isolation."
- Recent history of high risk behavior by one or both parents (e.g., substance abuse, domestic violence). ***Note: The **Severe** category is always checked if this type of behavior is suspected of occurring within the family.

IFSP WORKSHEET #1

IFSP Record: Add a New Record						
Add a New IFSP Record						
This is a three-page form, please fill out this first page, then click "continue" at the bottom of the page and proceed to page two.						
Subject Number:		<input type="text"/>				
Date of Entry:		<input type="text" value="06-Sep-2004"/>				
Current Program:		<input type="text"/>				
Objective by Domain:	Developmental Progress	Environment	Motor	Cue Matched		
Cognition:						
COG1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG6:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG7:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG8:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Objective by Domain:	Developmental Progress	Environment	Motor	Cue Matched		
Communication:						
COM1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM6:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM7:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM8:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Continue"/>						
 Log Off 						
Database Powered by Gossamer Threads Inc.						
						

IFSP WORKSHEET #1

IFSP Record: page 2

Continue adding page 2

Fill out this second page and then click "continue" at the bottom

Objective by Domain:	Developmental Progress	Environment	Motor	Cue Matched
Gross Motor:				
GM1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM6:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM7:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM8:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Objective by Domain:	Developmental Progress	Environment	Motor	Cue Matched
Fine Motor:				
FM1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM6:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM7:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM8:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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IFSP WORKSHEET #1

IFSP Record: page 3

Continue adding page 3

Fill out this third page and then click "Add Record" at the bottom

Objective by Domain:	Developmental Progress	Environment	Motor	Cue Matched
Social:				
SOC1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SOC2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SOC3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SOC4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SOC5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Self-Help:				
SH1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SH2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SH3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SH4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SH5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments: <input style="width: 150px;" type="text"/>				
Current Overall Self-Regulatory Competence:				<input type="checkbox"/> Optimal <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Minimal
Were new assessment data obtained this quarter?				<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, please update Bayley (BSID) or other assessment information:				
Bayley (BSID)				
Bayley Date:	<input style="width: 150px;" type="text"/>			
Chronological Age:	<input style="width: 50px;" type="text"/> Months	<input style="width: 50px;" type="text"/> Days		
Corrected Age:	<input style="width: 50px;" type="text"/> Months	<input style="width: 50px;" type="text"/> Days		
	<input style="width: 50px;" type="text"/> MDI	<input style="width: 50px;" type="text"/> PDI		
	<input style="width: 50px;" type="text"/> MR	<input style="width: 50px;" type="text"/> PR		
	<input style="width: 50px;" type="text"/> MAE	<input style="width: 50px;" type="text"/> PAE		

IFSP WORKSHEET #1


Curriculum Based Assessment Please type in the name of the assessment	<input style="width: 90%;" type="text"/>	
Date:	<input style="width: 90%;" type="text"/>	
Chronological Age:	<input style="width: 40%;" type="text"/> Months	<input style="width: 40%;" type="text"/> Days
Corrected Age:	<input style="width: 40%;" type="text"/> Months	<input style="width: 40%;" type="text"/> Days
	<input style="width: 40%;" type="text"/> COG AE	<input style="width: 40%;" type="text"/> FM AE
	<input style="width: 40%;" type="text"/> COM AE	<input style="width: 40%;" type="text"/> SOC AE
	<input style="width: 40%;" type="text"/> GM AE	<input style="width: 40%;" type="text"/> SH AE
Complexity of Health Needs:	<input type="checkbox"/> No Concern <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound	
Risk Factors in Psychosocial Environment:	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	

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IFSP WORKSHEET #2

IFSP Record: Add a New Record							
Add a New IFSP Record							
This is a three-page form, please fill out this first page, then click "continue" at the bottom of the page and proceed to page two.							
Subject Number:		<input style="width: 100%;" type="text"/>					
Date of Entry:		<input style="width: 100%;" type="text" value="06-Sep-2004"/>					
Current Program:		<input style="width: 100%;" type="text"/>					
Objective by Domain:	Developmental Progress	Environment	Motor	Cue Matched			
Cognition:							
COG1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG6:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG7:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COG8:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Objective by Domain:	Developmental Progress	Environment	Motor	Cue Matched			
Communication:							
COM1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM6:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM7:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COM8:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input style="width: 100px; height: 20px;" type="button" value="Continue"/>							
 Log Off 							
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IFSP WORKSHEET #2

IFSP Record: page 2

Continue adding page 2

Fill out this second page and then click "continue" at the bottom

Objective by Domain:	Developmental Progress	Environment	Motor	Cue Matched
Gross Motor:				
GM1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM6:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM7:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GM8:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Objective by Domain:	Developmental Progress	Environment	Motor	Cue Matched
Fine Motor:				
FM1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM6:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM7:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FM8:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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IFSP WORKSHEET #2

IFSP Record: page 3				
Continue adding page 3				
Fill out this third page and then click "Add Record" at the bottom				
Objective by Domain:	Developmental Progress	Environment	Motor	Cue Matched
Social:				
SOC1:	— ▾	— ▾	— ▾	— ▾
SOC2:	— ▾	— ▾	— ▾	— ▾
SOC3:	— ▾	— ▾	— ▾	— ▾
SOC4:	— ▾	— ▾	— ▾	— ▾
SOC5:	— ▾	— ▾	— ▾	— ▾
Objective by Domain:	Developmental Progress	Environment	Motor	Cue Matched
Self-Help:				
SH1:	— ▾	— ▾	— ▾	— ▾
SH2:	— ▾	— ▾	— ▾	— ▾
SH3:	— ▾	— ▾	— ▾	— ▾
SH4:	— ▾	— ▾	— ▾	— ▾
SH5:	— ▾	— ▾	— ▾	— ▾
Comments:		<input style="width: 100%;" type="text"/>		
Current Overall Self-Regulatory Competence:			<input type="checkbox"/> Optimal <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Minimal	
Were new assessment data obtained this quarter?			<input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, please update Bayley (BSID) or other assessment information:				
Bayley (BSID)				
Bayley Date:	<input style="width: 100%;" type="text"/>			
Chronological Age:	<input style="width: 50px;" type="text"/>	Months	<input style="width: 50px;" type="text"/>	Days
Corrected Age:	<input style="width: 50px;" type="text"/>	Months	<input style="width: 50px;" type="text"/>	Days
	<input style="width: 50px;" type="text"/>	MDI	<input style="width: 50px;" type="text"/>	PDI
	<input style="width: 50px;" type="text"/>	MR	<input style="width: 50px;" type="text"/>	PR
	<input style="width: 50px;" type="text"/>	MAE	<input style="width: 50px;" type="text"/>	PAE

IFSP WORKSHEET #2

Curriculum Based Assessment Please type in the name of the assessment	<input style="width: 90%;" type="text"/>	
Date:	<input style="width: 90%;" type="text"/>	
Chronological Age:	<input style="width: 40%;" type="text"/> Months	<input style="width: 40%;" type="text"/> Days
Corrected Age:	<input style="width: 40%;" type="text"/> Months	<input style="width: 40%;" type="text"/> Days
	<input style="width: 40%;" type="text"/> COG AE	<input style="width: 40%;" type="text"/> FM AE
	<input style="width: 40%;" type="text"/> COM AE	<input style="width: 40%;" type="text"/> SOC AE
	<input style="width: 40%;" type="text"/> GM AE	<input style="width: 40%;" type="text"/> SH AE
Complexity of Health Needs:	<input type="checkbox"/> No Concern <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound	
Risk Factors in Psychosocial Environment:	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	

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