

## 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:

<b><u>Environment</u></b>	<b><u>Motor (Handling &amp; Positioning)</u></b>	<b><u>Cue-Matched</u></b>
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	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)**

CA = Chronological Age

CORA = Corrected Age

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:**

CA = Chronological Age

CORA = Corrected Age

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.