# IDA – Frequently Asked Questions, 3rd ed.

The Process:

Q: When can we use Parent Report to score a Provence Profile item on the IDA?

A: Please remember to follow the criteria presented in the IDA Administration Manual. If an item requires a particular test item from the IDA kit (that the family does not have) and/or a specific set of verbal instructions, Parent Report cannot be used to credit the item. Parent Report can be obtained as part of the intake process and recorded on the Provence Profile (by a qualified evaluation team member) for an initial evaluation. However, it is still best to try and elicit the skill from the child during the evaluation session as well in order to examine aspects of quality, relationships and/or environmental influences on development, etc. Please remember that *how you ask the questions* will impact the type of responses that are given! Asking open-ended questions that require the parents to describe what they see and hear is crucial to gain an accurate picture of the child (e.g. – *"How does he get around the house?", "How does he let you know when he needs something?"*) This process would also hold true for any updates to the IDA:

- Give credit to the child for skills that you have observed over time
- If you are unsure of the child's skill: attempt to elicit the skill first, use parent report if the skill cannot be elicited
- You may also use a technique to "split" the scoring box on the Provence Profile in order to record BOTH the parent report and the results of elicited skills (see example below). The difference between what was observed and what was reported should be discussed in the report as well.
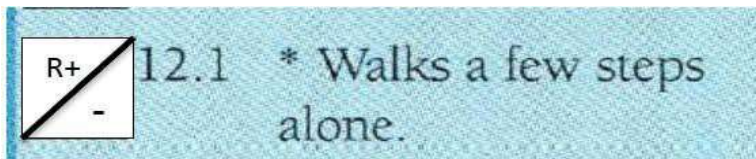
Q: Can a therapist just do "their section" of the IDA?

A: **No.** The IDA, and the Provence Profile, were designed to be used by a team of two different disciplines, but with each professional acting as a generalist within the evaluation process and examining the child's overall development across all domains. This design was intended to offer multiple perspectives of the child and her skills so that no one person or perspective is making a determination of the child's skills in isolation. In practice, this means that both team members equally assess each item in all 8 developmental domains and then both professionals come together to discuss and integrate their individual perspectives and expertise regarding the child's skills. This approach also aligns with FIT Program regulations regarding the requirements for the evaluation process.

Q: When do we adjust for prematurity?

A: According to FIT Regulations, "Adjusted age (corrected age)" means adjusting / correcting the child's age for children born prematurely (i.e. born less than 37 weeks gestation). The adjusted age is calculated by subtracting the number of weeks the child was born before 40 weeks of gestation from their chronological age. Adjusted Age(Corrected Age) should be used until the child is 24 months of age." Therefore, in NM, we will begin adjusting a child's age for use with the IDA if they were born less than 37 weeks or earlier. No adjustments would be made for a child born later than 37 weeks.

Percentages of Delay:

Q: Which table do we use to establish a percentage of delay for **FIT eligibility**?

A: In the purple IDA-2 Manual, please use Table 3.2 on page 35. If you still have a pink IDA Manual, please use Table 5 on page 50. Additional instructions for each of these tables is attached to the end of this document.

Q: How do we determine a percentage of delay in the Emotions and Feelings States domain on a child who isover 24 months old?

A: **You cannot determine a percentage of delay in this domain for a child who is over 24 months of age.** The age-range for the domain is 18-36 months because the IDA authors felt that there was too much variability within the subtle skills of a child's development in this domain for children over the age of two. The Provence Profile and, thus, IDA, was designed to determine if there are *concerns* regarding a child's development; meaning that **IDA can determine if a child's skills are solid in this area OR if there are concerns**. If a child over 24 months of age is exhibiting concerns with respect to his expression of emotions, this will typically cross over into other domains. However, **if this is the only domain of concern and/or suspected delay,** the team (if appropriately trained) can choose to use a more specific tool to examine the social-emotional development of the child and/or consider the use of Informed Clinical Opinion for the purposes of eligibility determination. In terms of the documentation required for the developmental level on IDA, the team would simply state that a percentage of delay could not be obtained.

Q: Can you calculate a percentage of delay for an infant who is less than 2 months old?

A: No. The charts in the IDA Administration Manual do not provide information to support such a determination, therefore no percentage of delay can be calculated to use for FIT eligibility.

Q: How do we calculate a percentage of delay in the Language/Communication domain for a child who exhibits only an Expressive or a Receptive language delay?

A: **IDA only provides a total communication score** and does not allow for separate measurement of a child's skills in Receptive versus Expressive skills. For a child where this appears to be the issue and eligibility is at stake, the team must either: (1) use an additional communication tool that can measure the skills separately; OR (2) they may use their Informed Clinical Opinion to justify how the child's language skills are Significantly Atypical from her peers.

Provence Profile Items:

Q: If a child uses a pacifier, does that count for Coping Item 9: "Uses transitional object for self-comfort?"

A: **No.** The criteria in the IDA Administration Manual, pg. 104, states "…*It is a derivative form of psychological comfort as opposed to the more direct gratification from the breast or bottle, thumb, or pacifier that give comfort, but arenot transitional objects in this sense."* This paragraph is distinguishing between a child's use of a more physiologically-related comfort (bottle/pacifier) and one that is more psychological in nature and "represents" a comforting person with its softness, etc.

PLEASE NOTE: For many children, this is an "integrated skill" – meaning that the child displays the skill for a period of time and then the skill becomes integrated into the whole of the child and is no longer displayed to the outer world. If a child transitions well without the use an object at all (including a pacifier, etc.), discuss the history of the child's coping with transitions with the family to discover if there is any concern in this area (e.g.- under-reactive to external stimuli, etc.) or if the child has simply moved past the need for any transitional object ofany kind and is, therefore, developmentally appropriate.

Q: For Self-Help Item 13: "Is able to give full name when asked", what if the child has never been called by that name? How do we score?

A: Always keep in mind that IDA was designed to incorporate the information from the child's family, environment, and culture into the considerations for whether or not to give credit for any given item.

If a child's family and/or culture is that he is only ever called by his first name, a nickname, or other adorations, then the evaluation team should ask the family questions such as: What name do you typically use for him? What does he respond to? What name does he go by? Have you (or teachers, etc.) taught him his last name? The evaluation team would determine if credit for the item should be weighed based upon first and last name, or another measure based upon the child and family's culture and environment.

Q: Can we give credit for the Language/Communication items that ask about the child's vocabulary and expressive language skills if the child is using signs?

A: Of primary importance is establishing whether the child is using signs as gestures or as true language. This maybe difficult to do if the child is only using 1 or 2 "signs". The IDA practitioner must first ask the following questions regarding the child and family situation:

- Does the child have a diagnosed hearing loss or another condition of some kind that precludes the use of spoken language and signs are being taught as the primary *language* of the child? AND/OR
- Is the primary *language* of the family ASL (American Sign Language) so that is then the *native language* of the child?

If the answer to the above questions is NO and the child is **expected to have spoken language**, then the IDA practitioner would NOT be able to give credit for those language items. If the practitioner were to give credit for these items, then they run the risk of denying eligibility to a child who might, in actuality, qualify for the FIT Program!

If there is any doubt regarding any child, with or without hearing loss, and their use of signs relative to the IDA, please call the New Mexico School for the Deaf (NMSD) early intervention program at 505-476-6402 for guidance. Additionally, always remember to involve NMSD in any evaluation situation where the child and/or the parent has a known hearing impairment.

The IDA Record:

Q: The IDA Administration Manual mentions a process of substituting but I remember hearing something different in the training. Are we supposed to substitute?

A: **No.** We will continue our IDA author-approved practice of not substituting one credited item for another as allowed in the IDA Manuals (see the attached letter from the authors). For more information on this guidance and considerations for practice, please see the Introduction to IDA online training or speak with your agency IDA Lead and/or ECN Consultant.

Q: Can a child's skills in a particular domain be considered "Competent" if they are not at age-level?

A: **No.** A child's skills in a particular domain must be in the performance-age range that corresponds to the child's chronological age in order to be considered "Competent". The IDA Administration Manual provides Tables B.1 - B.8 on pages 128-135 that explicitly depict what is required to be considered "competent" for a given age.

Q: Can a child's skills in a particular domain be considered "Of Concern" even if they have a score that is at age-level?

A: **Yes.** A child may be demonstrating age-appropriate skills in a particular domain but the evaluators may still have concerns; concerns may be due to the quality of the child's performance, ability to generalize the skill across environments, or other reasons. See pages 37-39 in the IDA Administration Manual for additional information regarding qualitative considerations.

Q: Do we include the number of missed starred items WITHIN the child's chronological age zone as well as theyounger age zone?

A: **No.** When looking at the number of missed starred items for each domain to determine if there are concerns, you would look at the missed starred items in age zone YOUNGER than the chronological age zone; the evaluation team *may take note* of starred items missed within the chronological age zone if they appear to beof significance in relation to the child's overall developmental status.

Q: The IDA-2 Manual appears to missing visuals for FM Items 18a and 18b. Where can we find those?

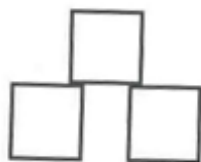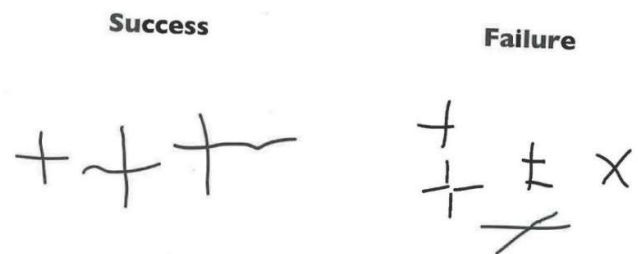A: See below for visuals:

Figure 4. FM 18.1   (18a)

Figure 5. FM 18.2   (18b)

Success

Failure

NEW MEXICO
Early Childhood Education & Care Department
Family Support and Early Intervention Division
FAMILY INFANT TODDLER (FIT) PROGRAM

IDA Table 3.2 Instructions

STEP TWO: *For each developmental domain*, start with the performance-age range where the child scored. Consider the child's performance and choose the age that is the most appropriate representation of their overall skills for **each domain**.

STEP ONE: Choose the age that is *closest* to the child's chronological age (include adjustment for prematurity if applicable); You will continue to use this age for all developmental domains.

Table 3.2. Percentage Delay Based on Chronological Age Versus Performance Age

Chronological age (in months)	Performance age (in months)

Chronological age (in months)	1	2	3	4	5.5	7	8.5	10	11.5	13	15.5	18	21	24	27	30	33	36	42
1	0																		
2	50	0																	
3	67	33	0																
4	75	50	25	0															
5.5	82	64	45	27	0														
7	86	71	57	43	21	0													
8.5	88	76	65	53	35	18	0												
10	90	80	70	60	45	30	15	0											
11.5	91	83	74	65	52	39	26	13	0										
13	92	85	77	69	58	46	35	23	12	0									
15.5	94	87	81	74	65	55	45	35	26	14	0								
18	94	89	83	78	69	61	53	44	36	28	14	0							
21	95	90	86	81	74	67	60	52	45	38	26	14	0						
24	96	92	88	83	77	71	65	58	52	46	35	25	13	0					
27	96	93	89	85	80	74	69	63	57	52	43	33	22	11	0				
30	97	93	90	87	82	77	72	67	62	57	48	40	30	20	10	0			
33	97	94	91	88	83	79	74	70	65	61	53	45	36	27	18	9	0		
36	97	94	92	89	85	81	76	72	68	64	57	50	42	33	25	17	8	0	
42	98	95	93	90	87	83	80	76	73	69	63	57	50	43	36	29	21	14	0

Example: Child is 17 mos. 2 days; *Closest Chronological Age* = 18 months.
In the GM domain, child scores 13-15.5 months and is not walking well alone nor walking backwards. These skills are on the younger end of skill development so the team would choose 13 months. Cross-referencing these two ages on the chart = 28%