



# IBADAN SIMPLIFIED DEVELOPMENTAL SCREENING (ISDS) CHART



NAME \_\_\_\_\_  
DATE OF EVALUATION \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_  
GESTATIONAL AGE AT DELIVERY \_\_\_\_\_ (WEEKS) PRETERM/TERM DELIVERY \_\_\_\_\_  
ANY PARENTAL CONCERNS \_\_\_\_\_  
LIST: \_\_\_\_\_  
NAME OF ATTENDING PHYSICIAN \_\_\_\_\_  
NAME OF CONSULTANT \_\_\_\_\_

## 6 WEEKS



	Yes	Somewhat	No
<b>Vision and Fine motor</b>			
• Can baby get his fist to his mouth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does baby move both hands freely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does baby focus and follow on your face?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does baby turn head and eyes to a light source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Vision and Fine Motor Total</i>			<input type="checkbox"/>
<b>Hearing, speech and language</b>			
• Does baby react to loud sound with a startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does baby pay attention to speaker's mouth or eyes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does baby coo smile in response to face or voice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Hearing, speech and language Total</i>			<input type="checkbox"/>
<b>Social, emotional and behavioural</b>			
• Does baby look at you in the eye for a few seconds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does baby suck well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does baby smile responsively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Social, emotional and behavioural Total</i>			<input type="checkbox"/>
<b>Gross motor</b>			
• When baby is pulled from lying to sitting, does he drop head to the back - so you need to support his head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does baby lift his head up momentarily when lying tummy down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• When baby is held in standing position, does he lift one foot after another in stepping pattern?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Gross motor Total</i>			<input type="checkbox"/>



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## 10 WEEKS



### Vision and Fine Motor

	Yes	Somewhat	No
• Does baby keep hands opened and relaxed most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• When hand or object is moved close to his eyes, does he blink in defence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does child follow faces by moving eyes from side to side?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Vision and Fine motor Total</i>			<input type="checkbox"/>

### Hearing, speech and language

• Does baby move, usually the upper limbs, to familiar voice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Has baby started making single vowel sounds "ah""eh""uh"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does baby listen to voice and coos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does baby make sounds to caregiver's smile and voice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Hearing, speech and language total</i>			<input type="checkbox"/>

### Social, emotional and behavioural

• Does baby make cooing sounds? (soft, murmuring sound)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does baby show excitement by waving arms and legs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does baby give warm smiles and laughs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Social, emotional and behavioural</i>			<input type="checkbox"/>

### Gross motor

• When child is laid on his tummy, does he raise head from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does the head lag when pulled to the sitting position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Gross motor total</i>			<input type="checkbox"/>



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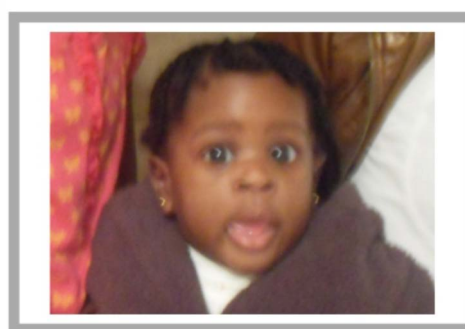
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## 14 WEEKS



### Vision and Fine Motor

- Does child reach out for toys?
- Can child hold toys at least briefly?
- Move her arms together and apart?

Yes      Somewhat      No

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vision and Fine Motor total ☐

### Hearing, speech and language

- Does child turn head to search for sounds/listen to voice?
- Does child recognise caregiver's voice?
- Does child vocalize "ma" or "da"?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hearing, speech and language total ☐

### Social, emotional and behavioural

- Does child smile both spontaneously and back at people?
- Does child cry when upset and seek comfort?
- Does child smile at herself in the mirror?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social, emotional and behavioural total ☐

### Gross motor

- When lying on his back, can child roll from back to side?
- Does child hold head steady when held in sitting position?
- When held in sitting position, can child reach for toys around him/her?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gross motor total ☐



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## 6 MONTHS



Yes      Somewhat      No

### Fine motor and Vision

- Does baby follow objects with his eyes in different directions? ☐ Yes ☐ Somewhat ☐ No
- Does baby reach out for objects? ☐ Yes ☐ Somewhat ☐ No
- Can baby pass objects from one hand to the other hand? ☐ Yes ☐ Somewhat ☐ No
- When lying on the back, can baby touch knees and feet with hands? ☐ Yes ☐ Somewhat ☐ No

*Fine motor and Vision total* ☐

### Hearing, Speech and Language

- Can baby manipulate a rattle? ☐ Yes ☐ Somewhat ☐ No
- Can baby differentiate between familiar and strange voices? ☐ Yes ☐ Somewhat ☐ No
- Does baby bang objects to elicit sound? ☐ Yes ☐ Somewhat ☐ No
- Does baby turn eyes/head to source of sound? ☐ Yes ☐ Somewhat ☐ No

*Hearing, speech and language total* ☐

### Social, emotional and behavioural

- Does baby babble? ☐ Yes ☐ Somewhat ☐ No
- Does baby respond to own name? ☐ Yes ☐ Somewhat ☐ No
- Does baby cry or show displeasure at the loss of a toy? ☐ Yes ☐ Somewhat ☐ No

*Social, emotional and behavioural total* ☐

### Gross motor

- When lying on his tummy, can baby raise head and upper part of the body? ☐ Yes ☐ Somewhat ☐ No
- When lying on his back, can he/she roll to the front? ☐ Yes ☐ Somewhat ☐ No
- Can baby sit with little or no support? ☐ Yes ☐ Somewhat ☐ No

*Gross motor total* ☐



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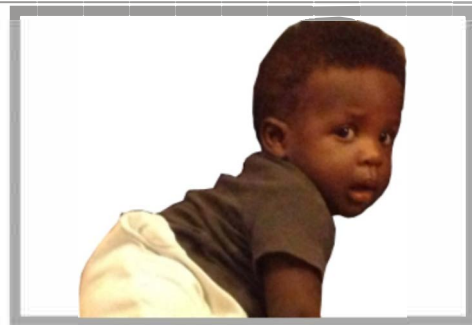
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## 9 MONTHS



	Yes	Somewhat	No
<b>Fine motor and Vision</b>			
• Can baby pick up toys with only one hand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does baby reach out, grab, and put objects in his mouth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Can baby put objects into containers (with large openings) and take them out again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Fine motor and vision total</i>			<input type="checkbox"/>
<b>Hearing, Speech and Language</b>			
• Does baby turn eye/head/body to source of sound?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does baby respond to name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does baby attempt to sing along with a familiar song/babble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Hearing, speech and language total</i>			<input type="checkbox"/>
<b>Social, emotional and behavioural</b>			
• Does baby cry when strangers approach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• When baby is upset, does he show ways of comforting self like sucking thumb, holding on to a favourite toy, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does baby show excitement at the sight of other babies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Social, emotional and behavioural total</i>			<input type="checkbox"/>
<b>Gross motor</b>			
• Does baby get into crawling position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does baby reach out for toys at a distance when in sitting position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is baby able to sit without support and without falling over?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Gross motor total</i>			<input type="checkbox"/>



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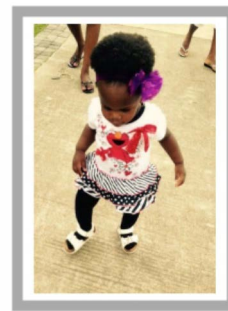
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## 12 MONTHS



Yes      Somewhat      No

### Fine motor and Vision

- Can baby pick medium-sized bead/button with the thumb and another finger?
- Can baby give toy to caregiver when asked?
- Can baby hold/attempt to hold his own bottle/cup?
- Is baby able to build a block of 2 cubes?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fine motor and vision total ☐

### Hearing, Speech and Language

- Does baby say "mama" and "dada"?
- Does baby try to imitate words?
- Can baby identify two body parts on self?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hearing, speech and language total ☐

### Social, emotional and behavioural

- Can baby wave bye bye?
- Does baby use simple gesture like shaking head to mean "no"?
- Does baby cry when caregiver leaves?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social, emotional and behavioural total ☐

### Gross motor

- Can baby cruise around furniture?
- Can baby lower self to pick toys while holding on to furniture?
- Can baby pull himself to a standing position while sitting?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gross motor total ☐