**Understanding Developmental Screening**

**A Powerful Tool to Support Young Children and Families**

Presented by:
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
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**Training Topics**

- What is Screening?
- Types of screening tools
- Benefits of parent completed screening tools
  - Increases accuracy
  - Engages Families
- Using the ASQ screening system
  - Screening as a service for children and families
- Follow Up to Screening
  - Guides provider follow-up
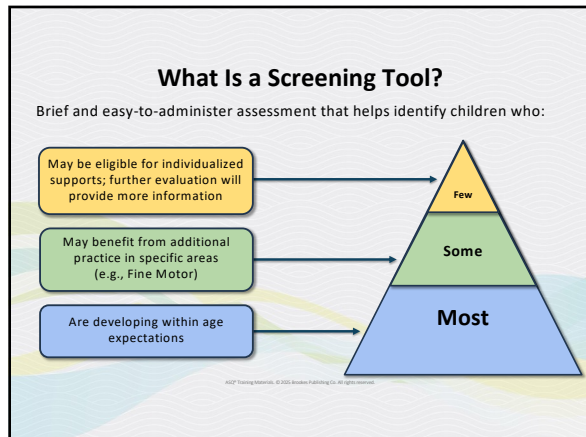  - Suggests resources for families

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Polls:

What is your experience with screening?
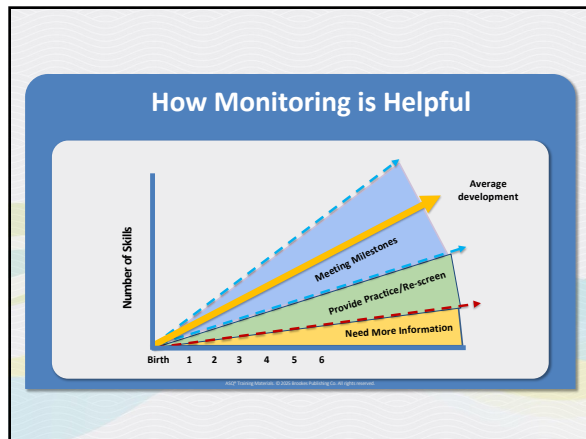
❤️ I love screening! Been doing it for years!

🤫 I have not, but am ready to start!

😲 I came to learn about it!

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## What Is a Screening Tool?

Brief and easy-to-administer assessment that helps identify children who:

May be eligible for individualized supports; further evaluation will provide more information → **Few**

May benefit from additional practice in specific areas (e.g., Fine Motor) → **Some**

Are developing within age expectations → **Most**

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## How Monitoring is Helpful

Number of Skills

Average development

Meeting Milestones

Provide Practice/Re-screen

Need More Information

Birth 1 2 3 4 5 6

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## What if the screening indicates a need for more information?

**Refer to health and education professionals including:**
- ❖ Part C: **Early Intervention (EI)** serves infants and toddlers
- ❖ Part B: **Early Childhood Special Education** (ECSE) serves preschoolers

**Check with your local early intervention program or school district.** States provide evaluation and intervention services as part of the *Individuals With Disabilities Education Act. These are often FREE services.*
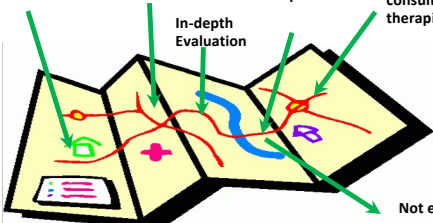
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**Referring a Child to Early Intervention (EI) or Early Childhood Special Education (ECSE)**

- Call, email, or fax referral information to EI/ECSE

- Best if parent refers (Don't refer without parent's consent)

- Timelines to respond:
  EI: 45 Calendar days
  ECSE: 60 School days

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**What is the referral process like for parents?**

Screening

Referral to EI/ECSE

In-depth Evaluation

If eligible, team creates a plan.

Services are provided (home visits, preschool consultation, therapies)

Not eligible

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**If a Child Is Determined Eligible, Services Are:**

- Based on child's goals in an educational plan
  - Individualized family service plan (IFSP)
  - Individualized education program (IEP)
- Determined by a team, including parents
- Reviewed every 6 or 12 months
- Includes services such as speech therapy, physical therapy, consultation in home or school.

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**Keep in mind:**
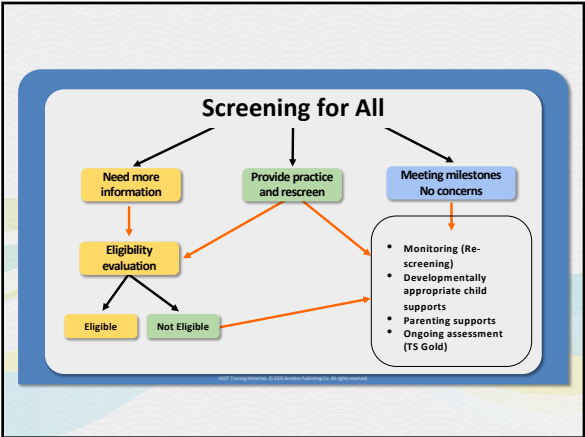
- Screening **does not** diagnose delays or disabilities
- Screening **does not** identify specific child goals or skills to target; only information on general areas of development

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| Type of Screening | Professionally administered | Parent Completed |
|---|---|---|
| **Who?** | Trained evaluators, teachers, medical providers | Parent or primary caregiver (with support if needed) |
| **Where?** | Clinics or early learning program | Home, early learning programs, clinics |
| **How?** | Standardized Administration/ materials | Flexible administration/ materials |
| **Examples** | Dial-4; Brigance | ASQ; PEDS |

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Polls: (standard poll with data)

On a scale of 1 - 5, how engaged engaged are families in your child's early learning program?

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**ENGAGING FAMILIES IN THE SCREENING PROCESS**

Chat in benefits to having parents report on their child's skills

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Completing a parent completed screening questionnaire at home

Emma, 3 1/2 years old

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Completing a parent-completed screening in an early learning setting with teacher support.

11% de todos los niños con retraso en su desarrollo

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**Benefits of Including Parents**

- Engages families
- Celebrates child's development
- Helps parents make new discoveries
- Addresses parent's concerns
- Educates parents about child development
- Increase parent/teacher collaboration
- Bridges communication

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**Parents are the Experts on Their Child**

- Research shows that most parents are reliable and accurate reporters of their child's development
- Parent concerns are highly predictive of child outcomes

**Example: ASQ-3 research found 93% agreement between parents and professionals.**

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## Polls:

What is your experience with the Ages and Stages Questionnaires (ASQ-3 and ASQ:SE-2)?

❤️ I love the ASQ, been doing it for years!

🤫 I know the ASQ but have little (or no) experience.

😯 What's the ASQ?

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## Quick overview of the ASQ (and SE!); parent completed screening tools



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## What are ASQ-3 and ASQ:SE-2?

- Parent/caregiver-completed screening tools
- Series of questionnaires for children 1 mo to 6 years
- Suggests developmental areas in which a child could benefit from additional practice or support
- Accurately identify children at-risk for:
  – Developmental delays (**ASQ-3**)
  – Social-Emotional delays(**ASQ:SE-2**)

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## The ASQ-3
Developmental Screening Tool

**ASQ-3**
Ages & Stages Questionnaires®
THIRD EDITION

**Key features:**
- Assesses 5 Developmental Areas
- Objective, easily observed skills
- Caregivers asked to try activities with child.
- Ability to adapt questions/materials to accommodate diverse home settings.
- Identifies parent concerns.

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## The ASQ-3  Developmental Areas
Developmental Screening Tool

- Communication
  - Expressive
  - Receptive
- Gross motor
- Fine motor
- Problem solving
- Personal-social
  - Adaptive/Self-help
  - Social

Note: The personal-social area does not fully address social and emotional development

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## Structure of the ASQ-3

- Six (6) questions in each area
- Questions go from easier to more difficult
- The first 4 questions are **below average difficulty** for a child that age.
- Questions 5 & 6 are **average difficulty**



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## Flexible administration methods allow:

❖ Children to practice activities/skills before answering.
❖ Questions can be modified (changed) or omitted if not appropriate to the child's cultural context.

Children should be able to successfully complete most items on the ASQ

**Not Yet?**   **Why Not?**

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## ASQ-3 Cutoff scores
*Each ASQ questionnaire has unique cutoffs*

CUTOFF   Need more information   Practice skills and Monitor   Meeting milestones

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See *ASQ-3 User's* guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

| Area | Cutoff | Total Score | 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 |
|------|--------|-------------|---|---|----|----|----|----|----|----|----|----|----|----|----|
| Communication | 16.81 | 30 | ● | ● | ● | ● | ○ | ○ | X | ○ | ○ | ○ | ○ | ○ | ○ |
| Gross Motor | 37.91 | 50 | ● | ● | ● | ● | ● | ● | ● | ● | ○ | ○ | X | ○ | ○ |
| Fine Motor | 31.98 | 35 | ● | ● | ● | ● | ● | ● | X | ○ | ○ | ○ | ○ | ○ | ○ |
| Problem Solving | 30.51 | 40 | ● | ● | ● | ● | ● | ● | ● | X | ○ | ○ | ○ | ○ | ○ |
| Personal-Social | 26.43 | 54 | ● | ● | ● | ● | ● | ● | ○ | ○ | ○ | ○ | X○ | ○ | ○ |

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## ASQ-3 Overall Section

- Un-scored, but equally important to review and follow-up with as domain scores!

- Overall section provides **qualitative** information. (e.g. quality of speech, movement)

- Identifies parent concerns:

  Parent concerns are predictive of developmental delays, learning disabilities, behavioral delays.

- Concerns/red flags indicate need for follow-up

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## ASQ-3 Administration Options in Early Learning Settings

- **Option 1.** Parents/caregivers complete independently.
- **Option 2**. Parents/caregivers complete with support from early learning provider
- **Option 3**. Provider and parent each contribute information on observed skills. **Combine results for 1 finalized ASQ.**
- **Option 4.** Provider completes questions easily observed in classroom. **Finalizes ASQ-3 with parent input.**

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**The ASQ:SE-2**
Social-Emotional Screening Tool

**Key features:**
- Assesses social-emotional development.
- Behavior interpreted through reporters lens (more subjective)
- Identifies behaviors of concern for parents in home settings.
- Not unusual for results to vary between different reporters in different settings.
- No right/wrong reports!

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# The ASQ:SE-2
## Social-Emotional Screening Tool

**Questions address these behavioral areas:**
- self-regulation
- cooperation
- adaptive functioning
- autonomy
- affect
- social-communication
- interaction with people

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## ASQ:SE-2 Statistically derived cutoff scores

2. **ASQ:SE-2 SCORE INTERPRETATION:** Review the approximate location of the baby's total score on the scoring graphic. Then, check off the area for the score results below.

no or low risk          30      monitor      45   refer   55+
                                                           (90%ile)

**Meeting Milestones**

**Address behavior concerns and monitor**

**Need more information**

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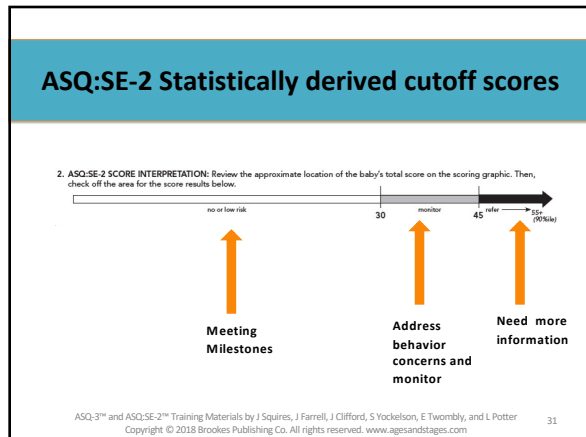
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## ASQ:SE-2 Administration Options in Early Learning Settings: Recommended Practices

- Parent completes (with support if needed)
- If parent ASQ:SE is "flagged", often helpful for provider to also complete.
- Results of 2 ASQ:SE-2's are **NOT** combined, but reviewed separately.
- No right or wrong answers! Children's behavior may be very different at home and school.

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### Individualizing Follow Up to Screening

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## What's the follow-up plan?

**What follow-up will you provide when results suggest….?**

❖ child is meeting milestones

❖ child is close to a "flagged" result.

❖ child's result is "flagged" by screening.

❖ parents have concerns

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## How to support child's development?

*Use activities to promote learning in a fun way for the child."*

*Use natural moments in the day to work on a child's goal, either in specially planned activities or in routines where you create opportunities for the child to practice skills.*

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## Classroom & Home Routines

**Classroom:** snack time, circle time, centers, outdoor play
**Home**: mealtimes, dressing, bath time, outings

Parents and providers work together to:
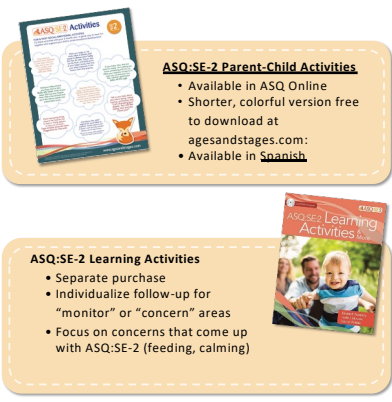
❖ Think through daily routines.

❖ Can use a **routine schedule framework** as a tool to plan and structure play activities

❖ Add in simple strategies for parents to increase opportunities to practice.

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## Individualizing follow for Families
### *Tailor levels of support*

**All Families: Practical Support**
- Ideas for practice; referral information to other community agencies (e.g., EI/ECSE) if needed.

**Many Families Need:  Additional Support**
- Simplifying information
- Making it relevant to family & parenting practices.
- Thinking about where, when and how to practice skills
- "Coaching"; or Support making referrals to other agencies.

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## Home Routine Schedules
### *Working together with parents*

- **What routines are going well?**
  - Great times to practice new and emerging developmental skills.
- **What routines are challenging?**
  - Great times to problem-solve challenging behaviors.
- **What are your child's favorite activities?**

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**ASQ-3 Play/Intervention Activities**
- Available in ASQ Online
- Shorter, colorful version free to download at agesandstages.com
- Available in Spanish.

**ASQ-3 Learning Activities**
- Separate purchase
- Individualize follow-up for "monitor" or "concern" areas
- Focus on area (Fine Motor)
- Available in Spanish

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**ASQ:SE-2 Parent-Child Activities**
- Available in ASQ Online
- Shorter, colorful version free to download at agesandstages.com:
- Available in Spanish

**ASQ:SE-2 Learning Activities**
- Separate purchase
- Individualize follow-up for "monitor" or "concern" areas
- Focus on concerns that come up with ASQ:SE-2 (feeding, calming)

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# www.agesandstages.com

## Free resources for engaging families

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**Screening Follow-up System**
Linked System Approach

**Engage parents in screening their child**

Screen child

**Goals: Prevention & Family Engagement**

**Summarize & plan follow-up with parents**

Consider factors such as opportunity, child's health, stress or trauma, culture.

IF No Improvement
- Modify follow-up.
- Refer to EI/ECSE or Behavioral health

- If needed, practice skills through play and routines!
- Refer to health, parenting as needed

**Monitor Re-Screen in 2 -6 Months**

**Do follow-up in home and at school**

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**For More Information, Please Contact:**

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   Sue.yockelson@gmail.com

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## Poll Question

React with an emoji

👏 - Answer 1
👍 - Answer 2
❤️ - Answer 3
😂 - Answer 4
😮 - Answer 5
🎉 - Answer 6

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# ASQ-3™ Ages & Stages Questionnaires®

## 48 Month Questionnaire

*45 months 0 days through 50 months 30 days*

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: **11/18/2008**

### Child's information

Child's first name: **John**  Middle initial: **X.**  Child's last name: **Smith**

Child's gender: ● Male  ○ Female

Child's date of birth: **11/12/2004**

### Person filling out questionnaire

First name: **Jane**  Middle initial: **Q.**  Last name: **Smith**

Relationship to child:
● Parent  ○ Guardian  ○ Teacher  ○ Child care provider
○ Grandparent or other relative  ○ Foster parent  ○ Other: _____

Street address: **123 Center Street, Apt. 9**

City: **Anytown**  State/Province: **MD**  ZIP/Postal code: **21230**

Country: **USA**  Home telephone number: **410-555-0155**  Other telephone number: **410-555-0189**

E-mail address: _____

Names of people assisting in questionnaire completion: _____

### Program Information

Child ID #: **00123456789000000**

Program ID #: **987654321123456789**

Program name: **Anytown Preschool**

P101480100

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

**Important Points to Remember:**

☑ Try each activity with your baby before marking a response.

☑ Make completing this questionnaire a game that is fun for you and your child.

☑ Make sure your child is rested and fed.

☑ Please return this questionnaire by _____.

**Notes:**

_____

_____

_____

_____

## COMMUNICATION

| | | YES | SOMETIMES | NOT YET | |
|---|---|:---:|:---:|:---:|:---:|

1. Does your child name at least three items from a common category? For example, if you say to your child, "Tell me some things that you can eat," does your child answer with something like "cookies, eggs, and cereal"? Or if you say, "Tell me the names of some animals," does your child answer with something like "cow, dog, and elephant"?  ○ YES  ● SOMETIMES  ○ NOT YET  <u>5</u>

2. Does your child answer the following questions? *(Mark "sometimes" if your child answers only one question.)*  ● YES  ○ SOMETIMES  ○ NOT YET  <u>10</u>

   "What do you do when you are hungry?" *(Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.")* Please write your child's response:

   > Eat

   "What do you do when you are tired?" *(Acceptable answers include "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.")* Please write your child's response:

   > Go night-night

3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball," does she say something like, "It's round. I throw it. It's big"?  ○ YES  ● SOMETIMES  ○ NOT YET  <u>5</u>

4. Does your child use endings of words, such as "-s," "-ed," and "-ing"? For example, does your child say things like, "I see two cat*s*," "I am play*ing*," or "I kick*ed* the ball"?  ○ YES  ○ SOMETIMES  ● NOT YET  <u>0</u>

SAMPLE

## COMMUNICATION *(continued)*

| | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|
| 5. Without your giving help by pointing or repeating, does your child follow three directions that are *unrelated* to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up." | ○ | ○ | ● | 0 |
| 6. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I *am* going to *the* park," or "*Is* there *a* toy to play with?" or "*Are* you coming, too?" | ○ | ● | ○ | 5 |
| | | COMMUNICATION TOTAL | | 25 |

## GROSS MOTOR

| | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|
| 1. Does your child catch a large ball with both hands? *(You should stand about 5 feet away and give your child two or three tries before you mark the answer.)* | ● | ○ | ○ | 10 |
| 2. Does your child climb the rungs of a ladder of a playground slide and slide down without help? | ● | ○ | ○ | 10 |
| 3. While standing, does your child throw a ball *overhand* in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. *(Dropping the ball or throwing the ball underhand should be scored as "not yet.")* | ● | ○ | ○ | 10 |
| 4. Does your child hop up and down on either the right or left foot at least one time without losing her balance or falling? | ● | ○ | ○ | 10 |
| 5. Does your child jump forward a distance of 20 inches from a standing position, starting with his feet together? | ● | ○ | ○ | 10 |
| 6. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? *(You may give your child two or three tries before you mark the answer.)* | ● | ○ | ○ | 10 |
| | | GROSS MOTOR TOTAL | | 60 |

## FINE MOTOR

| | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|
| 1. Does your child put together a five- to seven-piece interlocking puzzle? *(If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)* | ○ | ● | ○ | 5 |

## FINE MOTOR  *(continued)*

|  | YES | SOMETIMES | NOT YET | |
|---|:---:|:---:|:---:|---|
| 2. Using child-safe scissors, does your child cut a paper in half on a more or less straight line, making the blades go up and down? *(Carefully watch your child's use of scissors for safety reasons.)* | ● | ○ | ○ | 10 |
| 3. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil, crayon, or pen, without tracing? *(Your child's drawings should look similar to the design of the shapes below, but they may be different in size.)* | ○ | ● | ○ | 5 |

$$\llcorner \qquad + \qquad | \qquad \bigcirc$$

|  | YES | SOMETIMES | NOT YET | |
|---|:---:|:---:|:---:|---|
| 4. Does your child unbutton one or more buttons? *(Your child may use his own clothing or a doll's clothing.)* | ○ | ○ | ● | 0 |
| 5. Does your child draw pictures of people that have at least three of the following features: head, eyes, nose, mouth, neck, hair, trunk, arms, hands, legs, or feet? | ○ | ○ | ● | 0 |
| 6. Does your child color mostly within the lines in a coloring book or within the lines of a 2-inch circle that you draw? *(Your child should not go more than ¼ inch outside the lines on most of the picture.)* | ○ | ○ | ● | 0 |

FINE MOTOR TOTAL  20

## PROBLEM SOLVING

|  | YES | SOMETIMES | NOT YET | |
|---|:---:|:---:|:---:|---|
| 1. When you say, "Say 'five eight three,'" does your child repeat *just* the three numbers in the same order? *Do not repeat the numbers.* If necessary, try another series of numbers and say, "Say 'six nine two.'" *(Your child must repeat just one series of three numbers to answer "yes" to this question.)* | ○ | ● | ○ | 5 |
| 2. When asked, "Which circle is the smallest?" does your child point to the smallest circle? *(Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)* | ○ | ● | ○ | 5 |

$$\bigcirc \qquad \bigcirc \qquad \bigcirc$$

|  | YES | SOMETIMES | NOT YET | |
|---|:---:|:---:|:---:|---|
| 3. Without your giving help by pointing, does your child follow three different directions using the words "under," "between," and "middle"? For example, ask your child to put the shoe "*under* the couch." Then ask her to put the ball "*between* the chairs" and the book "in the *middle* of the table." | ○ | ○ | ● | 0 |
| 4. When shown objects and asked, "What color is this?" does your child name five different colors, like red, blue, yellow, orange, black, white, or pink? *(Mark "yes" only if your child answers the question correctly using five colors.)* | ○ | ● | ○ | 5 |

## PROBLEM SOLVING  *(continued)*

| | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|
| 5. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother, or sister, or an imaginary animal or figure. | ○ | ● | ○ | 5 |
| 6. If you place five objects in front of your child, can he count them by saying, "one, two, three, four, five," in order? *(Ask this question without providing help by pointing, gesturing, or naming.)* | ○ | ○ | ● | 0 |

PROBLEM SOLVING TOTAL  20

## PERSONAL-SOCIAL

| | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|
| 1. Does your child serve herself, taking food from one container to another using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl? | ● | ○ | ○ | 10 |
| 2. Does your child tell you at least four of the following? Please mark the items your child knows. | ● | ○ | ○ | 10 |

- ● a. First name
- ● d. Last name
- ● b. Age
- ● e. Boy or girl
- ○ c. City she lives in
- ○ f. Telephone number

| | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|
| 3. Does your child wash his hands using soap and water and dry off with a towel without help? | ● | ○ | ○ | 10 |
| 4. Does your child tell you the names of two or more playmates, not including brothers and sisters? *(Ask this question without providing help by suggesting names of playmates or friends.)* | ● | ○ | ○ | 10 |
| 5. Does your child brush her teeth by putting toothpaste on the toothbrush and brushing all of her teeth without help? *(You may still need to check and rebrush your child's teeth.)* | ● | ○ | ○ | 10 |
| 6. Does your child dress or undress himself without help (except for snaps, buttons, and zippers)? | ● | ○ | ○ | 10 |

PERSONAL-SOCIAL TOTAL  60

## OVERALL

*Parents and providers may use the space below for additional comments.*

1. Do you think your child hears well? If no, explain:    ○ YES  ● NO

> Had severe ear infections. Didn't start talking until age 2–3 years, after tubes were placed.

## OVERALL  *(continued)*

2.  Do you think your child talks like other toddlers her age? If no, explain:  ○ YES  ● NO

> His sentence structure and comprehension are not as advanced as other kids who are a year younger.

3.  Can you understand most of what your child says? If no, explain:  ● YES  ○ NO

4.  Can other people understand most of what your child says? If no, explain:  ○ YES  ● NO

> Other people have a hard time understanding him.

5.  Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain:  ● YES  ○ NO

6.  Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:  ○ YES  ● NO

7.  Do you have any concerns about your child's vision? If yes, explain:  ○ YES  ● NO

*Ages & Stages Questionnaires®, Third Edition (ASQ-3™),* Squires & Bricker

## OVERALL   *(continued)*

8.  Has your child had any medical problems in the last several months? If yes, explain:     ● YES    ○ NO

> Ear infections.

9.  Do you have any concerns about your child's behavior? If yes, explain:     ○ YES    ● NO

> 

10.  Does anything about your child worry you? If yes, explain:     ● YES    ○ NO

> Language development. No letter or number recognition and he's 4 years old. Even the 2 1/2 yr old knows more.

SAMPLE

Child's name: __John X. Smith__    Date ASQ completed: __11/18/2008__

Child's ID #: __00123456789000000__    Date of birth: __11/12/2004__

Administering program/provider: __Anytown Preschool/Ms. Jenkins__

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See *ASQ-3 User's Guide* for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

| Area | Cutoff | Total Score | 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Communication | 30.72 | 25 | ● | ● | ● | ● | ● | ◯ | ● | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Gross Motor | 32.78 | 60 | ● | ● | ● | ● | ● | ● | ● | ◯ | ◯ | ◯ | ◯ | ◯ | ● |
| Fine Motor | 15.81 | 20 | ● | ● | ● | ● | ◉ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Problem Solving | 31.30 | 20 | ● | ● | ● | ● | ◯ | ● | ● | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Personal-Social | 26.60 | 60 | ● | ● | ● | ● | ● | ● | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ● |

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See *ASQ-3 User's Guide*, Chapter 6.

1. Hears well?    Yes  (**NO**)
   Comments: *Ear infex, ear tubes, didn't talk until 2-3 yrs.*

2. Talks like other toddlers his age?    Yes  (**NO**)
   Comments: *Sentences and compreh. not as advanced as younger kids*

3. Understand most of what your child says?    (Yes)  **NO**
   Comments:

4. Others understand most of what your child says?    Yes  (**NO**)
   Comments:

5. Walks, runs, and climbs like other toddlers?    (Yes)  **NO**
   Comments:

6. Family history of hearing impairment?    **YES**  (No)
   Comments:

7. Concerns about vision?    **YES**  (No)
   Comments:

8. Any medical problems?    (**YES**)  No
   Comments: *Ear infex*

9. Concerns about behavior?    **YES**  (No)
   Comments:

10. Other concerns?    (**YES**)  No
    Comments: *Language devel.— doesn't recognize numbers or letters yet.*

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the ▢ area, it is above the cutoff, and the child's development appears to be on schedule.
If the child's total score is in the ▨ area, it is close to the cutoff. Provide learning activities and monitor.
If the child's total score is in the ■ area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

_____ Provide activities and rescreen in _____ months.

☒ Share results with primary health care provider.

☒ Refer for (circle all that apply) (hearing,) vision, and/or behavioral screening.

_____ Refer to primary health care provider or other community agency (specify reason): _____.

☒ Refer to early intervention/early childhood special education.

_____ No further action taken at this time
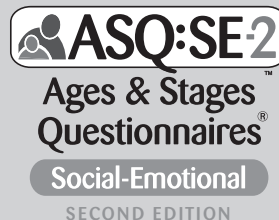
_____ Other (specify): _____

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

| | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| Communication | S | Y | S | N | N | S |
| Gross Motor | Y | Y | Y | Y | Y | Y |
| Fine Motor | S | Y | S | N | N | N |
| Problem Solving | S | S | N | S | S | N |
| Personal-Social | Y | Y | Y | Y | Y | Y |

P101480800

# 24 Month Questionnaire

**ASQ:SE-2**
Ages & Stages Questionnaires®
**Social-Emotional**
SECOND EDITION

*21 months 0 days through 26 months 30 days*

Date ASQ:SE-2 completed: **3/30/15**

## Child's information

Child's first name: **Luke**     Child's middle initial: **K**     Child's last name: **Jones**

Child's date of birth: **2/23/13**

Child's gender: ● Male   ○ Female

## Person filling out questionnaire

First name: **Lucy**     Middle initial: **K**     Last name: **Jones**

Street address: **20 First Street**

City: **Baltimore**     State/province: **MD**     ZIP/postal code: **21230**

Country: **United States**     Home telephone number: **410-888-5679**     Other telephone number:

E-mail address: **Lucy.Jones@email.com**

Relationship to child: ● Parent   ○ Guardian   ○ Teacher   ○ Other: _____
○ Grandparent/other relative   ○ Foster parent   ○ Child care provider

People assisting in questionnaire completion:

## Program information   (For program use only.)

Child's ID #: **13235457679891384**     Age at administration in months and days: **25 months, 7 days**

Program ID #: **243465687819213**

Program name: **Charm City Child Care**

# 24 Month QUESTIONNAIRE *21 months 0 days through 26 months 30 days*

ASQ:SE-2

Questions about behaviors children may have are listed on the following pages. Please read each question carefully and check the box ☑ that best describes your child's behavior. Also, check the circle ⊘ if the behavior is a concern.

## Important Points to Remember:

- ☐ Answer questions based on what you know about your child's behavior.
- ☐ Answer questions based on your child's *usual* behavior, not behavior when your child is sick, very tired, or hungry.
- ☐ Caregivers who know the child well and spend more than 15–20 hours per week with the child should complete ASQ:SE-2.

- ☐ Please return this questionnaire by: _____
- ☐ If you have any questions or concerns about your child or about this questionnaire, contact: _____
- ☐ Thank you and please look forward to filling out another ASQ:SE-2 in _____ months.

SAMPLE

| | OFTEN OR ALWAYS | SOME-TIMES | RARELY OR NEVER | CHECK IF THIS IS A CONCERN | |
|---|---|---|---|---|---|
| 1. Does your child look at you when you talk to him? | ◼ z | ☐ v | ☐ x | ◯ v | 0 |
| 2. Does your child seem too friendly with strangers? | ☐ x | ☐ v | ◼ z | ◯ v | 0 |
| 3. Does your child laugh or smile when you play with her? | ◼ z | ☐ v | ☐ x | ◯ v | 0 |
| 4. Is your child's body relaxed? | ◼ z | ☐ v | ☐ x | ◯ v | 0 |
| 5. When you leave, does your child stay upset and cry for more than an hour? | ☐ x | ◼ v | ☐ z | ✔ v | 10 |
| 6. Does your child greet or say hello to familiar adults? | ☐ z | ◼ v | ☐ x | ◯ v | 5 |
| 7. Does your child like to be hugged or cuddled? | ◼ z | ☐ v | ☐ x | ◯ v | 0 |
| 8. When upset, can your child calm down within 15 minutes? | ◼ z | ☐ v | ☐ x | ◯ v | 0 |

TOTAL POINTS ON PAGE **15**

**ASQ:SE-2** Check the box ☑ that best describes your child's behavior. Also, check the circle ⊘ if the behavior is a concern.

| | OFTEN OR ALWAYS | SOME-TIMES | RARELY OR NEVER | CHECK IF THIS IS A CONCERN | |
|---|---|---|---|---|---|
| 9. Does your child stiffen and arch his back when picked up? | ☐ x | ☐ v | ■ z | ◯ v | 0 |
| 10. Is your child interested in things around her, such as people, toys, and foods? | ■ z | ☐ v | ☐ x | ◯ v | 0 |
| 11. Does your child cry, scream, or have tantrums for long periods of time? | ☐ x | ■ v | ☐ z | ◯ v | 5 |
| 12. Do you and your child enjoy mealtimes together? | ■ z | ☐ v | ☐ x | ◯ v | 0 |
| 13. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.) _____ _____ | ☐ x | ☐ v | ■ z | ◯ v | 0 |
| 14. Does your child sleep at least 10 hours in a 24-hour period? | ■ z | ☐ v | ☐ x | ◯ v | 0 |
| 15. When you point at something, does your child look in the direction you are pointing? | ■ z | ☐ v | ☐ x | ◯ v | 0 |
| 16. Does your child have trouble falling asleep at naptime or at night? | ☐ x | ☐ v | ■ z | ◯ v | 0 |
| 17. Does your child get constipated or have diarrhea? | ☐ x | ☐ v | ■ z | ◯ v | 0 |

TOTAL POINTS ON PAGE __5__

**ASQ:SE-2** Check the box ☑ that best describes your child's behavior.
Also, check the circle ⊘ if the behavior is a concern.

| | OFTEN OR ALWAYS | SOME-TIMES | RARELY OR NEVER | CHECK IF THIS IS A CONCERN | |
|---|---|---|---|---|---|
| 18. Does your child follow simple directions? For example, does she sit down when asked? | ☐ z | ■ v | ☐ x | ◯ v | 5 |
| 19. Does your child let you know how he is feeling with words or gestures? For example, does he let you know when he is hungry, hurt, or tired? | ■ z | ☐ v | ☐ x | ◯ v | 0 |
| 20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home? | ☐ z | ☐ v | ■ x | ◯ v | 0 |
| 21. Does your child do things over and over and get upset when you try to stop her? For example, does she rock, flap her hands, spin, or _____? (Please describe.) _____ _____ | ☐ x | ☐ v | ■ z | ◯ v | 0 |
| 22. Does your child like to hear stories or sing songs? | ■ z | ☐ v | ☐ x | ◯ v | 0 |
| 23. Does your child hurt himself on purpose? | ☐ x | ☐ v | ■ z | ◯ v | 0 |
| 24. Does your child like to be around other children? For example, does she move close to or look at other children? | ■ z | ☐ v | ☐ x | ◯ v | 0 |
| 25. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)? | ☐ x | ☐ v | ■ z | ◯ v | 0 |
| 26. Does your child try to show you things by pointing at them and looking back at you? | ■ z | ☐ v | ☐ x | ◯ v | 0 |

TOTAL POINTS ON PAGE ___5___

**ASQ:SE-2**™  Check the box ☑ that best describes your child's behavior.
Also, check the circle ⊘ if the behavior is a concern.

| | OFTEN OR ALWAYS | SOME-TIMES | RARELY OR NEVER | CHECK IF THIS IS A CONCERN | |
|---|---|---|---|---|---|
| 27. Does your child play with objects by pretending? For example, does your child pretend to talk on the phone, feed a doll, or fly a toy airplane? | ■ z | ☐ v | ☐ x | ◯ v | **0** |
| 28. Does your child wake three or more times during the night? | ☐ x | ☐ v | ■ z | ◯ v | **0** |
| 29. Does your child respond to his name when you call him? For example, does he turn his head and look at you? | ■ z | ☐ v | ☐ x | ◯ v | **0** |
| 30. Is your child too worried or fearful? If "sometimes" or "often or always," please describe:  *Luke is hesitant when he is in unfamiliar places and situations.* | ☐ x | ■ v | ☐ z | ◯ v | **5** |
| 31. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain:  *Our day care provider say it takes Luke a while to stop crying when we leave.* | ☐ x | ■ v | ☐ z | ✓ v | **10** |

TOTAL POINTS ON PAGE _____

**OVERALL** Use the space below for additional comments.

32. Do you have concerns about your child's eating or sleeping behaviors? If yes, please explain: ○ YES ✓ NO

No

33. Does anything about your child worry you? If yes, please explain: ✓ YES ○ NO

Luke's reaction to being in new situations concerns us because he gets very upset and cries for a long time.

34. What do you enjoy about your child?

When Luke is happy and comfortable, his smile and laughter make everyone around him smile.

SAMPLE

# 24 Month Information Summary *21 months 0 days through 26 months 30 days*  ASQ:SE-2

Child's name: **Luke K. Jones**

Child's ID #: **13235457679891384**

Person who completed ASQ:SE-2: **Mother**

Administering program/provider: **Charm City Child Care**

Date ASQ:SE-2 completed: **3/30/15**

Child's date of birth: **2/23/13**

Child's age in months and days: **25 months, 7 days**

Child's gender: ● Male ○ Female

## 1. ASQ:SE-2 SCORING CHART:
- Score items (*Z* = 0, *V* = 5, *X* = 10, *Concern* = 5).
- Transfer the page totals and add them for the total score.
- Record the child's total score next to the cutoff.

| | |
|---|---|
| TOTAL POINTS ON PAGE 1 | 15 |
| TOTAL POINTS ON PAGE 2 | 5 |
| TOTAL POINTS ON PAGE 3 | 5 |
| TOTAL POINTS ON PAGE 4 | 10 |
| Total score | 40 |

| Cutoff | Total score |
|---|---|
| 65 | 40 |

## 2. ASQ:SE-2 SCORE INTERPRETATION: 
Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.

no or low risk          50          monitor          65    refer →    110+ (90%ile)
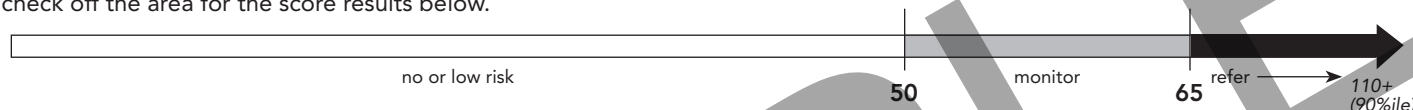
✔ The child's total score is in the ☐ area. It is below the cutoff. Social-emotional development appears to be on schedule.

____ The child's total score is in the ▨ area. It is close to the cutoff. Review behaviors of concern and monitor.

____ The child's total score is in the ■ area. It is above the cutoff. Further assessment with a professional may be needed.

## 3. OVERALL RESPONSES AND CONCERNS: 
Record responses and transfer parent/caregiver comments. YES responses require follow-up.

1–31.  Any Concerns marked on scored items?  (YES)  no    Comments:

32.  Eating/sleeping concerns?  YES  (no)   Comments:

33.  Other worries?  (YES)  no    Comments: **Adapting to new situations**

## 4. FOLLOW-UP REFERRAL CONSIDERATIONS: 
Mark all as Yes, No, or Unsure (Y, N, U). See pages 98–103 in the *ASQ:SE-2 User's Guide.*

**No** **Setting/time factors** (e.g., Is the child's behavior the same at home as at school?)

**No** **Developmental factors** (e.g., Is the child's behavior related to a developmental stage or delay?)

**No** **Health factors** (e.g., Is the child's behavior related to health or biological factors?)

**No** **Family/cultural factors** (e.g., Is the child's behavior acceptable given the child's cultural or family context? Have there been any stressful events in the child's life recently?)

**Yes** **Parent concerns** (e.g., Did the parent/caregiver express any concerns about the child's behavior?)

## 5. FOLLOW-UP ACTION: Check all that apply.

**No** Provide activities and rescreen in ____ months.

**Yes** Share results with primary health care provider.

**Yes** Provide parent education materials.

**No** Provide information about available parenting classes or support groups.

**No** Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): _____

**No** Administer developmental screening (e.g., ASQ-3).

**No** Refer to early intervention/early childhood special education.

**No** Refer for social-emotional, behavioral, or mental health evaluation.

____ Other: _____

# ASQ:SE-2 Parent Guide

## What is Screening and Why is it Important?

From birth to age 5, a child's brain develops faster than at any other time in life. Screening is a quick check to make sure your child is developing on-schedule. Screening results show your child's strengths and areas that may need support.

## What is ASQ:SE-2?

Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2) is a parent-completed screening tool.

- ASQ:SE-2 provides a quick check of your child's social-emotional development.
- Your answers show your child's social-emotional strengths and also identify behaviors that you may have questions or concerns about.
- There are many resources—including online resources—that your provider can point you to if you do have questions or concerns about any of your child's behaviors.

## Important Points Before You Get Started

✓ Talk to your provider about any questions or concerns you have.

✓ Answer ASQ:SE-2 questions based on what your know about your child's behavior.

✓ Answer questions based on your child's usual behavior, not behavior when your child is sick, very tired, or hungry.

✓ Only caregivers who know the child well and spend more than 15–20 hours a week with the child may complete ASQ:SE-2.

✓ You may skip questions that are not well matched with your parenting practices.

## How to Complete ASQ:SE-2

1. **Read each question carefully** and **check the box that best describes your child's behavior.** ☑
   - **OFTEN OR ALWAYS**—Your child does this frequently <u>or</u> always does it.
   - **SOMETIMES**—Your child does this occasionally but not consistently.
   - **RARELY OR NEVER**—Your child rarely <u>or</u> never does this.
2. **Check the circle if the behavior is a concern for you.** ⊘
3. **Complete the Overall questions**:
   - Read each question and check **YES** or **NO**.
   - Please share any additional comments, concerns, or observations you may have about your child.

# ASQ®-3 Parent Guide

## What is Screening and Why is it Important?

From birth to age 5, a child's brain develops faster than at any other time in life. Screening is a quick check to make sure a child is developing on schedule. Screening results show a child's strengths and areas that may need support. There are simple, fun activities parents can do to support a child's development.

## What is ASQ-3?

Ages & Stages Questionnaires®, 3rd Edition (ASQ®-3) is a parent-completed screening tool. ASQ-3 asks questions in 5 important areas of a child's development:

- **Communication** asks about language—what a child understands and says.
- **Gross motor** asks about the large muscles of a child's body, arms, and legs.
- **Fine motor** asks about the small muscles of a child's hands and fingers.
- **Problem solving** asks how a child thinks, solves problems, and plays with toys.
- **Personal-social** asks about self-help skills (feeding, dressing) and interactions with others.

## Important Points Before You Get Started

✓ Talk to your provider about materials you need to try ASQ-3 items.

✓ Talk to your provider about any concerns or questions you have.

✓ Make sure your child is rested and fed and ready to play!

✓ Take a few days to finish ASQ-3. It's okay to practice!

✓ Your child will be able to do some but not all of the items asked.

## How to Complete ASQ-3

1. **Observe or try** each item, then **mark a response**:
   - **YES**—Your child can do this skill.
   - **SOMETIMES**—Your child is learning this skill but is not quite there yet.
   - **NOT YET**—Your child is not able to do this skill yet.
2. **You may skip items if**:
   - You don't have materials or don't understand the question.
   - The item is not okay with your family values or beliefs.
3. **Complete the Overall Section**:
   - Questions are answered **YES** or **NO**.
   - Please share any concerns or worries you may have about your child.