



# DEVELOPMENTAL SCREENING TOOL KIT

## FOUR GOOD REASONS TO SCREEN

1. 1 in 4 children in the U.S. under the age of 5, are at moderate or high risk for developmental, behavioral, or social delays.
2. Fewer than 30% of delays are identified by the time children enter school.
3. **Milestones checklists, used alone, miss about 70% of children with developmental delays and disabilities.**
4. Studies show that children who receive early treatment for developmental delays are more likely to be successful in school, hold jobs, and live independently.

**DEVELOPMENT** encompasses multiple domains:

- language
- cognitive
- motor
- behavioral
- social-emotional
- mental health

**DEVELOPMENTAL SCREENING** assists in the early identification of children with developmental delays. Early identification leads to early intervention; providing families with needed support to help their children reach developmental milestones.

**As a healthcare professional, you are on the front lines**, partnering with families, as you observe the development of young children.

Regular screenings bring attention to children’s developmental milestones making it easier for parents to know what is developmentally appropriate for their child.

The American Academy of Pediatrics recommends that children be screened for general development during their first three years or whenever a parent or provider has a concern.

*For a flyer to share with parents and families about why screening is important visit: [www.rchc.net](http://www.rchc.net)*

Sources: Help Me Grow National Center Resources; Child Trends Data Bank: Screening & Risk for Developmental Delay; Birth to 5. Watch Me Thrive! A Community Guide for Developmental and Behavioral Screening; Palfrey JS, Singer JD, Walker DK, Butler JA. Early identification of children’s special needs: a study in five metropolitan communities, J Pediatr. 1987; 111(5):651.

**In your position, you can ensure that children in your care receive the support they need and, if necessary, are linked to appropriate services.**



# FOUR COMPONENTS of SUCCESSFUL DEVELOPMENTAL SCREENING

## #1 SURVEILLANCE

Surveillance is the continuous process of skilled observation during every well child visit to recognize children at risk for developmental delay. It includes eliciting and attending to parental concerns, obtaining relevant developmental history, physical assessment and following up on concerns with appropriate professionals.

## #2 SCREENING

Developmental Screening uses evidence-based screening tools. We recommend using the Ages & Stages Questionnaire (“ASQ-3”) due to its ease of use, parent reporting reliability, and questions varying by age. The screening is the first step in looking at a child’s development. It is NOT a diagnosis.

## #3 REFERRAL

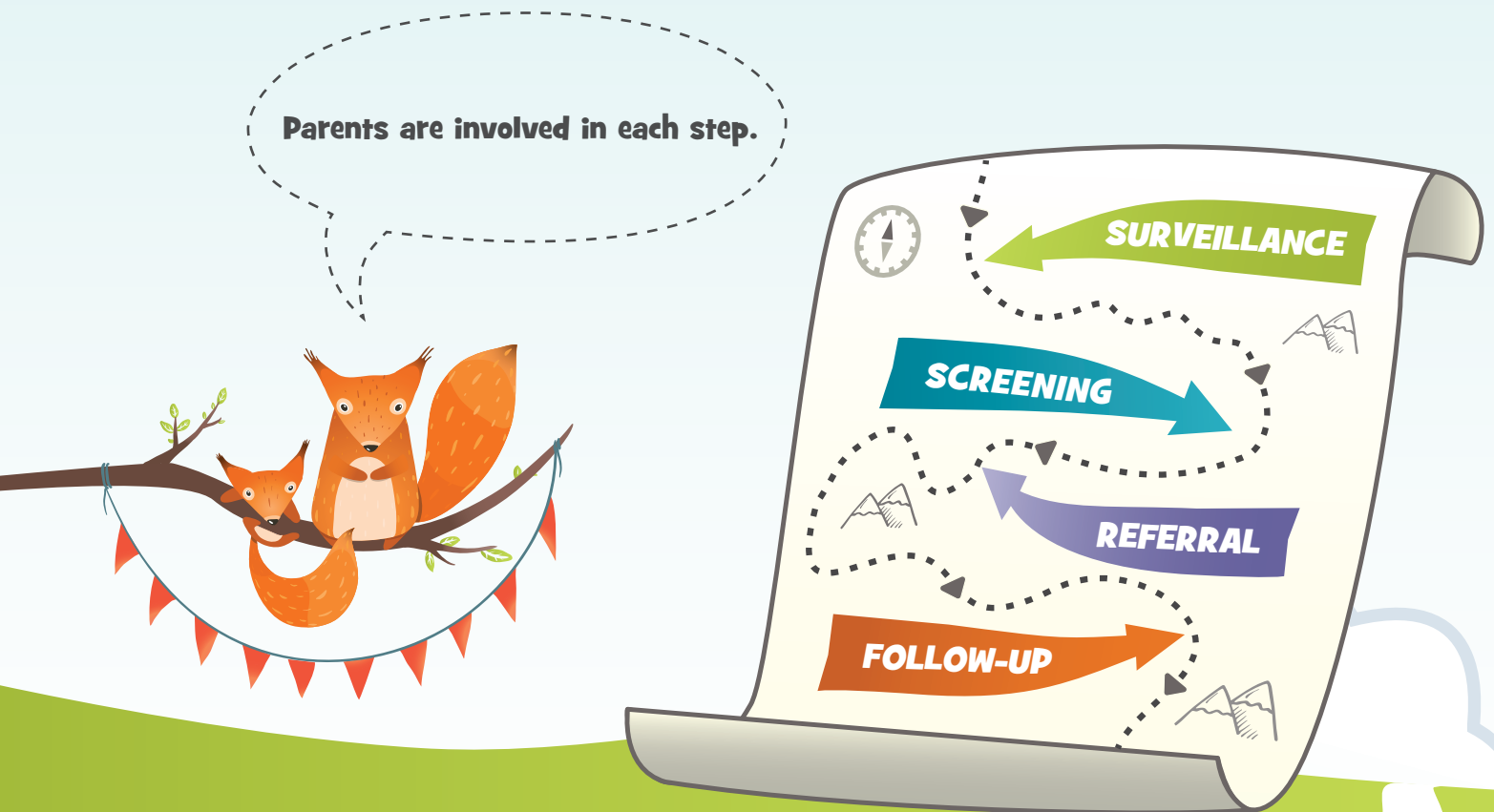
Screening results in the “black” or “concerned zone” require consultation with parents and possible referral processing. Page 6 provides referral information.

## #4 FOLLOW-UP

It is essential to follow-up with the family to ensure the child is receiving services. For screening results in the “monitor” zone or “gray area”, set a date for the next screening. Referrals and activities to promote development may be provided for families with a child whose screening is in the “gray zone”. Activity sheets are available with ASQ materials.

**IMPORTANT: Never conduct screening without following up on results.**

Parents are involved in each step.



# EXPLAINING the SCREENING PROCESS to PARENTS

## About developmental milestones

Children develop at their own pace, so it can be difficult to tell exactly when a child will learn a skill. However, understanding developmental milestones gives a general idea of what changes to expect as a child gets older.

Children reach milestones in play, learning, speaking, actions, and movement. Skills such as talking, the first step, smiling for the first time, and waving good-bye, are all developmental milestones.

## What is a developmental delay?

A developmental delay is when a child does not reach developmental milestones at the same time as other children the same age. Unmet milestones can be an indication of possible health conditions, or other factors affecting a child's growth.

## Keep in mind that parents are:

1. Reliable screeners of their child.
2. Reliable reporters of their child's development.

*To learn more, see the training module on developmental screening at:*

[www.cdc.gov/ncbddd/WatchMeTraining/index.html](http://www.cdc.gov/ncbddd/WatchMeTraining/index.html)

## About the ASQ-3

- The ASQ-3 is a tool that can assess a child's development.
- Similar to vision and hearing screenings, a developmental screening identifies possible developmental concerns.
- Responses to the questions on the ASQ-3 can help show a child's strengths and any area in which the child may need support or practice.
- Respond to questions using:
  - **"Yes"** to indicate the child is performing the skill.
  - **"Sometimes"** to indicate the child is just beginning to perform the behavior.
  - **"Not yet"** to indicate the child is not yet performing the behavior.
- The ASQ-3 asks questions about the following skill areas or domains:

### Communication

Receptive and expressive language skills, but does not pick up problems of articulation.

### Gross Motor

Large muscle movement: Crawling, sitting, walking, running, and jumping.

### Fine Motor

Small muscle movement: Using crayons, stacking, and grasping.

### Problem Solving

Cognitive/learning abilities, imitating, following directions, "cause and effect."

### Personal-Social

Self-help skills and interactions with others.

### Overall Questions

Asks questions about a child's overall development and other general concerns.

**Early identification can lessen the effects of a child's delay or disability.**



# COMMUNICATING with PARENTS AFTER SCORING

**Discussing screening results:** *Take time to listen to the parent when communicating results. Emphasize the child's skills and strengths when discussing results.*

## No concerns:

*(ASQ-3 results in the "white area")*

Inform the parent that the results of the ASQ-3 indicate their child's development is typical for their age. Provide them with activities they can use to help their child to continue to meet milestones.

**Let them know when their child should be re-screened.**

## Monitor:

*(ASQ-3 results in the "gray area")*

Discuss any concerns the parent identified in overall concern area. Discuss ways the parent can support and provide opportunities to practice skills. Provide parents with activities they can use.

**Let them know when their child will be re-screened.**

## Concerns:

*(ASQ-3 results in the "black area")*

Let the parent know that the screening indicated areas of concern. Ideally communicate the results as soon as possible. Identify the domain(s) of concern. Remind them this is not a diagnosis. Seek better understanding of the concerns expressed by the parent.

**Provide a referral and follow-up for further assessment to determine eligibility for services.**

## Possible developmental delays

If major developmental delays are discovered make an immediate referral.

Birth – 3rd birthday: refer to Early Learning Institute (ELI)

3 – 5 years: refer to the school district

*Some possible factors that may contribute to a delay:*

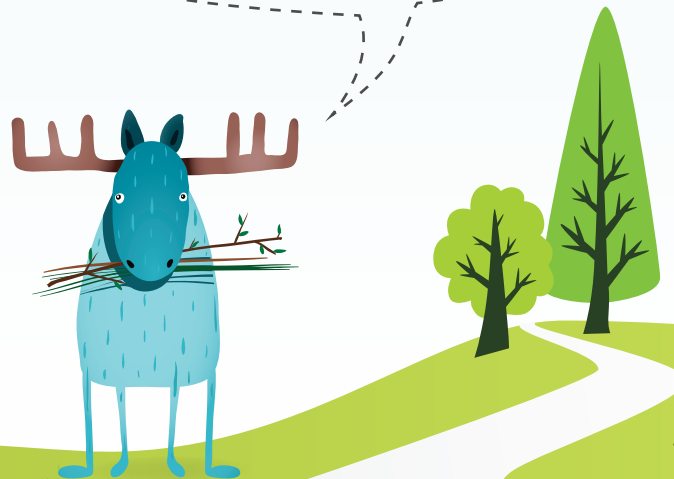
- A medical diagnosis or significant developmental disability
- Physical mobility limitations to access campus, classroom, and/or activities
- A confirmed diagnosis of vision or hearing impairment from a physician or audiologist
- Minimal to no verbal communication in home language and English

## Follow-Up

1. Provide age-specific developmental milestone sheets and activities. Available with ASQ materials.
2. For children who do not qualify for services re-screening is essential.
3. Follow-up with parents to ensure they have contacted agencies and community resources.

**Remember: Never conduct a screening without following up on the results!**

**Encourage parents to share evaluation results and treatment plans with their child's health care provider.**





## FREQUENTLY ASKED QUESTIONS

### Should I wait and see if the child catches up?

This is not recommended by developmental experts. Research tells us that the earlier we intervene to support developmental delays, the better the outcomes for most children. Services are free, easy and play-based.

### How can I help parents help their children meet their developmental milestones?

Health care teams can provide parents with resources and information so parents are aware of typical milestones. Give parents specific ideas for play activities which parents can do at home to help their child's learning. Encourage parents to spend time playing with their child and help parents understand how simple and complex play promotes children's learning. Monitor child's development and communicate changes to parents.

### What if I'm asked, "Will my child grow out of it?"

The answer to this question should be that you do not know. Children with **developmental delays** may improve with intervention but if left untreated a delay may develop into a **developmental disability**. Encourage concerned parents to access early intervention programs as soon as possible.

### What if ASQ questions are left blank?

When an item is omitted, the area scores are averaged and the area total score is adjusted. If one or two items are omitted, use the Score Adjustment available on page 72 of the ASQ-3 User's Guide, and page 3 in the Quick Start Guide.

If there are more than two items left unanswered the area cannot be scored. If possible, contact the parent to obtain their response to the missing item(s).

### How do I determine which ASQ to administer?

Use the ASQ Age Calculator available at <http://asqagecalculator.com>.

### Before implementing a screening program:

- Provide background on developmental screening to staff.
- Determine workflow (who, what, when, how) for conducting evidence-based screening. Define and assign staff roles.
- Train referral coordinators or navigators to assist parents on navigating systems for developmental assessments.
- Establish follow-up process.
- For group screenings, recommended staff ratio is 1 – 5 to ensure ability to answer all parent's questions.

### Before each screening:

- Inform parents about importance of screening.
- Encourage that the questionnaire be completed by the person most familiar with the child's abilities.
- Obtain parent's consent to conduct screening and refer if needed.

# SONOMA COUNTY REFERRAL INFORMATION

## Age: 0 – 36 months

Federal Law (34 Code of Federal Regulations Part 303) mandates states to provide services for early referral and services for infants and young children who have or may have developmental delays.

### Who to contact:

**Early Learning Institute (ELI) Navigator**  
707-591-0170 or [www.earlylearninginstitute.com](http://www.earlylearninginstitute.com)

**Who can refer:** A referral can be made by a parent or anyone with parental consent (e.g. health center, teacher).

For more information about system navigation visit:  
[www.rhc.net](http://www.rhc.net)

## Age: 3 – 5 years

The Special Education Local Area Plan (SELPA) assures that 3-, 4-, and 5-year-olds with disabilities not yet in kindergarten have access to Special Education services, as per EC 56440. At this age, children qualify for services under the same categories as for K-12.

### Who to contact:

#### The family's local school district

To determine which school district is associated with the family's address, visit the Sonoma County Voter Registration Lookup. For specific contact information for the school district refer to the school district contact list located at [www.rhc.net](http://www.rhc.net).

**Who can refer:** Parent or guardian must make referral. For Sonoma County's referral form to school districts visit [www.rhc.net](http://www.rhc.net).

In Sonoma County, referrals are based on a child's age, screening tool outcomes, and the community's system of care.



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