

Child Outreach Screening

Provisional Guidance

August 2020



RIDE Rhode Island
Department
of Education

Table of Contents

Introduction & Need for Provisional Guidance	3
Screening Instruments	3
Accuracy of Parent Questionnaires	5
Early Care & Education Settings.....	5
The Parent Consent Packet.....	6
The Screening Packet	6
The Virtual Screening System & Workflow.....	7
Screening Results & Follow up.....	9
Entering Data in KIDSNET.....	10
Security and Confidentiality.....	11
Appendix	12

Introduction & Need for Provisional Guidance

Child Outreach is Rhode Island’s universal developmental screening system designed to screen all children ages 3 to 5 annually, prior to kindergarten entry. Developmental screenings sample developmental tasks in a wide range of areas and have been designed to determine whether a child may experience a challenge that will interfere with the acquisition of knowledge or skills. Screening results are often the first step in identifying children who may need further assessment, intervention, and/or services at an early age to promote positive outcomes in kindergarten and beyond.

The provisional guidance outlined below allows Child Outreach Screenings to continue to be delivered during times of disruption to standard implementation due to COVID-19. They allow districts to meet state and federal Child Find obligations when school buildings are closed, or state, district, or program policies preclude Child Outreach personnel from screening children in person. The intention is that school districts make decisions regarding when in-person screening is permissible, when virtual implementation is necessary and when to move between the two.

The protocols that required modification to provide for non-contact screening are included in this document. All other requirements remain in full effect and will continue to be administered utilizing the general guidance provided in [Rhode Island's Guidelines for Implementing Child Outreach Screening](#).

Screening Instruments

While the typical Child Outreach screening instruments are designed to screen children in person, screenings during COVID- 19 will require the use of alternate tools. Provisional tools will allow for information to be provided by those who are most familiar with the child, mainly the parent or guardian. The use of norm-referenced tools that rely on parent reporting will ensure that Child Outreach screening continues to be available and accessible at all times while delivering results that have a high degree of validity and reliability.

After a comprehensive review of available tools, the following tools were identified as the most valid and reliable and most aligned with the needs of Rhode Island’s Child Outreach Programs.

- General Development: [Ages & Stages Questionnaires® , Third Edition \(ASQ-3\)](#)
- Speech & Language: ASQ-3- Communication Section
- Social-Emotional: [ASQ:SE-2](#)
- Vision: [ABC Vision Checklist](#)
- Hearing: [H.E.A.R. Checklist](#)

Digital screening of general development and speech & language domains will be accomplished with the Ages & Stages Questionnaires®, Third Edition (ASQ-3). The ASQ-3 asks families to report their observations in the areas of communication, gross motor, fine motor skills, problem-solving, and personal-social development.

To ensure each district has the means to offer the ongoing screening, RIDE will provide each LEA with the following screening components:

- **ASQ-3 Starter Kit** in both English and Spanish, which includes all materials for administering the tool including the ASQ-3 user’s guide, print masters for each age interval questionnaire, PDF questionnaire masters on CD-RO, and an access key code for the ASQ online system.
- **ASQ Online** which provides web-based management for the questionnaire completion system, automated scoring, sample letters for parent communication, and import/export functionality for both ASQ-3 and ASQ-SE-2.
- **ASQ Family Access** which provides online completion capability with both the ASQ-3 and the ASQ-SE-2 for parents via a secure, customizable URL.

The Child Outreach Screening tools currently include the Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®: SE-2) for the social-emotional domains, but it will now be accessible in digital format through ASQ Online. This standardized tool provides information about self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction with people as reported by parents or caregivers.

Best practices for conducting hearing and vision screening necessitate in-person contact between the screener and the child. During this time, however, when face to face contact is deemed unsafe, it is important to identify an alternative vehicle for detecting young children with potential hearing or vision loss.

Accordingly, Child Outreach, along with the Rhode Island Early Hearing Detection and Intervention (RIEHDI), have created the [H.E.A.R. Checklist](#) to identify potential risk factors that warrant referral to an audiologist. This tool collects information about a child’s hearing “history,” including identifying “high risk” factors and asks parents to report on functional hearing behaviors. Additionally, Child Outreach has modified the Prevent Blindness® ABC’s of Possible Vision Problems in Children and created the [ABC Vision Checklist](#) to identify potential risk factors that warrant referral to an eye doctor. This tool collects information about a child’s vision, appearance of the eyes, behavior, and complaints. These alternate tools do not replace in-person hearing or vision screenings, which should take place as soon as possible when conditions allow. It is important to inform parents about this limitation, emphasizing that hearing and vision difficulties cannot be ruled out through the checklists alone.

Accuracy of Parent Questionnaires

It has been clearly demonstrated that parents can provide valid information about their child’s current behaviors when using a norm-referenced questionnaire that has a high degree of validity and reliability. The accuracy of parent-completed screeners to assess general development is supported by research. The following benefits have been noted:

- “Parents report accurately about their children because they have a contextual understanding of the home and culture that gives them deeper knowledge of their child,” explains Elizabeth Twombly, MS, ASQ co-developer. “They may also have the opportunity to observe new or emerging skills that the child tries at home, but not in the school environment.”
- “Parents know their child better than anyone else, including what they have observed their child doing across settings and how best to facilitate target behaviors. Their child is most comfortable around them and will use more language,” says Jane Squires, Ph.D., co-developer of ASQ-3 and ASQ:SE-2.”
- “Finally, it’s been shown that parents learn as a result of completing developmental questionnaires, so they may be able to give their child better learning experiences as time goes on.”

[“Putting your trust in Parents.”](http://agesandstages.com/free-resources/articles/putting-trust-parents) Ages and Stages, Brooke Publishing, 18 Dec. 2019, <http://agesandstages.com/free-resources/articles/putting-trust-parents>.

Early Care & Education Settings

The Child Outreach Screenings programs will continue to collaborate with early care and education programs such as private preschools, center-based childcare centers, state-funded PreK, Head Start programs, public preschool classrooms, dual language classrooms, and licensed family childcare homes to ensure that all children are screened. Although the screenings may not take place at the programs, the early childhood education coordinators and staff continue to serve as critical partners in the screening process. As always, Child Outreach programs will screen children in RI-PreK and Head Start programs during the first 45 days of school as required by state/federal policy.

When screening students in early care and education programs, during periods when in-person screening is not possible or not permitted, every effort should be made to screen all children, including non-residents. Districts are encouraged to work cooperatively with the home district to make decisions that are in the best interest of the individual children and families and to ensure that screenings are made available to all children in RI.

The Parent Consent Packet

The provisional screening process includes providing parents with two separate packets. The first packet is the parent consent packet and consists of the following digitally modifiable documents:

- Information about Child Outreach screening
- [RIDE Child Outreach/KIDSNET Parent Consent Form](#)
- [CO Family History Questionnaire](#)
- [CO Preschool Language Survey](#)

Parents or guardians will be asked to complete and return the standardized Child Outreach parent consent form, the CO Family History Questionnaire, and the CO Preschool Language Survey. During this time of COVID-19 restrictions and according to federal law, electronic signatures are valid and permissible on the parent consent. Numerous avenues can be utilized for parents to return the completed consent packet. Each LEA will need to create a process consistent with the district's policies, procedures, and COVID-19 restrictions.

As part of this initial packet, each district will provide parents with general information about the screening, as they have in the past, including the screening process, purpose, and areas. The [Child Outreach Screening Brochure - English](#) and [Child Outreach Screening Brochure - Spanish](#) are available to districts on the RIDE website. Additional information about the use of the virtual format will be required. Parents will need to know how to access the materials, how to fill them out, and how to return the documents to the district.

The Screening Packet

The second packet includes information specific to accessing and completing the provisional screening tools and includes:

- **ASQ-3** questionnaire accessed through the web-based ASQ online
 - [ASQ-3 Parent Guide](#)
 - [ASQ-3 Materials List](#) (for child's age)
- **ASQ:SE-2** questionnaire accessed through the web-based ASQ online (Parents will complete both questionnaires online through a single ASQ Family Access URL)
- [H.E.A.R. Checklist](#) provided in a digitally modifiable format.
- [ABC Vision Checklist](#) provided in a digitally modifiable format.

Districts will need to prepare and support the parent in completing the screening questionnaires and checklists. Extensive resources are provided through the publisher of the ASQ to support the administration of the tools, including webinars, materials for parents, and user guides. Child Outreach providers have access

to the numerous training materials provided by Brookes Publishing to support each tool as well as the use of ASQ online and Family Access. Additionally, each Child Outreach program will be provided with the ASQ-3 User Guide, which includes extensive information about the administration and management of this tool. Districts will need to review these supports to ensure implementation fidelity. See [appendix](#) for links to [Using ASQ in a Virtual Environment](#), Introduction to ASQ Online, and the [ASQ Training Portal](#).

* Note: This edition of the ASQ-3 includes an item that asks if the child identifies their gender correctly. The publisher is omitting this item from the next edition with the following acknowledgment: “In the past, gender was considered a hallmark of development, but now there exists a much more nuanced and sophisticated view of all that is involved with gender. We consider this item to be dated and have omitted it as we begin work on the next edition of ASQ. As you use ASQ-3, you may find it best to omit the item related to gender and calculate an adjusted score for the Personal-Social area.”

The Virtual Screening System & Workflow

Districts will need to develop their own systems, including roles, parent engagement, workflow, and staff development protocols. Decisions will need to be made regarding who will contact parents initially, send the consent packet, collect the completed forms, forward the screening packet and links for family access, record the results, arrange follow-ups, including referrals, and enter data in KIDSNET. Scoring the tools will be unnecessary, as it is provided through the ASQ online portal. Although each district has already developed a clear system and workflow around the current screening instruments, a new system will need to be determined, specifically tailored to fit the new provisional screening instruments.

Organize and assign new Child Outreach tasks

- Who will arrange for the distribution and completion of the tools?
- Who will monitor and collect the ASQ Online portal?
- Who will score the H.E.A.R. and ABC Vision Checklists?

Train staff to facilitate the implementation protocols ([ASQ Training Portal](#))

- How to use the ASQ online portal
- How to use Family Access Online
- How to support families to complete questionnaires
- Understand the purposes and limitations of the tools
- How to communicate with families around the tool

Consider Heightened Engagement of Parents

Although Child Outreach has actively worked to establish positive connections with families, during this time, parents will be more actively engaged in the process.

- Clearly explain the purpose of screening & screening navigation
- Confirm access to email or determine alternative, such as mailing, to send and complete screening packets
- Allay fears and answer questions in parent-friendly terms
- Work to establish and maintain open communication throughout the screening

Administer the screening tools with fidelity, using the online publisher resources and those provided in the manual.

Sample Workflow	
Two weeks before the target screening date	Send parent consent package: <ul style="list-style-type: none"> • Information about Child Outreach screening • RIDE Child Outreach/KIDSNET Parent Consent Form • CO Family History Questionnaire • CO Preschool Language Survey
One week before the target screening date	Prepare parent for screening by sending: <ul style="list-style-type: none"> • H.E.A.R. Checklist • ABC Vision Checklist • ASQ-3 Parent Guide/ ASQ-3 Parent Guide: Spanish • ASQ-3 Materials List (for child's age) • Online Family Access URL using email where possible.
A few days before the target screening date	As necessary, introduce screening using video conferencing or phone: <ul style="list-style-type: none"> • Determine if the parent needs assistance to complete questionnaires and answer any questions about completing the screening • Together Review the Materials List to see that the family has the required materials. Assist them to adapt the item if materials are not available. (See ASQ-3 Materials and Item Adaptation Guide for guidance) • If the parent needs assistance to complete the questionnaire, set a date and time for a video conference or phone call to do so. • If the parent can use Family Access Online, agree on a timetable for completion.
On the target screening date	<ul style="list-style-type: none"> • Parent completes ASQ-3 and ASQ: SE-2 using online Family Access, and scoring is automatic. • Alternatively, if the parent requires support, the screener can access the ASQ online to record responses directly or use a paper copy to record and score.

After the screening	<ul style="list-style-type: none"> • Access the child’s report in ASQ online. • Take next steps as indicated by the child’s results • Enter the child’s results in KIDSNET • If indicated, discuss results directly with the parent • Send results letters • Facilitate any indicated referrals <p>Provide parent activities and resources as appropriate:</p> <ul style="list-style-type: none"> • ASQ-3 Intervention Activities • ASQ Parent Activities • ASQ-SE-2 Social-Emotional Development Guides and Activities • RIELDS Fun Family Activities English / RIELDS Fun Family Activities Spanish • Birth to Five Watch me Thrive! Family Resources
---------------------	--

*Note: When using the ASQ Online, it is important to emphasize that the child’s KIDSNET number will **not** be used at any time outside of the KIDSNET database. Any number assigned in the ASQ online database will be randomly assigned to each child for the purpose of tracking within the ASQ database relevant to that particular child.

Screening Results & Follow up

The **H.E.A.R.** and **ABC Vision Checklists** will result in either no indicators of hearing or vision concern or referral for further evaluation. Rescreens will be unnecessary. As a reminder, these alternate tools do not replace in-person hearing or vision screenings, which should take place as soon as possible when conditions allow. It is important to inform parents about this limitation, and that hearing and vision difficulties cannot be ruled out through the checklists alone.

The **ASQ-3** provides independent cut off scores for each of the areas: Communication, Gross Motor, Fine Motor, Problem Solving, and Personal-Social and includes the following results:

- *Pass*: typically developing, no follow-up necessary
- *Refer*: two standard deviations below the mean, indicates need for further assessment
- *Monitor*: close to the cut-off score (i.e., greater than one and less than two standard deviations below the mean). It is recommended that programs provide targeted developmental activities and conduct a secondary screen in 2-3 months.

Additionally, the ASQ-3 has a section titled *Overall Responses*, which includes the parent’s responses to ten key questions. These questions reference parent concerns in the areas of speech, language, hearing, vision, behavior, and medical problems. The Overall Responses section is considered a vital part of the questionnaire.

Parent concerns from this section are separately noted and require follow-up even if the child's scores in the other screening areas indicate that the child is developing typically. Concerns may trigger a potential referral to special education or other community agencies, from primary health care to parenting support groups. Although these questions are not diagnostic, they serve as a guide for discussion and consideration for further assessment.

This *Overall Responses* section is of particular importance when considering the speech/language domain of the Child Outreach provisional screening. The Speech and Language results rely on both the communication section of the ASQ-3, as well as the specific speech and language questions in the Overall Responses section. These questions specifically target the parent's observations of their child's speech and language and may indicate a possible articulation concern requiring further evaluation.

The **ASQ: SE-2** indicates a single total score and includes the following results:

- *Pass*: typically developing, no follow-up necessary
- *Refer*: indicates need for further assessment
- *Monitor*: close to the cut-off score (i.e., greater than one and less than two standard deviations below the mean). It is recommended that programs provide targeted developmental activities and conduct a secondary screen in 2-3 months

The results summary also includes a section for recording Overall Responses and Concerns, which will require follow-up to determine next steps, if the parent has indicated any concerns.

The ASQ-3 and the ASQ: SE-2 suggest the following actions when following up on Overall Responses or results that indicate a Monitor.

- Request that another caregiver complete the questionnaires
- Provide secondary screen
- Provide parents with educational materials and activities
- Provide parents with information about community resources such as parent classes or support groups
- Refer to the primary care provider
- Refer families for early childhood special education evaluation

Entering Data in KIDSNET

As always, after screenings have taken place and scored, results are entered into KIDSNET. Modifications have been made to accommodate the new tools and result categories. During times when the provisional guidance is in effect, it is especially important to maximize the use of the Notes section on the outcomes page, including actions taken to address results in the monitoring zone or Overall Responses. As noted previously, this is

especially true for the Speech and Language section when it would be important to note the areas of Overall Response in a Note on the domain page.

Additionally, new fields have been created within KIDSNET to identify the type of screening provided, whether it be in-person or virtual. As under usual circumstances, KIDSNET should be used to generate the parent report, which will be sent to the child's family within two weeks. Additional follow-up communication with the child's early care and education program, pediatrician, or other agencies should be completed as necessary and according to the RI Child Outreach Guidelines.

Security and Confidentiality

Personal information and Child Outreach results and recommendations collected through the Child Outreach process and exchanged with families must be held in the strictest confidence, meeting state and federal laws, and local policies. New confidentiality and security practices and protocols must be created and utilized by districts to align with the administration and implementation of the new online screening system.

Appendix

1) Brookes Publishing Resources:

- [Using ASQ in a Virtual Environment](#)
- [Provider Guide to ASQ3 Virtual Administration](#)
- [ASQ Training Portal](#)
- [ASQ for Parents: Your Guide to ASQ Screening](#)
- [Screening Navigator](#)
- [Kids in the Monitoring Zone: What to do Next](#)

2) General Information Regarding Virtual Visits:

- [Virtual Home Visits: Screening](#)
- [IVC Virtual Service Delivery Checklist](#)

3) Provisional Screening Instruments:

- [H.E.A.R. Checklist](#)
- [ABC Vision Checklist](#)
- [ASQ-3 - Ages & Stages Questionnaires®](#)
- [ASQ:SE-2 — Ages and Stages Questionnaires®: Social/Emotional](#)



H.E.A.R Checklist

RIDE Child Outreach Screening



H.E.A.R. CHECKLIST

Indicators Associated with Hearing Loss

Best practices for conducting hearing screening necessitate in-person contact between the screener and the child. During this time of national emergency; however, when face to face contact is deemed unsafe, it is important to identify an alternative vehicle for finding young children with potential hearing loss. Accordingly, Child Outreach, along with the Rhode Island Early Hearing Detection and Intervention (RIEHDI), have created this questionnaire to identify potential risk factors that warrant referral to an audiologist. It is important to be aware of the limitations of this questionnaire and the importance of following up with an in-person screen as soon as possible. Hearing difficulties, needing further attention or assessment, cannot be ruled out through this questionnaire.

Children who have any of the following histories are of greater concern for potential hearing loss and warrant a referral to an audiologist if the child is not already receiving care.

Child's Name: _____ Child's D.O.B.: _____

Name of Person Completing Form: _____ Date: _____

	YES	NO	Please indicate if your child has experienced any of the following.
H: Health	<input type="checkbox"/>	<input type="checkbox"/>	Perinatal or postnatal risk factors: <ul style="list-style-type: none"> Was exposed to infection before birth In NICU for more than five days or with complications Needed special procedure (blood transfusion) to treat bad jaundice (Hyperbilirubinemia) Neurological disorder or syndrome associated with hearing loss (Check with your healthcare professional.)
	<input type="checkbox"/>	<input type="checkbox"/>	Was exposed to infection after birth such as herpes viruses, varicella (chickenpox), bacterial and viral meningitis, and encephalitis
	<input type="checkbox"/>	<input type="checkbox"/>	Received a bad injury to the head that required a hospital stay
	<input type="checkbox"/>	<input type="checkbox"/>	Was given certain medications, like chemotherapy, that might hurt hearing
	<input type="checkbox"/>	<input type="checkbox"/>	Had a large number of episodes of ear infections, PE tubes, or ear surgeries
E: Education	<input type="checkbox"/>	<input type="checkbox"/>	Delayed in speech, language, or phonics development
	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty following directions (watches others for cues; relies on vision heavily)
A: Appearance	<input type="checkbox"/>	<input type="checkbox"/>	Has head, face, or ears shaped or formed in a different way than usual
R: Report	<input type="checkbox"/>	<input type="checkbox"/>	Family history of hearing loss
	<input type="checkbox"/>	<input type="checkbox"/>	You are worried about your child's hearing
	<input type="checkbox"/>	<input type="checkbox"/>	Teacher or caregiver reports concerns regarding hearing
	<input type="checkbox"/>	<input type="checkbox"/>	Teacher or caregiver reports concern regarding behavior or attention
	<input type="checkbox"/>	<input type="checkbox"/>	Child reports tinnitus or ringing in the ears or difficulty hearing



RIDE *Child Outreach Screening*

Has your child been screened for hearing loss at birth? Yes No

Has your child been screened for hearing loss after the newborn screening Yes No

Has your child ever not passed a hearing screening Yes No

Has your child been identified with a hearing loss Yes No

Is your child currently under the care of a hearing specialist Yes No

If yes, what was the date of the child's last visit? _____ Next visit? _____

Additional Comments:

For office use only:

- No identified indicators were noted or child followed by an audiologist.
- Refer for additional follow-up due to the risk factors indicated above.

Modified from the Colorado Department of Education H.E.A.R. Checklist

Confirmation of risk factors identified at birth can be obtained by a parent from RI-EHDI at 401-277-3700.



ABC Vision Checklist

RIDE Child Outreach Screening

A.B.C. Vision CHECKLIST

Indicators Associated with Vision Loss

Best practices for conducting vision screening necessitate in-person contact between the screener and the child. During this time of national emergency; however, when face-to-face contact is deemed unsafe, it is important to identify an alternative vehicle for finding young children with potential vision loss. Accordingly, Child Outreach has adopted the Prevent Blindness® ABC's of Possible Vision Problems in Children and reworked it into this questionnaire to identify potential risk factors that warrant referral to an eye doctor. It is important to be aware of the limitations of this questionnaire and the importance of following up with an in-person screen as soon as possible. Vision difficulties, needing further attention or assessment, cannot be ruled out through this questionnaire.

Child's Name: _____ Child's D.O.B.: _____

Name of Person Completing Form: _____ Date: _____

	YES	NO	Please indicate if your child has experienced any of the following.
A: Appearance	<input type="checkbox"/>	<input type="checkbox"/>	Eyes do not line up or look straight ahead
	<input type="checkbox"/>	<input type="checkbox"/>	Eyes are watery or red (inflamed)
	<input type="checkbox"/>	<input type="checkbox"/>	Recurring stye or bump (infection) on eyelid
	<input type="checkbox"/>	<input type="checkbox"/>	Color photos of child's eyes show a white reflection in the pupil (middle of the eye)
	<input type="checkbox"/>	<input type="checkbox"/>	Red-rimmed, crusted, or swollen eyelids
	<input type="checkbox"/>	<input type="checkbox"/>	Eyelid does not fully open (droopy)
	<input type="checkbox"/>	<input type="checkbox"/>	The pupil (the black circle in the colored part of the eye) in one eye is larger than the pupil in the other eye
	<input type="checkbox"/>	<input type="checkbox"/>	The iris (colored part of the eye) in one eye is not the same round shape and size as the iris in the other eye
B: Behavior	<input type="checkbox"/>	<input type="checkbox"/>	Both eyes jerk back and forth quickly from side to side
	<input type="checkbox"/>	<input type="checkbox"/>	Closes or covers one eye when looking at a book or a close object
	<input type="checkbox"/>	<input type="checkbox"/>	Rubs eyes often
	<input type="checkbox"/>	<input type="checkbox"/>	Squints eyes when trying to see things near or far away
	<input type="checkbox"/>	<input type="checkbox"/>	Tilts head or turns face when playing with a toy, looking at a book, or trying to see something near or far away
	<input type="checkbox"/>	<input type="checkbox"/>	Seems unusually clumsy- bumps into things often or knocks things over
	<input type="checkbox"/>	<input type="checkbox"/>	Brings toys or books close to his or her face
C: Complaints	<input type="checkbox"/>	<input type="checkbox"/>	Blinks eyes more than usual or is cranky when doing close-up work
	<input type="checkbox"/>	<input type="checkbox"/>	Blurred vision when looking at near objects, such as toys or books
	<input type="checkbox"/>	<input type="checkbox"/>	Eyes itch, burn or feel scratchy
	<input type="checkbox"/>	<input type="checkbox"/>	Unable to see something other people can see
	<input type="checkbox"/>	<input type="checkbox"/>	Sees worse at the end of the day
	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness, headaches, or nausea when doing near work
	<input type="checkbox"/>	<input type="checkbox"/>	Light is too bright



RIDE *Child Outreach Screening*

Has your child ever failed a vision screening? Yes No

Has your child been identified with a vision loss? Yes No

Do you have concerns about your child's vision? Yes No

Is your child currently under the care of an eye doctor? Yes No

If yes, what was the date of your child's last visit? _____ Next visit? _____

Additional Comments:

For office use only:

No identified indicators were noted or child followed by an optometrist/ophthalmologist.

Refer for additional follow-up due to the risk factors indicated above.

For more information, visit www.preventblindness.org/your-childs-sight



ASQ-3 - Ages & Stages Questionnaires®

- *ASQ-3 - Ages & Stages Questionnaires®*, Third Edition (2008). Paul H. Brookes Publishing Co., PO. Box 10624, Baltimore, MD 21285
Phone: 800-638-3775 <http://www.agesandstages.com/> Fax: 410-337-8539
- *Screening Tool*: The Ages and Stages Questionnaire, Third Edition, is a developmental screening tool that relies on parent reporting to accurately identify children who may be at risk for developmental delays. It is parent-centric, easy to use, and encourages parent involvement.
- *Authors*: Jane Squires, Ph.D., Diane Bricker, Ph.D., and Elizabeth Twombly, M.S., Robert Hoselton, Kimberly Murphy, CCC-SLP, Robert Nickel, M.D., Jantina Clifford, Ph.D., LeWanda Potter M.S., Linda Mounts M.A., Jane Farrell, M.S.

Description of the Tool	The ASQ-3 is a highly valid, reliable, and accurate tool that uses a parent questionnaire to gather the parent’s in-depth knowledge about their child’s development. It offers age intervals for children from 1 to 66 months. Each interval contains 30 developmental items that are written in a simple, straight forward language and utilize objects commonly found in homes. It is available in English, Spanish, Arabic, Chinese, French and Vietnamese. Learning Activities that consist of games and ideas for parent interactions are provided for each developmental area and age interval.
What does it screen?	Communication, which assesses language, both what a child understands and how they follow directions (receptive) and how they vocalize, use words, and start to make sentences (expressive). Gross Motor which assesses large muscle (body, arms, and legs) movement and coordination. Fine Motor, which assesses eye/hand and hand/finger movements and coordination, pre-writing skills. Problem Solving which assesses skills of thinking and learning, how the child solves problems, and pre-academic skills. Personal-Social assesses self-help skills such as feeding, dressing, toileting, and social interactions with others.
What age range does it cover?	1–66 months
Format for administration	Parent Questionnaire. There are 19 age intervals (in months) offered at 2,4,6,8,10,12,14,16,18,20,22,24,30,33,36,42,48,54,60 months.
Who can administer?	Professionals, paraprofessionals, and program staff. Training is encouraged by the publisher who provides Training DVD’s as well as webinars on the website.
How long does it take to complete?	10 -15 minutes
Validity and Reliability	The validity of ASQ-3 has been evaluated extensively. The research sample includes 15,138 children that mirror the US population in terms of race, ethnicity, and socio-economic groups. <ul style="list-style-type: none"> • The concurrent validity (measured by comparing the percentage of agreement between the results of the parent-completed ASQ-3 questionnaires with the results of professionally administered standardized assessments) ranged from 74% for the 42-month ASQ-3 questionnaire to 100% for the 2-month and 54-month questionnaires, with 86% overall agreement.

	<ul style="list-style-type: none"> • The sensitivity* of ASQ-3, or the ability of ASQ-3 to correctly identify those children with delays, ranged from 75% for the 6-month questionnaire to 100% for the 4-month, 14-month, 54-month, and 60-month questionnaires, with 86% overall agreement. • The specificity* of ASQ-3, or the ability of ASQ-3 to correctly identify typically developing children, ranged from 70% for the 14-month questionnaire to 100% for the 2-month, 16-month, and 54-month questionnaires, with 85% overall agreement.
Procedure	<p>This instrument is designed to be independently completed by the child’s parent. Caregivers or teachers can also complete the questionnaire if they know the child well. Parents are asked to choose the response that reflects what they observe about their child by responding: “yes,” “sometimes,” or “not yet.” Further, they are asked to indicate any behaviors that are of concern to them. If parents cannot read English or Spanish at a fourth to sixth-grade reading level, then parents will require assistance to complete the questionnaire.</p>
Follow-up	<p>The ASQ-3 requires less than 5 minutes to score and must then be interpreted by a professional. Raw scores are obtained for each area: Communication, Gross Motor, Fine-Motor, Problem Solving, and Personal-Social. These are compared to cut-off scores for each area, which shows whether the child may need further assessment (2 standard deviations below the mean), monitoring and rescreening (1-2 Standard deviations below the mean), or falls into the developing typically range. A referral is suggested when the child’s scores fall two standard deviations below the mean.</p> <p>For the ASQ-3, a monitoring zone of 1–2 standard deviations below the mean score in each domain is highlighted on the ASQ-3 Information Summary sheet forms. Scores that fall within the monitoring zone are greater than one but less than two standard deviations from the mean.</p> <p>This monitoring zone was added to alert ASQ-3 users that children who are not identified as needing follow-up assessment (i.e., with scores that were two standard deviations below the mean) would, nevertheless, benefit from targeted interventions. Children whose scores are 1–2 standard deviation units below the mean score in any developmental area should be monitored and given follow-up activities for practicing skills in these areas. In addition, these children should be rescreened in 2-3 months.</p>

ASQ:SE-2 — Ages and Stages Questionnaires: Social/Emotional

- *ASQ:SE-2 — Ages and Stages Questionnaires: Social/Emotional*, Second Edition (2015). Paul H. Brookes Publishing Co., PO. Box 10624, Baltimore, MD 21285 Phone: 800-638-3775
Phone: 800-638-3775 <http://www.agesandstages.com/> Fax: 410-337-8539
- *Screening Tool*: The ASQ: SE-2 questionnaire is used to quickly recognize young children at risk for social or emotional difficulties and who may need further assessment and/or intervention. It can be used as a one-time screening or used repeatedly to monitor children’s social/emotional development.
- *Authors*: Jane Squires, Ph.D., Diane Bricker, Ph.D., and Elizabeth Twombly, MS, with assistance from Robert Hoselton, Kimberly Murphy, Jill Dolata, MA, CCC-SLP, Suzanne Yockelson, Ph.D., Maura Schoen Davis, Ph.D., and Younghee Kim, Ph.D.

Description of the Tool	Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ: SE-2) is a highly reliable tool with a deep, exclusive focus on children’s social and emotional development. Behaviors of concern can be targeted for further assessment or ongoing monitoring. It utilizes parent-completed questionnaires that reliably identify young children at risk for social or emotional difficulties. It includes Learning Activity Tip Sheets, which provide families with simple developmentally appropriate activities organized by age. In addition, a one-page summary is provided for parents that briefly highlights what to expect in terms of their child’s social-emotional development. The user’s manual includes guidance on cultural sensitivity. It is available in English and Spanish.
What does it screen?	Self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction with people. The ASQ:SE-2 contains items that target “red flags” for autism spectrum disorder.
What age range does it cover?	1–72 months
Format for administration	Parent Questionnaire. There are nine age-appropriate questionnaires for use at 2, 6, 12, 18, 24, 30, 36, 48, and 60 months of age.
Who can administer?	Professionals, paraprofessionals, and program staff with training.
How long does it take to complete?	Each questionnaire takes 10–15 minutes for parents to complete and 2–3 minutes for professionals to score.
Validity and Reliability	<p>The validity, reliability, and utility studies were conducted on ASQ:SE-2 between 2009 and 2011 to accurately determine the psychometric properties of the screening instrument. Normative studies included 14,074 children, ages one month up to 72 months, mirroring the US population in terms of race/ethnicity and socio-economic groups. The results support the ability of ASQ:SE-2 to discriminate between children with social-emotional delays and those who appear to be developing typically in social-emotional areas.</p> <ul style="list-style-type: none"> • Test-retest reliability, measured as the agreement between two ASQ:SE-2 questionnaires completed by parents at 1- to 3-week intervals, was 89%. These results suggest that ASQ:SE-2 scores were stable across time intervals. Internal consistency was reported as 84%.

	<ul style="list-style-type: none"> • Concurrent validity, as reported in percentage agreement between ASQ:SE-2 and concurrent measures, resulted in overall agreement of 84%. • Sensitivity, or the ability of the screening tool to identify those children with social-emotional disabilities, was reported to be 81% overall. • Specificity, or the ability of the screening tool to correctly identify those children without social-emotional delays, ranged from 76% at 18 months to 98% at 60 months, with 83% overall.
Procedure	<p>This instrument is designed to be independently completed by the child’s parent or caregiver. Caregivers and teachers should spend a minimum of 15 hours per week with the child if completing the questionnaire. Parents or caregivers are asked to choose the response that reflects what they know about their child: “often or always,” “sometimes,” or “rarely or never.” Further, they are asked to indicate any behaviors that are of concern to them. If parents cannot read English or Spanish at a fourth-grade reading level, then parents will require assistance to complete the questionnaire.</p>
Follow-up	<p>A professional completes the scoring and provides interpretation. While comments made by the family or caregiver are not factored into the score, referrals may be made on the basis of comments alone, even if the child scores in a typical range. Reproducible scoring sheets include referral considerations that help determine if the child needs further evaluation. Cut-off scores are provided, and a monitor zone clearly identifies children close to the cut-off. The information summary sheet guides the recording and interpretation by providing checklists of factors to consider when making referral decisions and follow-up actions. If the child’s score is above the empirically derived cut-off point, the child should be referred for further assessment. If the score falls in the area labeled monitor, the child’s teacher or other adult who knows the child well can be asked to fill out an additional ASQ: SE, given parent’s consent. Additionally, family engagement materials, activities, and follow up suggestions are provided. If the child’s score falls below the cut-off score, the child passes, and no follow-up is necessary.</p> <p>Special considerations for girls in the monitor zone: It is noted that the validity sample did not include enough girls with social/emotional problems; therefore, the authors recommend that programs carefully review with parents/caregivers the results of girls with scores in the monitoring zone. Girls may need to be considered for referral for further assessment and/or community services when their scores are near or above the screening cut-off points.</p>