

# Should teachers take the lead in completing ASQ questionnaires?

## How teachers and parents can collaborate

In recent years Ages & Stages Questionnaires® usage has grown exponentially as new federal and state initiatives aim to improve outcomes for young children. Recognized for its validity and reliability, ASQ has become the tool of choice for most programs to conduct developmental screening. Pediatricians, public preschool and Head Start teachers, and now private preschools and child care centers are adopting ASQ. Usage has also spiked in states that use Quality Rating Improvement Systems (QRIS), because often the highest ratings can only be given to child care centers that use screening tools.

There's no doubt that more screening is a good thing—greater efforts to identify developmental or social-emotional concerns will result in a greater likelihood that children and families get the support they need. But **how** children are screened is equally important.

## Schools and child care centers should involve parents in the process

ASQ-3™ and ASQ:SE-2™ were meant to be parent-completed tools. As they are used more frequently in early education settings, more teachers are completing the questionnaires and involving parents only at the point of sharing results.

Why do some teachers fill out the questionnaires themselves? Sometimes, it's because they aren't yet aware that it's not best practice to do so, because they haven't read the user's guides, or don't know how accurate parents are. For others, it may simply feel faster and easier to do it themselves. Teachers and childcare providers often are strapped for time and resources, and engaging families in a screening program requires both.

It's certainly acceptable—and sometimes necessary—for teachers to begin to tackle questionnaires on their own, but it's not considered best practice. Will the teacher know the child well enough to accurately assess his or her typical behavior? What happens when the parent disagrees with a teacher's response to an item? By minimizing the parent's role in the screening process, are teachers missing an opportunity for meaningful family engagement?

According to both the ASQ-3 and ASQ:SE-2 User's Guides, practitioners should enlist parents to complete the questionnaires whenever possible. Parents are the experts on their children, especially about their skills and behavior at home. Inviting parents to participate in the screening process not only ensures more accurate results,



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but encourages ongoing interest and involvement in their child's development. Research supports parents as being highly accurate when completing screening questionnaires like the ASQ-3. In fact, all of the research conducted on the ASQ-3 (and the ASQ:SE) has been conducted with parents reporting on their child's development—not teachers.

### **Even better: Teachers and parents both complete questionnaires**

Developmental and social-emotional screening in the childcare setting is most beneficial when ASQ questionnaires are completed independently by both the teacher **and** the parent. This way, skills and behaviors can be observed in multiple settings, and then compared and discussed in a collaborative manner. Results of ASQ-3 questionnaires can be combined to create one “final” screen; results of ASQ:SE-2 questionnaires should be kept separate.

There are times when the teacher's questionnaire and the parent's questionnaire result in different scores—sometimes significantly different. The bottom line is that children demonstrate different skills and different behaviors in different settings—there are no right or wrong answers. But because both the teacher and parent have had a chance to thoughtfully respond to the questionnaire, differences of opinion or observation can be seen as a starting point for productive discussion.

When behavioral concerns arise, it's not uncommon for a child's ASQ:SE-2 scores to reveal that what is a concern in one setting isn't a concern in the other. Perhaps a child has been hitting classmates at preschool, but gets along well with siblings at home. According to the ASQ:SE-2 User's Guide, “valuable information about the child may surface through discussion of these differences, which may lead to provision of unique supports for the child in a specific setting.” Depending on the setting where problem behaviors are occurring, different follow-up interventions may be appropriate. For example, if the problem behaviors are only occurring in the school setting, a behavior specialist may be brought in to work with the teacher to create a plan for times the child is in school.

ASQ-3 scores can vary across settings for many reasons. Children may perform some skills in one setting and not another, like holding a bottle at child care but always letting mom hold it at home. Teachers may have the opportunity to observe a child demonstrate skills such as cutting with scissors in the school setting, while parents may not have the opportunity to observe this skill in a home setting. Teachers and parents may also have different expectations or may interpret questions slightly differently. This is why it's so important to consider both perspectives when determining next steps or making referrals.

### **Best practices for involving parents in a child care screening program**

In child care and center-based educational programs where teachers complete the questionnaires, parents are often not made aware of the screening until they're given the results. Some parents may feel defensive or unprepared in this situation, especially if concerns are noted. Even if it's unintentional, teachers should avoid situations where they could be perceived as thinking they know more about the child than the parent does.

The goal of the teacher should be to share information and learn more about the parent's perspectives, including anything that could be affecting screening results, including setting/time, health, or family/cultural factors.

ASQ authors, as outlined in both the ASQ-3 and ASQ:SE-2 User's Guides, recommend introducing the screening program early on, such as during enrollment or at planned parent meetings. Showing all parents that screening is a program-wide activity prevents families from feeling stigmatized. Parents can be given an age-appropriate questionnaire during enrollment so they know what to expect, and teachers can also begin observing the child and answering questions. Teachers may need to provide support to some parents to complete questionnaires, for example providing materials a parent does not have access to in the home environment. Later, a meeting should take place where the parent and teacher compare and discuss their independently gathered results, and determine what interventions or follow-up are needed.

The authors note that there can be some flexibility in how both ASQ tools are administered, but they strongly suggest that parents are provided an opportunity to complete the questionnaire.

More information on implementing screening in child care and center-based educational settings can be found in chapter 9 of the ASQ-3 User's Guide, and chapter 9 of the ASQ:SE-2 User's Guide.

### **What should teachers do if parents can't complete questionnaires?**

While many parents will be able to complete the questionnaires independently or with some support, there may be scenarios in which teachers must take the lead and complete ASQ questionnaires. Some parents may be difficult to engage for a variety of reasons, or may not follow through on completing information in the timeframe that programs must follow.

If parents can't complete the questionnaires for some reason, programs should follow guidelines outlined in the User's Guide for administering questionnaires. For the ASQ:SE-2, if the tool is not parent-completed, the authors recommend that the questionnaire is completed by a teacher, independent of the parent. Guidelines require that the teacher knows the child well and has at least 15 to 20 hours of contact with the child each week, for at least a month. Even then, some items may need to be omitted. For example, a preschool teacher who spends 30 hours a week with a child still may never observe sleeping behaviors. Items that cannot be completed should be omitted and the score adjusted. Program staff is still encouraged to obtain a parent-completed ASQ:SE-2 as soon as feasible. There is a huge benefit to a child when parent concerns about behavior are identified early and addressed in the home setting.

For ASQ-3, if parents or other caregivers cannot be involved from the beginning, teachers should do their best to follow the step-by-step protocol outlined in Appendix 9A of the ASQ-3 User's Guide.

In the end, child care centers and other early education settings need to find the right approach for their program

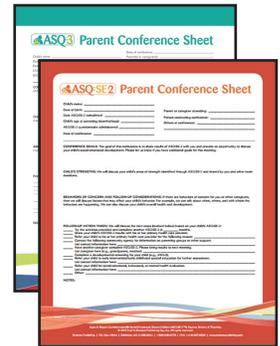
and families. But care should be taken to involve parents as early as possible in the process. It doesn't just make for better relationships between teachers and parents. It also provides parents a valuable opportunity to learn more about their children and to be engaged with tracking and encouraging developmental milestones and social-emotional wellbeing.

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**Need help planning and guiding parent conversations about ASQ results?**

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**Parent Conference Sheets**



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