

Webinar Objectives



- Outline the Collaboration for Early Childhood's Eight-Part Developmental Screening Training Plan
- Provide tips for effective training sessions
- Suggest important factors to consider as you plan your own training sessions

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Context – The Collaboration for Early Childhood

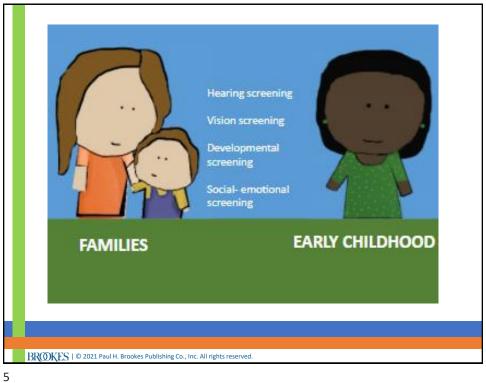


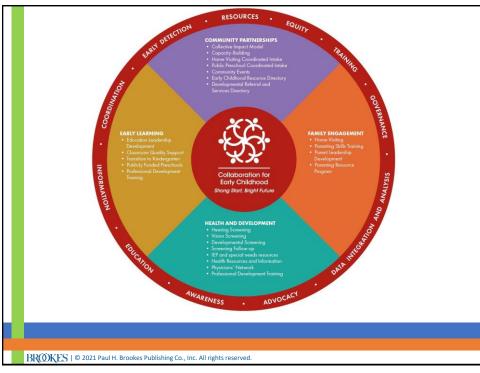
- The Collaboration for Early Childhood is a nonprofit organization located in Oak Park, Illinois.
- Since 2002, we have embraced the vision that all Oak Park and River Forest children should arrive at kindergarten safe, healthy, ready to succeed and eager to learn.
- Unique public/private partnership.
- Behind the work that we do, there is a story, which includes 76 various community partners...

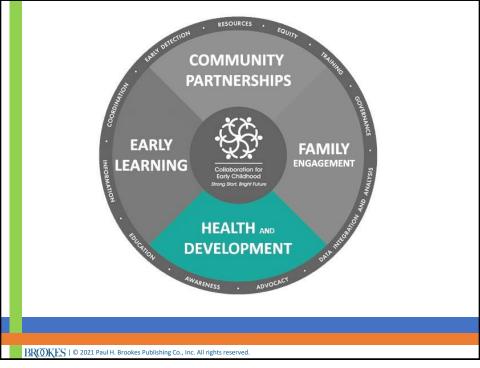
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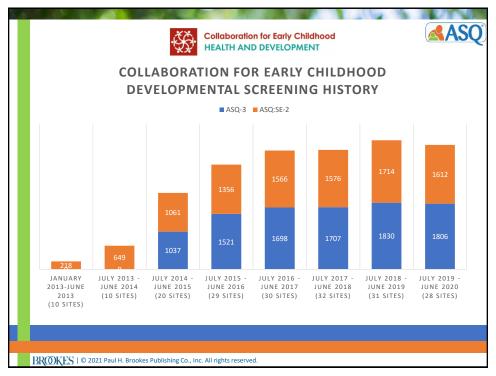


Then and Now



- January 2013 June 2014 10 Screening Partner programs
 - Social-Emotional screening grant work
 - Shared, not dedicated, staff to support this work
- January 2014
 - Developmental Screening Coordinator hired.
- July June 2015 Increased to 20 Screening Partner Programs
 - · Pilot to Incorporate ASQ-3 into screening
 - Training and coaching/mentorship program developed
 - Included medical practices and home visiting service providers
- July 2017 June 2018
 - Incorporated Community screening sites (children's museum and public library)

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Guidance Considered When Developing the Training Program



- American Academy of Pediatrics Recommendations/ Bright Futures
- State and Local Early Childhood Quality Recognition and Improvement System Requirements
- ASQ User Guides
- NAEYC
- Federal/State/Local Law
- Brookes Publishing's Developmental Screening in Your Community

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Importance Points



- "Screening" v. "Testing/Evaluation/Assessment"
- Training introduces concepts for future reference
- The "training" process builds/strengthens relationships with audience members
- Ongoing coaching/mentoring support is invaluable

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"Building and Implementing your Developmental Screening Program"

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Building and Implementing your Developmental Screening Program



- The Phases of the ASQ screening program (2 hrs.)
- Screening, Conference and Referral Protocol Development (2 hrs.)
- Getting Started with the ASQ System (2 hrs.)
- Effective Communication with Families (2 hrs.)
- Using Formal Screening and Informal Assessment to Inform Practice (2 hrs.)
- Putting ASQ Online to Work for You (2 hrs.)
- Putting the Pieces Together (3 hrs.)
- Developmental Referral and Services (2 hrs.)

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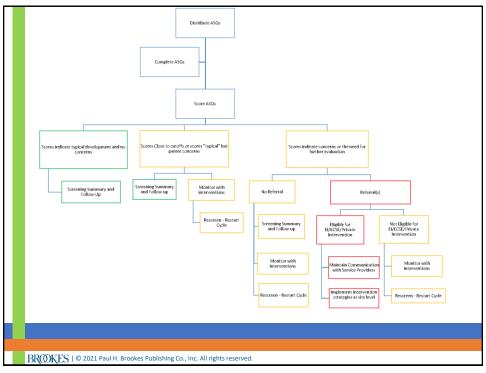
Part I: The Phases of the ASQ screening program



- Phase I ASQ-3, Phases I, II, III and IV ASQ:SE
 - Planning the screening/monitoring program
- Phase II ASQ-3 / Phases V and VI ASQ:SE
 - Preparing, Organizing, and managing the Screening Program

- Phase III ASQ-3 / Phase VII ASQ:SE
 - Administering and Scoring ASQ-3 and Following Up
- Phase IV ASQ-3
 - Evaluating the Screening/Monitor ing Program

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| Program Name: | Actions |
|---------------------------------------------------------------------|---------------------------------|
| Tasks | Who will do What by When? |
| Phase I: Planning the screening/monitoring program | willo will do writer by writern |
| Communicate with community partners | |
| Include parental perspectives | |
| Involve health care providers | |
| Determine target population | |
| 5. Finalize goals and objectives | |
| Determine program resources | |
| Determine administration methods and settings | |
| Determine depth and breadth of system | |
| 9. Select referral criteria | |
| Phase II: Preparing, organizing, and managing the screening program | |
| 10. Create a management system | |
| 11. Prepare questionnaires | |
| 12. Develop forms, letters, and a referral guide | |
| 13. Articulate screening policies and procedures | |
| 14. Provide staff training and support | |
| Phase III: Administering and scoring ASQ and following up | |
| 15. Select the appropriate ASQ age interval | |
| 16. Assemble ASQ materials | |
| 17. Support parents' completion of ASQ | |
| 18. Score the ASQ and review the Overall section | |
| 19. Interpret ASQ scores | |
| 20. Determine type of follow-up | |
| 21. Communicate results with families | |
| Phase IV: Evaluating the screening/monitoring program | |
| 22. Assess progress in establishing and maintaining the | |
| screening/monitoring program | |
| 23. Evaluate the program's effectiveness | |

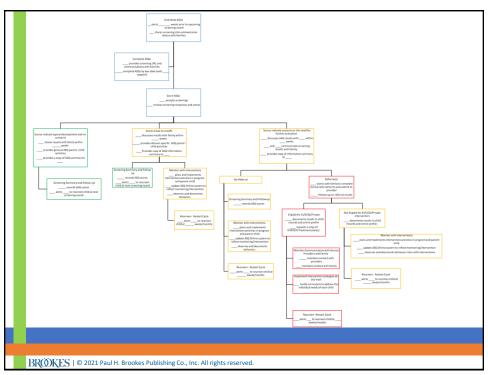
Part 2: Screening, Conference and Referral Protocol Development



- Purpose of Developmental Screening Program Protocol
- Developmental Screening Program Goals
- Create a Developmental Screening Management System
- Roles and responsibilities Who does what and how?
- Activity cycle

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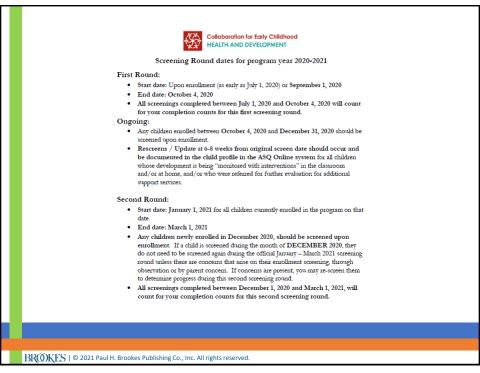
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| | Goals of Our Ages and Stages Questionnaire (ASQ) | |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | Developmental Screening Program | |
| | Developmental Screening Frogram | |
| | Our ASQ Developmental Screening Program consists of the following screening and assessment tools: | |
| | | |
| | | |
| | We here atknow that it is important to engage our families in a developmental screening program because | |
| | | |
| | | |
| | | |
| | All children encolled here at who are age eligible to be screened using the ASQ screening tool, will be screened upon or within 45 days of encollment, and at least twice per program year. | |
| | We primarily utilize the ASQ Online screening management system with the family access component to administre our ASQ Developmental Screening Program. As needed, we will also provide families with paper copies of screening genetionnaires, along with paper screening consent forms and will provide additional statistance to families to complete questionnaires. Family participation is with to the success of our developmental screening program and as a result to the success of the children enrolled later at | |
| | *Created by Shannon Elisan, based on a combination of information gathered from the ASCO Star Guide and a protocol Generalized by Mary Roddhoux, complaint, for Oby Russey, of Oak Park and Rose Frent. | |
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| Groupson Nomes, |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Developmental Screening, Monitoring and Referral Protocol |
| At-A-Glance |
| Program Administration |
| egulady communicates with family members segurding each child's strengths and needs for support. |
| conducts ongoing informal assessments on each child through observation druing children's duly activities. |
| applies knowledge of child development and knowledge of beliefs and culture of each child's family while informally assessing the children. |
| notifies families to complete ASQ-3 and ASQ-SE-2 screenings online (or on paper as needed). Families will receive fast notification bynewelteremailprint letter. Familieswill _will not receive additional notifications/reminders atwill_will off the ASQ-SE of the ASQ-S |
| Eamilies complete ASQ-3 and ASQ-SE-2 as part of the enrollment process and at least twice par year during formal screening rounds or more often, as indicated by screening results and program developmental accentage protocol. |
| The screening schedule is as indicated in appendix A of this protocol document. |
| Please also see program calendar, Appendix B, which includes developmental screening activity. |
| er ensures that paper screening questionnaires are nessessionnaires and accepts them, or ensures that paper screening questionnaires are entered, into the ASQ Online System and anigned to for seview. This will happen negularly on of each week draining exceening rounds, at / draining. |
| erviews accepted and assigned ASQ.3 and ASQ.SE-2 questionnaires within |
| |
| and timely manner, following questionnaire completion. |
| Screening Results |
| Typical Trajectory |
| Results that indicate that a child is developing without concern will be shared by within 4 weeks of screening completion. These results will be shared through |
| form letter / checklist (App. C) in person |
| |
| |
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| ASQ Implementation System Protocol |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Distribute ASQ's |
| Complete ASQ'sprovides screening URL and communication with families via email printcomplete(s) ASQs by due date (with support fromas needed. |
| Score ASQs accepts screenings (Online or on paper as needed) reviews screening responses and scores and interprets them for suggested decision. |
| Scores indicate typical development and no concerns (Typical trajectory) shares results with family withinweeks viaprovides general ASQ parent-child activities and additional resource informationprovides a copy of ASQ summary to |
| Screening Summary and Follow-Up |
| Scores Close to cutoffs or scores typical but parent concerns (Monitor) discusses results with family withinweeks |
| |
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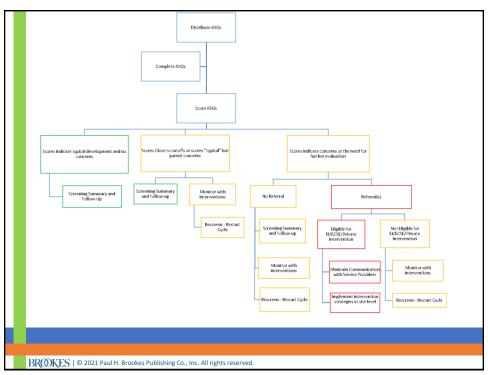
Part 3: Getting Started with the ASQ System

ASQ

- Developmental Domains Review
- Getting Started with ASQ-3 and ASQ:SE-2
 - Questionnaires
 - Information Summary Sheet Two purposes
 - Support materials
 - Review completed ASQ-3 and ASQ:SE screening questionnaires
- ASQ-3 and ASQ:SE-2 case studies/examples

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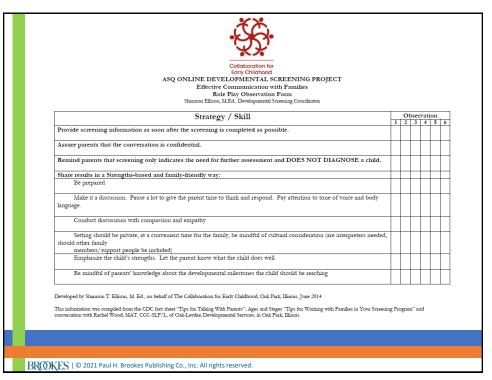
| | ASQ-3 and ASQ:SE-2 |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Test Your Knowledge |
| | |
| | How many developmental domains are covered on ASQ-3? 3 7 5 How many developmental domains are covered on ASQ-SE-2? 1 2 5 |
| | True False |
| | Social – Emotional / Behavioral skills are screened on the ASQ-3. |
| | 4 Parents should not attempt each activity with their child before marking a response. |
| | Gross Motor refers to children's use and coordination of their arms and legs when they move and play. |
| | Problem Solving refers to children's self-help skills and their interactions with others. |
| | Parents should attempt activities with their children at the end of the day, just before dinner. |
| | The "Not yet" response means that the child performs the skill sometimes. |
| | Communication refers to the children's language skills and includes what they can say and what they can understand. |
| | if there are 3 or more missing responses from the questionnaire, you will need to adjust the area score. |
| | The ASQ-3 Information Summary Sheet can be used as a 1-page summary of all questionnaire information, including individual questionnaire item responses. |
| | 12 Parents answer questions in the "Overall" section of the questionnaire by selecting "yes", "sometimes", or "not yet". |
| | Regardless of a child's scores, when a parent records a concern in the Overall section of the questionnaire, program staff should respond. Important concerns that parents indicate may call for a follow-up assessment or referral for services. |
| | |
| | |
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Part 4: Effective Communication with Families



- Developing a Sense of Community "ideas to keep in mind"
- Tips for Sharing Screening Results
- Providing Families with Next Steps
- Practice
 - a. Role Play model
 - b. Small group role play

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Part 5: Using Formal Screening and Informal Assessment to Inform Practice

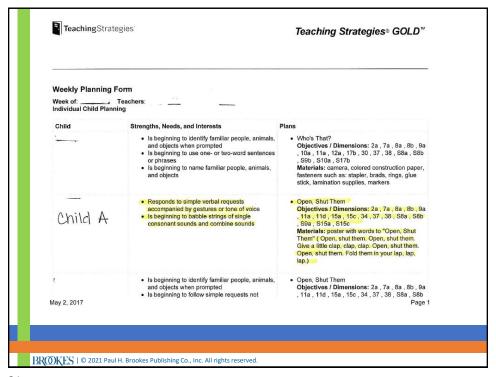


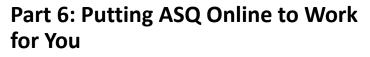
- Formal Screening and Informal Assessment –
 What's the difference?
- Gathering Strengths and Needs from Formal Screening and Informal Assessment
 - · Case Study activities
- Applying what we know
 - · Making adjustments to capitalize on strengths
 - Providing support to areas in need of support
- Sharing what we have created

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| Child's name: Date ASQ completed: 2017-02-06 Child ID: Date of birth: Program: Provider Caregiver's Name: Caregiver's Phone: Caregiver's Email: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. SCORING RESULTS: |
| Area Cutoff Total Score 0 5 10 15 20 25 30 35 40 45 50 55 60 |
| Communication 30.99 25.00 |
| Gross Moter 36.99 \$0.00 |
| Fine Motor 18.07 20.00 🛣 |
| Problem 50-lving 30.29 20.00 * |
| Personal-Social 35.33 40.00 |
| 2. OVERALL RESPONSES: Boldface uppercase responses require follow-up. See ASQ-3 User's Guide for guidance. |
| Do you think your child hears well? If no, explain: Yes Comments: |
| Do you think your child talks like other children her age? If no, explain: NO Cerements: non-verbal |
| Can you understand most of what your child says? If no, explain: NO Comments: non-verbal |
| Can other people understand most of what your child says? If no, explain: NO Comments: non-verbal |
| Do you think your child walks, runs, and climbs like other children his age? If no, explain: Yes Comments: |
| Does either parent have a family history of childhood deathess or hearing impairment? If yes, explain: No Comments: |
| Do you have any concerns about your child's vision? If yes, explain: No Comments: |
| 8. Has your child had any medical problems in the last several months? If yes, explain: No Comments: |
| |
| Top I d'S |

| | | | | | | | | x | |
|---|---------------------|------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|------------|--|
| | 9. | Do you have any concerns about your child's bel | havior? If ye | es, explain: | | | | | |
| | | Comments: | | | | | | | |
| | 10. | Does anything about your child worry you? If ye | s, explain: | | | | | | |
| | | YES Comments: My child is not speaking yet. | | | | | | | |
| | | | | | | | | | |
| | 3. | ASQ SCORE INTERPRETATION AND RECOMI overall responses, and other considerations, suc | MENDATIO | N FOR FOL | LOW-UP: Yo | u must cons | ider total so | ores, | |
| | | If the child's total score is in the area, it is a | | | | | | | |
| | | If the child's total score is in the area, it is of the child's total score is in the area, it is to | lose to the | utoff. Provi | de learning a | ctivities and | monitor. | | |
| | | ir the child's total score is in the area, it is b | elow the cu | torr. Further | assessment | with a profe | ssional may | be needed. | |
| | 4 | FOLLOW-UP ACTION TAKEN: Check all that a | nnly | | | | | | |
| | | | | | | | | | |
| | | Provide activities and rescreen in r | | | | | | | |
| | | Share results with primary health care pr | | | | | | | |
| | | Refer for (circle all that apply) hearing, v | | | - | | | | |
| | | Refer to primary health care provider or of | other commi | unity agenc | (specify rea | son): | | | |
| | | Refer to early intervention/early childhoo | d special ed | ucation. | | | | | |
| | | No further action taken at this time | | | | | | | |
| | | Other (specify): | -1 | | | | | | |
| | E | INDIVIDUAL ITEM RESPONSES: (Y = YES, S | | FO N NO | | | | | |
| | ٥. | INDIVIDUAL ITEM RESPONSES: (1 = 125, 5 | = SOMETIM | E5, N = NO | 1 TE1, X = N | esponse mis | sing) | | |
| | | | 1 | 2 | 3 | 4 | 5 | 6 | |
| | | Communication Gross Motor | Y | N Y | S Y | N N | Y | N Y | |
| | | Fine Motor | N N | Y | N | N | Y | N N | |
| | | Problem Solving | Y | Υ | N | N | N | N | |
| | | Personal-Social | Y | Υ | N | Υ | N | Y | |
| | | | | | | | | | |
| | | | | | | | | | |
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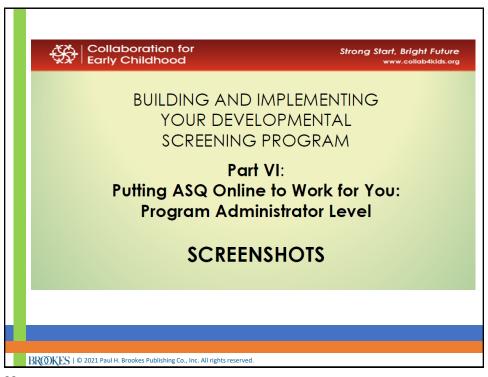


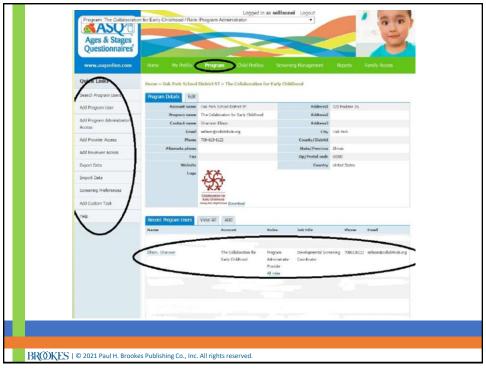




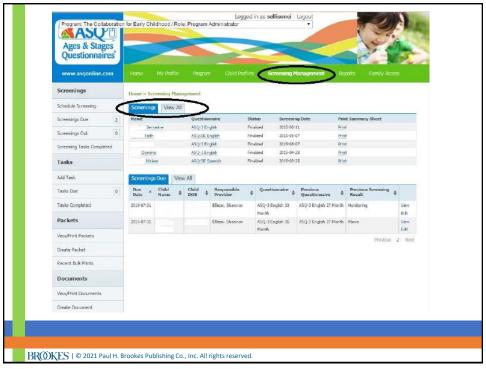
- Introduction to and benefits of the ASQ Online Screening Management System
- The Program Administrator Role
- Program Set-up and Navigating ASQ Online
- Program management / Provider
 - Home
 - My Profile
 - Child Profiles
 - Screening Management
 - Family Access
 - Reports

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Part 7: Putting the Pieces Together

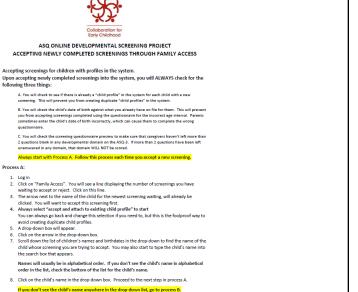
- · Navigating ASQ Online
 - · Family Access
 - · Complete an online screening
 - · Manual screening entry
- Accept / Reject screenings using instructions
- Review Screenings
 - Review screenings using instructions provided
 - Determining Follow-Up as needed

- Document Follow-up in the child's profile
- Sharing results and feedback with families
- Generate reports
- Screening Status Summary
- ASQ-3 / ASQ:SE/SE-2 Screening Results by Child
- Using screening information in planning
- · Screening Management
- ASQ Online Documents

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Developmental Referral and Services



- Early Intervention and Early Childhood Special Education
 - a. Referral Process and Forms (Original)
 - b. Referral Process and Forms (Piloted Streamline)
 - c. Evaluation Process
 - d. Eligibility Determination
 - e. Service options available
 - f. Transition

- Communication and referral with outside community Service Providers
 - a. Letter of Concern /Referral
 - b. Revised CareCoordination form /
 - c. Authorization for Release of Information
- Knowledge post-check

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| | ASQ Developmental Referral and Services Training What's the Difference???? | |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | Write in your answers to the following questions: EI is the abbreviation for? | |
| | ECSE is the abbreviation for? | |
| | LEA is the abbreviation for? | |
| | The contact agency for children age birth -3 years who live in Oak Park and River Forest, for referral for evaluation services is: | |
| | The LEA for children age 3 through 21 years who live in Oak Park, for referral for evaluation services is: | |
| | The LEA for children age 3 through 21 years who live in River Porest, for referral for evaluation services in: | |
| | Please mark the box that corresponds to the appropriate program (EI or ECSE) for each statement provided in the table below: | |
| | EI ECSE | |
| | Is Governed by Part C of the Individuals with Disabilities Education Improvement Act (IDEA, 2004) | |
| | Children are provided a free and appropriate public education (FAPE). | |
| | Proceedings of the Company of the Co | |
| | Parents must be a member of any team (e.g., planning and placement) that makes decisions regarding the education of their child. | |
| | | |
| | regarding the education of their child. Serve children gas burk to 3 A child must have a 30 purcount clear in one area of developments or a documented medical condition, as determined by the Illinois Department of Human Services, Bussan of Early Intervention. An indiridualized Family Service plan (IPSP) documents the family functional outcomes developed by the stam. IPSPs are reviewed at least every in months with the service coordinates and servicine amonthy the the IPSP seam. | |
| | regarding the education of their child. Serve children gas both to 3 A child must have a 30 parcent clear in one area of developments or a documented medical condition, as determined by the lilinois Department of Human Services, Bussan of Endy Intervention. An indiridualized Family Service plan (IFSP) documents the family functional outcomes developed by the team. IFSPs are reviewed at least every air months with the service coordinates and servicine amonthy the the IFSP seam. Goal of this program is the help families meet the developmental needs of their child with a delay or datability. | |
| | regarding the education of their child. Serves children age both to 3 A child must have a 30 parent dairy in one area of developments or a documented medical condition, and determined by the Illinois Department of Human Section, Bussus of Early condition, and determined by the Illinois Department of Human Section, Bussus of Early An individualized Family Service plan (FFS) documents the family functional outcomes developed by the sam. IFSS are serviced at least every aim condition with the service conditionate and servitients anomally by the IFSS team. Goal of this programs the help families meet the developmental needs of their child with a A child is found slightly using one of the elighbilty categories for special education and salasted services. | |
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| | segarding the education of their child Serve children gas barks to 3 A child must have a 30 pareout delay in one area of developments or a documented medical condition, as determined by the lilicano Department of Human Services, Buezas of Easly Intervention. An indirindualized Family Services plan (IFSF) documents the family functional outcomes developed by the seam. IFSF) are serviced at least every an months with the service coordinators and envention amounts of the service of the seam of the service of th | |
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