



**City of Chicago**  
**Department of Family and Support Services**

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**EARLY CHILDHOOD DEVELOPMENTAL SCREENING PROCESS**

**I. POLICY: SCREENING FOR DEVELOPMENTAL, SENSORY, AND SOCIAL EMOTIONAL/BEHAVIORAL CONCERNS —The Standards**

Children, birth to five years old, enrolled in the Department of Family and Support Services (DFSS) funded programs will receive a developmental screening within 45 days of enrollment date for current program year as it appears on COPA. These screenings will be conducted or facilitated by early childhood education staff, home visitors and family child care providers with parent involvement. Procedures for each screening instrument are outlined below. In addition, children must receive hearing and vision screenings which are addressed in the DFSS “Health Services Requirements.”

**HEAD START PERFORMANCE STANDARDS**

Developmental screenings are established through the Head Start Performance Standards [1304.20(b), 1308.6(b), (c)] and as best practice well child visit recommendations of the American Academy of Pediatrics and the Illinois EPSDT requirements (HK203).

Developmental screening takes a brief look at developmental areas to identify children who may need to be referred for further evaluation through Early Intervention (EI) Services or to the LEA to determine whether they have a disability. It is expected that the screenings are age appropriate.

Grantee and delegate agencies must utilize multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior.

**II. WHAT IS DEVELOPMENTAL SCREENING**

Developmental screening is a snapshot of a child’s development. It helps identify whether it is necessary to refer a child for further evaluation. Developmental screening process involves parents’ reports about their children, teacher observations, child and family history, including medical, and standardized and culturally sensitive screening instruments. The process is meant to identify a child in need of further evaluation as early as possible. A child who has been identified in need of a referral may not lead to a decision that there is a developmental problem or a developmental delay. Nonetheless if a parent or a staff has a concern, a referral may be warranted in order to determine if the child is in need of early intervention, preschool special education, or other services.

### III. SCREENING INSTRUMENTS

There are three developmental screening instruments that are to be used to screen children birth to five years old who are enrolled in DFSS early childhood programs:

- 1) The Ages & Stages Questionnaire, Third Edition (ASQ-3) is the developmental screening instrument for infants/toddlers, birth to three, who are enrolled in the DFSS Early Head Start and Child Care programs.
- 2) Early Screening Inventory-Revised (ESI-R) is comprised of the Early Screening Inventory-Preschool (ESI-P) and the Early Screening Inventory-Kindergarten (ESI-K). These instruments will screen children who are three to five years old in the DFSS Head Start and Child Care programs.
- 3) The Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) screens children from birth to five years old who are enrolled in DFSS Head Start, Early Head Start and Child Care programs and provides additional social-emotional/behavioral information for children. This instrument complements the ASQ-3 and the ESI-R screenings by providing the social-emotional/behavioral aspect of a child's development.
- 4) Each instrument is also available in Spanish.

### IV. RESPONSIBILITY FOR SCREENINGS

The responsibility for the screening process is collaborative among staff—the health coordinator, the education coordinator, and the disabilities coordinator. It is the responsibility of the Health Coordinator to ensure that there is an adequate supply of screening instruments and that all screenings are conducted as required. Each July/August, the health coordinator will collect the instruments from DFSS and, in collaboration with the education coordinator, will ensure that staff are trained on the screenings. Since the teacher conducts the screening, the education coordinator ensures that teachers are adequately prepared to complete the screenings as required. Once the screening is conducted and a referral is indicated, the disabilities coordinator must receive the screening information within five days of the screening. The disabilities coordinator is responsible for the referral process. See the DFSS Disabilities Policies and Procedures for more information about the referral process for Early Intervention and Chicago Public Schools.

### V. SCREENING PROCEDURES

#### A. General Protocol

This section addresses general procedures that must be followed for all screening instruments. The protocols specific to each instrument will be discussed separately.

- Developmental screenings for all children must be performed within 45 calendar days of the child's enrollment date for the current program year.
- Each child must be screened with one of two developmental screening instruments — ASQ-3 for infants/toddlers and ESI-R for 3-5 year-olds. In addition, the social-

emotional/behavioral screening instrument, ASQ:SE, must be used to screen children birth to five years.

- Classroom teachers, Family Child Care Home (FCCH) providers, and home visitors will be responsible for conducting the screenings.
- Children with a current IEP or IFSP do *not* need to be screened
- Children whose screening decisions fall into the “rescreen” category must be rescreened within 6 to 8 weeks of the original screen. A second “rescreen” should be treated as a potential referral and communicated to the disabilities coordinator.
- It is the parent’s decision whether or not to refer their child for evaluation. However, periodic discussions with the parent should continue if they choose not to refer the child as indicated by the screening instrument.

#### B. Developmental Screening: **Ages & Stages Questionnaire, Third Edition (ASQ-3)**

The ASQ-3 is a parent questionnaire but may also be used by early childhood professionals who care for young children a minimum of 20 hours a week. DFSS programs will use this screening instrument exclusively to conduct screenings on infants and toddlers.

- Infants/toddlers are initially screened within 45 days of enrollment with the age-appropriate instrument.
- A child’s exact chronological age at the time of the screening must be calculated and the appropriate tool selected. Each age interval questionnaire shows the age range appropriate for that level. For example, the 6 month screening should be used for children with ages from 5 months, 0 days through 6 months, 30 days. Using the incorrect screening for the child’s age makes it invalid.
- It is recommended that staff use the Brookes Publishing online age calculator to determine a child’s age. It calculates a child’s age, adjusting for prematurity when needed, and indicates the ASQ-3 questionnaire to use. It can be found at this web address: <http://agesandstages.com/free-resources/asq-calculator/>.
- For infants/toddlers born three or more weeks early, the age must be adjusted for prematurity up to but not including 24 months. This is not a requirement for the ASQ:SE.
- Screenings for infants/toddlers will be conducted at the frequency recommended by the ASQ-3 User’s Guide:

*“Ideally, children should be screened initially at 2 and 4 months, then at 4-month intervals until they are 24 months old; and at 6 month intervals until they” transition into Head Start. “We do not recommend screening more frequently than every 4 – 6 months (except at the 2- and 4-month age intervals) unless some reason suggests more frequent screenings would be useful (e.g., the child has suffered a serious illness, parents feel their child has changed markedly). More frequent screenings may result in inaccurate or incomplete filling out of forms in addition to no change in child status at short intervals.” (p. 40 of the ASQ-3 User’s Guide)*

- Best practice is to complete one questionnaire together and this should be done if possible. If not possible, classroom teachers and Family Child Care Home providers each complete a questionnaire in addition to supporting the parent in completing one. If two are completed, teachers/providers must review parent-completed questionnaires and follow up on any scores in the grey or black or any concerns noted in the overall response section.
- Home visitors must complete one questionnaire with parents, as they do not spend enough time with the children to complete a questionnaire on their own.
- When scoring the parent questionnaire try to complete information for any unanswered questions. If not complete then follow the scoring protocols for averaging and accounting for any omitted items.
- Score completed questionnaires according to the protocol for the instrument. If two questionnaires are completed, interpret scores for both.
- Interpreting scores:
  - For scores well above the monitoring zone (in the white) in all areas with no other concerns:
    - No follow-up is needed and child can be next screened according to frequency noted above.
    - This child's screen result will be recorded as "Passed" and screening decision as "OK" in COPA. Under comments, write that all scores were in the white area in addition to any other comments.
  - For scores in the monitoring zone in one or more areas (in the grey):
    - Child should be monitored and rescreened in six to eight weeks.
    - The screening result will be "Needs Rescreen" and the decision will be recorded as "Rescreen" in COPA. In the comments note which areas fell in the grey.
    - The decision may be to refer the child, if this is the second rescreen result or two or more scores are in the grey, then the screening decision will be "Refer" and steps would be followed for a referral.
  - For scores below the monitoring zone (shaded black) in one or more areas:
    - Indicates a need for referral.
    - Record the screening result as "Needs Referral" and the decision as "Refer" in COPA.
    - Note in the comment section which areas fell in the black or grey.
    - If the child is too old for an Early Intervention referral (within 45 days of child's 3<sup>rd</sup> birthday or older) an ESI-R should be done, if possible, for a CPS referral.
  - For referrals to Early Intervention, provide all screening information, including the parent questionnaire to the disabilities coordinator for next steps. Prior to an SRT meeting, the team should meet to discuss follow-up options to recommend

to the parents. These options may include referral to EI, CPS, the Mental Health Consultant, or their pediatrician.

- The health coordinator is responsible for ensuring that the screening information is entered into COPA. Only one entry is made for the ASQ-3. If two questionnaires are completed:
  - If **both** have scores above the monitoring zone (in the white area for **all** areas), the result will be recorded as “Passed” and screening decision as “OK”.
  - If **one or both** have a score that falls in the monitor zone (in the grey for any area), the screening result will be “Needs Rescreen” and the decision will be recorded as “Rescreen” in COPA. If there are multiple scores in the grey, or this is the second rescreen result, the decision may be to refer the child. The screening decision would then be “Refer” and steps would be followed for a referral.
  - If **one or both** have a score that falls below the cutoff (in the black) for **any area**, enter as “Needs Referral” for result and “Refer” for decision.

#### C. Developmental Screening: **Early Screening Inventory-Revised (ESI-R)**

ESI-R is designed to identify children three to five years old, who may need further evaluation to determine if they have a condition that may place them at risk for developmental delays or school failure. Children are screened within 45 days of enrollment into DFSS early childhood programs and annually thereafter within 45 days of the program year.

- A child’s exact chronological age at the time of the screening must be calculated and the appropriate tool selected. Select the ESI-P for children aged 3 years, 0 months through 4 years, 5 months. For Spanish speaking children, use the IDT-P for those same age levels. Select the ESI-K for children ages 4 years, 6 months through 5 years, 11 months. For Spanish speaking children, use the IDT-K for those same age levels.
- The screening must be conducted in the child’s primary language.
- All 3-5 year-olds must be screened annually. Children are screened within 45 days of enrollment into DFSS early childhood programs and annually thereafter within 45 days of the program year.
- Follow the protocol in the ESI-R Manual to score the instrument.
- If a child refuses on four (4) or more tasks, then the screening cannot be scored. Continued refusal may be an indication of a need for a Mental Health or CPS referral after consideration of all sources of information.
- For the ESI-R, if a child refuses, allow two to three weeks to screen again. Allow the child to adjust to the classroom environment or any anxiety or illness he or she may be experiencing.
- Parents must complete the required ESI-R parent questionnaire for each instrument annually within the same time period for the ESI-R.

- The screening decisions for the ESI-R are “OK”, “Rescreen” or “Refer” based on child’s age and score.
- For children whose scores fall in the “Refer” category, provide all screening information, including the parent questionnaire to the disabilities coordinator for next steps. Prior to an SRT meeting, the team should meet to discuss follow-up options to recommend to the parents. These options may include referral to CPS, the Mental Health Consultant, or their pediatrician.
- The health coordinator is responsible for ensuring that the screening information is entered into COPA.

D. Social-Emotional Screening: **Ages & Stages Questionnaire: Social-Emotional (ASQ:SE)**

The ASQ:SE is used to screen all children from birth to five years old in all DFSS early childhood programs, who do not have an IFSP or IEP, unless additional evidence indicates a need for IFSP/IEP revision. The ASQ:SE screenings are to be conducted every six months in Early Head Start and annually for Head Start children.

- A child’s exact chronological age at the time of the screening must be calculated and the appropriate tool selected. Each age interval questionnaire shows the age range appropriate for that level. For example, the 6 month screening should be used for children with ages from 3 months, 0 days through 8 months, 30 days. Using the incorrect screening for the child’s age makes it invalid.
- It is recommended that staff use the Brookes Publishing online age calculator to determine a child’s age. It calculates a child’s age and indicates the ASQ:SE questionnaire to use. It can be found at this web address:  
<http://agesandstages.com/free-resources/asq-calculator/>.
- The lowest age that can be screened with the first edition of the ASQ:SE is 3 months.
- Classroom teachers and Family Child Care Home providers each complete a questionnaire in addition to supporting the parent in completing one. Teachers/providers must review parent-completed questionnaires with the parent and follow up on scores above the cutoff or any concerns noted in the open-ended questions.
- Home visitors must complete one questionnaire with parents, as they do not spend enough time with the children to complete a questionnaire on their own.
- Score completed questionnaires according to the protocols for the instrument. If two questionnaires are completed, interpret scores for both.
- Interpreting scores:
  - Scores below the cutoff, with no other noted concerns
    - No follow-up is needed.
    - This child’s screen result will be recorded as “Passed” and screening decision as “OK” in COPA.
  - Scores near or above the cutoff

- Record the screening result as “Needs Referral” and the decision as “Refer” in COPA.
- For birth to three, a referral to Early Intervention is indicated.
- For three to five, a referral to Chicago Public Schools may be warranted, if the issues are adversely affecting the child’s ability to learn.
- Provide all screening information to the disabilities coordinator for next steps. Prior to an SRT meeting, the team should meet to discuss follow-up options to recommend to the parents. These options may include referral to EI, CPS, or their pediatrician; a mental health consultant observation; or a referral for the family to a community mental health professional.
- At this meeting, the team can also determine strategies for the classroom and home.
- Provide the parent with activities from Appendix C of the ASQ: SE Users Guide. The mental health consultant may also provide information for parents to follow at home.
- Continue to monitor and follow-up with family on the implemented strategy.
  - Regardless of score, if parent and/or teacher have concerns, follow-up is necessary.
- The health coordinator ensures that the screening information is recorded in COPA. Only one entry is made for the ASQ:SE. If two questionnaires are completed, if **one or both have a score above** the cutoff, enter as “Needs Referral” for result and “Refer” for decision. If **both scores are below** the cutoff, the result will be recorded as “Passed” and screening decision as “OK”.

## VI. COPA PROCESS

- The health coordinator ensures that all screening information is entered in COPA.
- Developmental Screening information needs to be entered into the Developmental Screening tab and dated within 45 days of child’s enrollment date in both the Developmental and Social Emotional sections. This is necessary for the PIR to count how many new children were screened.
- For children with a current IFSP or IEP, select “Child has IFSP” or “Child has IEP” from the dropdown for both result and decision.
- As part of the delegate agency’s ongoing monitoring, appropriate staff must track and monitor 45 day compliance for all developmental screenings using COPA reports 456 and 456S.
- If the screening decision is to refer, the second question in red, regarding follow-up, must be answered “Yes” in order to be counted on the PIR as a referral.
- The disabilities coordinator will complete the referral information, when necessary.

- Case notes for all information related to completing the screening process for children birth to five (i.e., absences, parent refusal, parent not completing questionnaire, follow up) must be documented in child and family case notes.