EARLY CHILDHOOD DEVELOPMENTAL SCREENING PROCESS

I. POLICY: SCREENING FOR DEVELOPMENTAL, SENSORY, AND 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 in any early childhood program. These screenings will be conducted with parent input by early childhood education staff, home visitors and family child care providers. Subsequent screenings are outlined in the procedures below. In addition, children must receive hearing and vision screenings which are addressed in the DFSS “Health Services Requirements.”

STANDARDS

Developmental screenings are established through the Head Start Performance Standards [1304.20b], 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 identifies a child’s developmental level and helps to determine whether further evaluation is necessary in order to refer the child for possible disabilities services. Developmental screening process involves parents’ reports about their children, teacher observations, child and family history, including medical, and a 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 as a result of the screening. Nonetheless if a parent or a staff has a concern, a referral may be warranted in order to determine if the child is need of early intervention or preschool special education services.

III. SCREENING INSTRUMENTS

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

1) Ages and Stages Questionnaire3 (ASQ3) the developmental screening instrument for infants/toddlers, birth to three who are enrolled in the Early Head Start or Child Care programs and identifies children for Early Intervention.

2) Early Screening Inventory-Revised (ESI-R) 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 and 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 children for social/behavioral information. This instrument complements the ASQ and the ESI-R screenings by providing the behavioral aspect of a child’s development.

4) Each instrument is also available in Spanish.

IV. RESPONSIBILITY FOR SCREENINGS

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
conducted 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 three days of the screening. The disabilities coordinator is responsible for the referral process.

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 first day of program attendance.
- Each child must be screened with one of two developmental screening instruments—ASQ3 for infants/toddlers and ESI-R for 3-5 year-olds. In addition, the behavioral screening instrument, ASQ: SE, must be used to screen all children birth to five years.
- Classroom teachers, caregivers and home visitors will be responsible for conducting the screenings.
- Screenings for infants/toddlers will be conducted at intervals recommended by the screening protocol for the instrument. All 3-5 year-olds must continue to be screened annually.
- The child’s “rounded age” at the time of screening should be calculated. For infants/toddlers, the age should be adjusted for prematurity as required—two to three weeks or greater up to but not including 24 months.) This is not a requirement for the ASQ:SE.
- Children with a current IEP or IFSP do not need to be screened.
- For children whose screening decision falls into the “Refer” category, the health coordinator must notify the disabilities coordinator within three days, in order to initiate the next step in the disabilities process.
- 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 referral and handed over to the disabilities coordinator.
- 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.
- Parent Questionnaires must be completed for all instruments and must be completed within two weeks of staff completed questionnaires.
- Screening information and decisions are to be entered into COPA. Results and scores are not required for any DFSS screenings.
• After discussion, a parent can always choose to have a child referred or not. Periodic discussions with the parent should continue if they choose not to refer the child as indicated by the screening instrument.

B. Developmental Screening: ASQ3 Protocols

The ASQ3 is a parent questionnaire but may also be used by early childhood and other professionals who care for young children. DFSS programs will use this screening instrument exclusively to conduct screenings on infants and toddlers according to the recommended schedule in the ASQ-3 manual. Infants/toddlers are screened within 45 days with the appropriate instrument and then the result determines next time to screen the child.

• Support parents in completing the ASQ-3. **Home visitors may complete one questionnaire with parents.**
• Score both completed questionnaires according to the protocols for the instrument.
• Interpret scores. For scores well above the cutoff in the white areas of the scoring sheet with no other concerns, no follow-up is needed and child can be next screened in 4 to 6 months. This child’s screen result will be recorded as screening decision “OK” in COPA.
• For scores at or near the borderline in one or more areas (in the grey), child should be monitored and screened at the next age interval in about two to three months and follow the screening protocols. In this case, the screening decision will be recorded as “OK.” The decision may be to refer the child, then the screening decision will be “Refer.”
• Scores at or below the cutoff (shaded black) in one or more areas, indicate a need for referral. Record the screening decision as “Refer” in COPA. Provide all screening information, including the parent questionnaire to the disabilities coordinator to start the process for referral to Early Intervention.
• 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 missed items.
• The health coordinator is responsible for ensuring that the screening information is entered into COPA.

C. Developmental Screening: 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 upon entry into DFSS early childhood programs and annually thereafter. Use the ESI-P to screen 3-4 year-old children and the ESI-K to screen children 4-5 years old.
• Follow the protocol in the ESI-R Manual to score the instrument.
• The screening decisions for the ESI-R are “OK”, if scores in the lower range for his/her age, “refer” if he/she scores in the higher range or “Refer” if the score falls in the middle range.
• If a child refuses on more than three tasks, then the score is invalid. Rescreen according to protocol. Continued refusal may be an indication for an invalid screen or a need for a referral after consideration of all sources of information.
• For children whose scores fall in the “Refer” category, provide all screening information, including the parent questionnaire to the disabilities coordinator to start the process for referral to the Local Education Agency (LEA) which is the Chicago Public Schools.
• The health coordinator is responsible for ensuring that the screening information is entered into COPA.
• Although the screening information may not be used as an assessment, any areas of potential developmental concern that do not rise to the level of a referral, teachers may use GOLD objectives to observe children and make anecdotal notes in order to address those areas.

D. Social-Emotional Screening: ASQ:SE

The ASQ:SE is used to screen all children from birth to five years old in all DFSS early childhood programs. The ASQ: SE screenings are to be conducted according to the schedule outlined in the protocols—6 months, 12 months, 18 months, 24 months, 30 months, 36 months, 48 months and 60 months.

Network coordinators along with the family child care providers are responsible for ensuring that screenings are conducted for infants/toddlers and classroom teachers are responsible for conducting screenings for preschoolers. Parents must also complete the questionnaires for each level of screening. **Home visitors may complete one questionnaire with parents.**

• Support parents in completing the ASQ-SE. Parent’s knowledge about their child must be considered. Also, staff’s professional judgment about child development plays important role in the screening decisions.
• Score both completed questionnaires according to the protocols for the instrument.
• Interpret scores. For scores at or below the cut-off, the screening decision in COPA should be “OK” and for scores above or near the cut-off the screening decision in COPA should be “Refer”. Discuss areas of concern with parents before the decision to refer.
• Scores above the cut-off signifies potential referral to Early Intervention or the LEA, but other steps should be followed before a referral for disabilities evaluation. There are instances when “failure” in the social emotional area signifies serious developmental issues.
• For children whose score fall in the refer category, provide all screening information, including the parent questionnaire to the disabilities coordinator to start the process for referral to Early Intervention. See further explanation below.
• The Health Coordinator ensures that the screening decisions are recorded in COPA. Only one questionnaire is entered into COPA—the staff’s, after a discussion with the parent. Copies of parent questionnaires must be kept on file.

1. Scores At or Above Cut-off--Referral to Early Intervention or LEA

• Scores above the cut-off indicate that there is a problem.
• The health coordinator should gather all supporting information: Staff and parent-completed questionnaire, parent and teacher observations and concerns, anecdotal records, physician’s report, and mental health consultant’s observations.
• Conduct a Social-Emotional Screening Meeting (SESM) meeting with the parent and include the mental health consultant.
• At this meeting decide whether to refer the child for further evaluation or the child/family to a community mental health professional for further follow up.
• If the decision is to refer to EI or CPS, the disabilities coordinator will begin the steps in the process.

2. Scores Near the Cut-off or Borderline.

• The health coordinator should gather all supporting information: Staff and parent-completed questionnaire, parent and teacher observations and concerns, anecdotal records, physician’s report, and mental health consultant’s observations.
  ▪ Conduct a Social-Emotional Screening Meeting (SESM) meeting with the parent and include the mental health consultant.
  ▪ At this meeting decide whether to refer the child for further evaluation or the child/family to a community mental health provider for further follow-up.
  ▪ Decide on 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.
3. **Scores Below the Cut-off:**

- Indicates that there is no problem.
- Although the screening may indicate no problems, if the teacher and/or parents still have concerns, there may be a need to explore those concerns and establish underlying conditions that may temporarily be affecting the child’s behavior.
- Gather all information: Staff and parent-completed questionnaires, other parent and teacher observations and concerns, anecdotal records, physician’s report, mental health consultant’s observations.
- Conduct a Social-Emotional Screening Meeting (SESM) with the parent and include the mental health consultant.
- At this meeting decide whether to refer the child/family to a community mental health provider for further follow-up.
- Decide on strategies for the classroom and home.
- Provide the parent with activities from Appendix C of the *ASQ: SE Users Guide*.
- Continue to monitor and follow-up with family on the implemented strategy.

VI. **COPA PROCESS**

1. The health coordinator ensures that all screening information is reflected in COPA.
2. Developmental Screening information needs to be entered into the Developmental Screening tab and dated within 45 days of enrollment, in both the Developmental and Social Emotional sections. This is necessary for the PIR to count how many new children were screened.
3. Complete only the Screening Decision drop down list. Choose OK, Refer or Rescreen depending on the results of the screening. The Screening Decisions are used to populate Report 456. **Do not** complete Scores or Results drop down lists.
4. If the screening decision is to refer, the second question in red, must be completed in order to be counted on the PIR.
5. The disabilities coordinator will complete the SRT date and Refer to the LEA or EI dates.