

Welcome to Introduction to the ASQ-3

THE TRAINING WILL BEGIN SHORTLY! WHILE YOU'RE WAITING...

 **Icebreaker Question**
(answer in the chat)

What winter activity are you looking forward to?



Survey & Certificate of Completion

Available following the training.

Connect With Us!



VISIT **CALTRIN.ORG** &
SCAN TO LEARN MORE



Hi, We're CalTrin!

Who we are

- The California Training Institute
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to support child abuse prevention through professional development and extended learning opportunities.
- Designed for staff of family strengthening and child abuse prevention organizations in California, including Family Resource Centers, Child Abuse Prevention Councils, community-based organizations, and other child and family serving systems.

What we offer

- Live webinars & small group training
- Virtual, self-paced courses
- Job aids & other resources



UPCOMING TRAININGS

mark your calendars!

Visit caltrin.org to view and register for upcoming webinars or workshops



December 16 | Knowledge of Parenting & Child Development



January 9 | The Ripple Effect of Social Media on Youth Well-Being



January 13 | Collaborative Leadership: Aligning Goals, Driving Results



January 14 | Introduction to Child Trauma



January 15 | Overview of the Protective Factors



January 21 | Fostering Wellness in the Midst of Challenging Work

What's New

CALTRIN IS NOW ON INSTAGRAM!



[Follow us](#) for updates related to new trainings, featured resources, & more.

Not on Instagram? You can also find CalTrin on [Facebook](#) and [LinkedIn](#)—and don't forget to subscribe to our [YouTube channel](#). Let's get social!

Scan
Here



@CAL_TRIN



Before We Begin...

DURING



Access your notetaking slides now! The link can be found in the chat.



Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.



This presentation is being recorded.



External AI assistants are not allowed in CalTrin trainings due to California privacy laws.

AFTER



Complete the survey at the end of this webinar to receive your Certificate of Attendance.



A follow-up email will be sent to all participants within two days.



Introduction to the ASQ-3

Presented by Zulema Rubalcava





Zulema Rubalcava

Pediatric Partnerships
Program Officer,
San Francisco Department of Early
Childhood

- Designs and implements activities that support pre-natal, post-natal, infant and toddler health and wellness, early identification and intervention, and pediatric quality improvement efforts
- 15 years of experience focused on strengthening and enhancing services available to children and families
- Has provided training, coaching, consultation, and technical assistance in a variety of community settings



Training Agenda

- Review benefits of developmental screening
- Describe features of ASQ-3
- Describe and interpret cutoff scores
- Have strategies for involving and communicating with families about developmental screening
- Discuss appropriate follow-up and referrals



Common Terms



- Screening
- Diagnostic Assessment
- Monitoring

Screening

A *brief* procedure designed to identify children who should receive more intensive assessment or evaluation from agencies such as Regional Centers or School Districts



Diagnostic Assessment



An in-depth assessment of one or more developmental areas to determine the nature and extent of a physical or developmental delay **and** determine if the child is eligible for early intervention services

Monitoring

Developmental surveillance – Screening at-risk infants and toddlers **not** known to be eligible for special health or educational services **at frequent intervals**



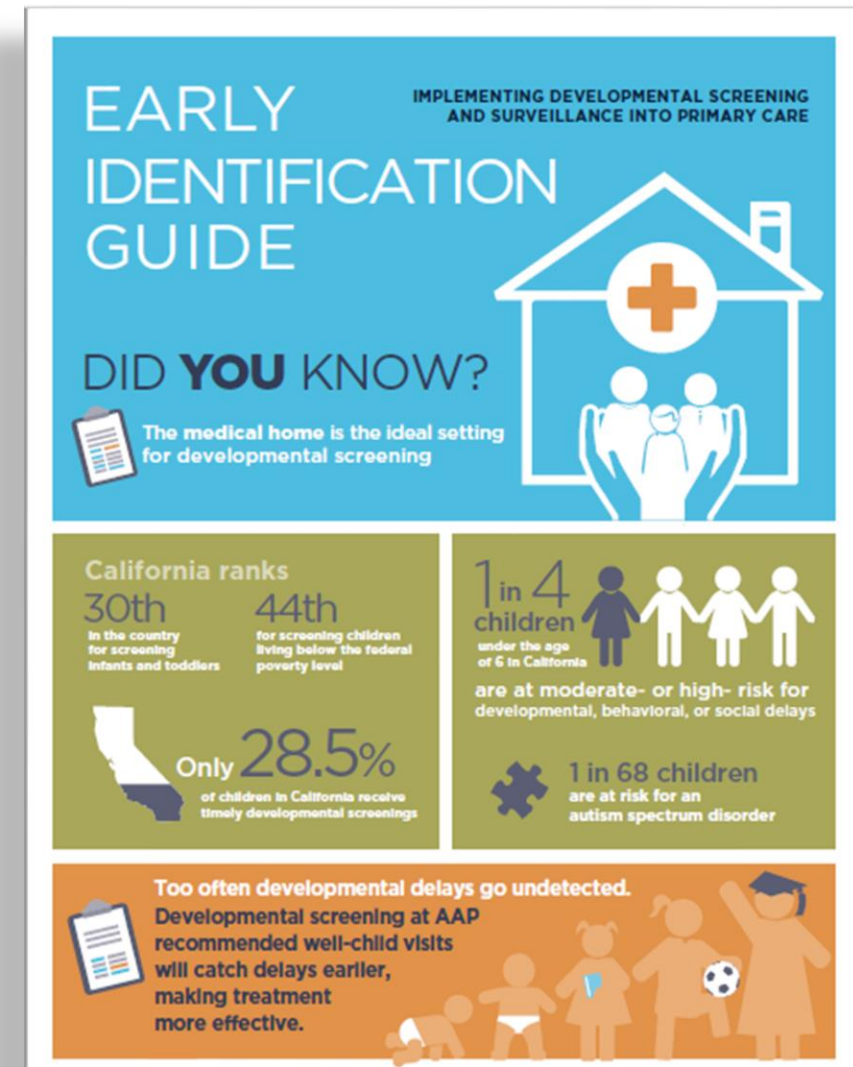
And, Remember



- Screening ***does not*** diagnose delays or disabilities
- Screening ***does not*** identify specific child goals or skills to target; only information on general areas of development

Why We Screen

- 1 in 4 children under the age of 6 in California are “at-risk”
- Only 28.5% of children in California receive timely screenings
- California ranks 44th in the country for screening children below the federal poverty level



Benefits of Developmental Screening



- Identifies children at risk for possible developmental delays
- Detects child's strengths and opportunities
- Provides an opportunity to:
 - Address family concerns
 - Educate parents on child development
 - Empower families

Universal screening and monitoring programs (with individualized and comprehensive follow-up) promote social equity and maximize a child's ability to enter school ready to learn



Cultural Adaptability of ASQ



- Alternative administration methods
- Alternative materials suggested on the questionnaire
- Normative sample includes diverse populations
- Scoring allows for omission of inappropriate items

Features of the ASQ-3



What are the Ages & Stages Questionnaires (ASQ)

- Parent- or caregiver- completed screening tools that encourage family involvement
- Series of questionnaires for children ages 1 month to 5 ½ years
- Tools to accurately identify children at risk for developmental delay
- Tools to educate adults about child development and guide developmental promotion



Parent Report: Research



- Parents are highly reliable when reporting on their child's development (Dinnebeil & Rule 1994)
- ASQ-3 research found 93% agreement between parents and professionals
- Many other studies agree that parents are reliable reporters

Parents ARE the experts on their child!

Difference in Family and Professional Report

Research indicates:

- Professionals may underestimate a child's skills
- Higher agreement for easily observed skills and behaviors
- Families report more emerging skills
- Children do different things in different settings



Features: Family Engagement



- Encourages family involvement
- Validates parent concerns
- Conveys the value for and importance of the parent's expertise
- Can create teachable moments with families about development
- Bridges communication between providers and families

Features: ASQ-3 Intervals

21 Questionnaire Intervals

2, 4, 6, 8, **9***, 10, 12, 14, 16, 18, 20, 22, 24 (spaced 2 months apart)

27, 30, 33, 36 (spaced 3 months apart)

42, 48, 54, 60 (spaced 6 months apart)

Recommendations:

- *Only use 9-month ASQ in medical settings
- Monitor every 4-6 months up to 2 years
- Monitor every 6 months after 2 years
- Monitor more frequently if concerned

ASQ-3 and ASQ:SE Domains

ASQ-3

- Communication
 - Expressive
 - Receptive
- Gross Motor
- Fine Motor
- Problem solving
- Personal-social
 - Adaptive
 - Social

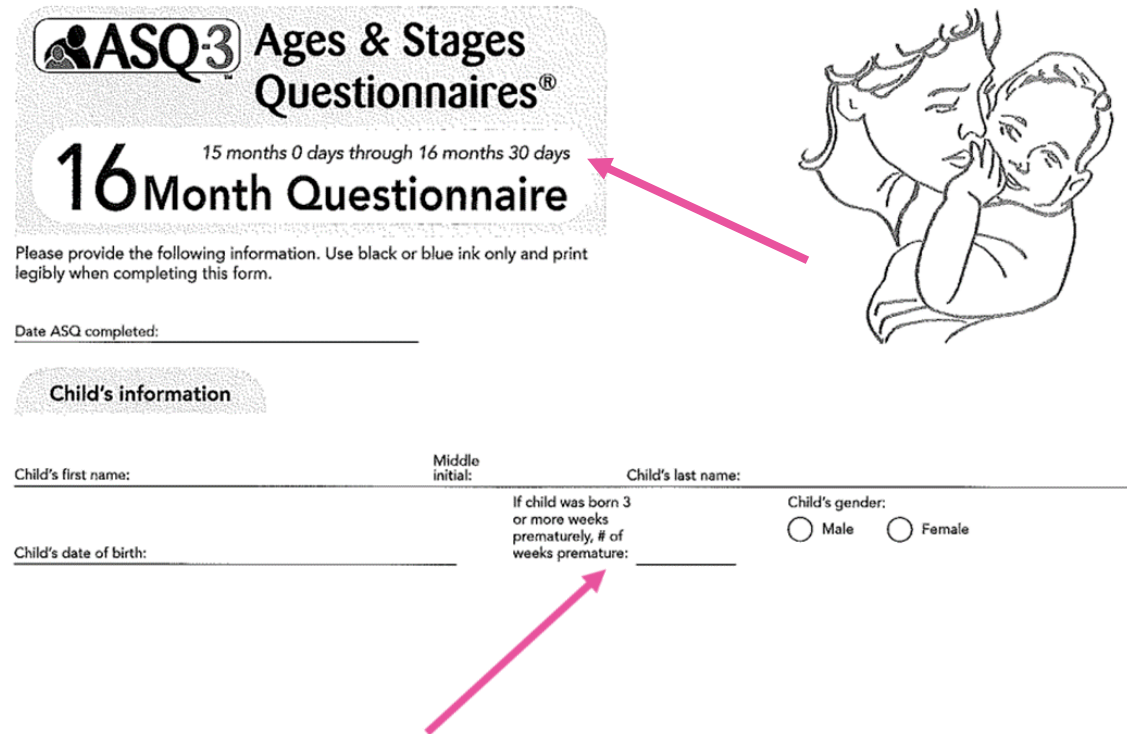


ASQ: SE-2

- Social-Emotional development

Features: Cover Page

- Administration window indicated at top left corner on ASQ-3
- Question about prematurity determines if adjusted age is needed



The image shows the cover page of the ASQ-3 16 Month Questionnaire. At the top left is the ASQ-3 logo. To its right is the title 'Ages & Stages Questionnaires®'. Below this is a large '16' followed by 'Month Questionnaire'. Above the '16' is the text '15 months 0 days through 16 months 30 days'. Below the title is a instruction: 'Please provide the following information. Use black or blue ink only and print legibly when completing this form.' Below this is a line for 'Date ASQ completed:'. A section titled 'Child's information' contains several fields: 'Child's first name:', 'Middle initial:', 'Child's last name:', 'Child's date of birth:', and 'If child was born 3 or more weeks prematurely, # of weeks premature:'. To the right of these fields is a section for 'Child's gender:' with radio buttons for 'Male' and 'Female'. A line drawing of a parent and child is on the right side of the form. Two pink arrows point to specific features: one points to the '16 Month Questionnaire' title, and the other points to the 'If child was born 3 or more weeks prematurely' field.

ASQ-3 Ages & Stages Questionnaires®

16 15 months 0 days through 16 months 30 days
Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: _____

Child's information

Child's first name: _____ Middle initial: _____ Child's last name: _____

Child's date of birth: _____ If child was born 3 or more weeks prematurely, # of weeks premature: _____

Child's gender: ☐ Male ☐ Female

Features: Important Points to Remember



16 Month Questionnaire

*15 months 0 days
through 16 months 30 days*

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- ☒ Try each activity with your baby before marking a response.
- ☒ Make completing this questionnaire a game that is fun for you and your child.
- ☒ Make sure your child is rested and fed.
- ☒ Please return this questionnaire by _____.

Notes:

Features: ASQ-3 Areas & Questions

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. Does your child feed himself with a spoon, even though he may spill some food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. Does your child help undress herself by taking off clothes like socks, hat, shoes, or mittens?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. Does your child play with a doll or stuffed animal by hugging it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. While looking at himself in the mirror, does your child offer a toy to his own image?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Does your child get your attention or try to show you something by pulling on your hand or clothes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. Does your child come to you when she needs help, such as with winding up a toy or unscrewing a lid from a jar?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
PERSONAL-SOCIAL TOTAL				—

- 5 developmental areas
- 6 questions in each area
- Response options: Yes, Sometimes, Not Yet
- 4th to 6th grade reading level

Features: ASQ-3 Areas & Questions

- Questions ordered in a hierarchy
- Questions #5 and #6 are average skills for child of that age

(i.e., a 16-month skill for a 16-month old child)

FINE MOTOR

1. Does your child help turn the pages of a book? (You may lift a page for her to grasp.)

2. Does your child throw a small ball with a forward arm motion? (If he simply drops the ball, mark "not yet" for this item.)

3. Does your child stack a small block or toy on top of another one? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)

4. Does your child stack three small blocks or toys on top of each other by herself?

5. Does your child make a mark on the paper with the tip of a crayon (or pencil or pen) when trying to draw?

6. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)

YES

SOMETIMES

NOT YET


☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

More Difficult

FINE MOTOR TOTAL

☐

Features: Overall Section

 Special Release 9/1/20-6/30/21 **16 Month Questionnaire** page 5 of 6

OVERALL (continued)

2. Do you think your child talks like other toddlers his age? If no, explain: ☐ YES ☐ NO

3. Can you understand most of what your child says? If no, explain: ☐ YES ☐ NO

4. Do you think your child walks, runs, and climbs like other toddlers her age? If no, explain: ☐ YES ☐ NO

5. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: ☐ YES ☐ NO

6. Do you have concerns about your child's vision? If yes, explain: ☐ YES ☐ NO

- Un-scored section
- Looks at quality of skills (e.g., speech)
- Looks at family and medical history
- Parent concerns are VERY predictive!

Features: Summary Sheet

Each ASQ-3 interval has its unique summary sheet

Summary sheets have 5 sections:

- Child/family information
- Bar Graph with cutoffs
- Overall Section
- Score and Interpretation guidance
- Follow up action taken
- Optional: Individual question responses

ASQ-3 16 Month ASQ-3 Information Summary 15 months 0 days through 16 months 30 days

Child's name: _____ Date ASQ completed: _____
Child's ID #: _____ Date of birth: _____
Administering program/provider: _____ Was age adjusted for prematurity when selecting questionnaire? ☐ Yes ☐ No

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	16.81		●	●	●	●	●	●	●	●	●	●	●	●	●
Gross Motor	37.91		●	●	●	●	●	●	●	●	●	●	●	●	●
Fine Motor	31.98		●	●	●	●	●	●	●	●	●	●	●	●	●
Problem Solving	30.51		●	●	●	●	●	●	●	●	●	●	●	●	●
Personal-Social	26.43		●	●	●	●	●	●	●	●	●	●	●	●	●

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- | | | | | | |
|--|-----|-----------|--|------------|----|
| 1. Hears well?
Comments: | Yes | NO | 6. Concerns about vision?
Comments: | YES | No |
| 2. Talks like other toddlers his age?
Comments: | Yes | NO | 7. Any medical problems?
Comments: | YES | No |
| 3. Understand most of what your child says?
Comments: | Yes | NO | 8. Concerns about behavior?
Comments: | YES | No |
| 4. Walks, runs, and climbs like other toddlers?
Comments: | Yes | NO | 9. Other concerns?
Comments: | YES | No |
| 5. Family history of hearing impairment?
Comments: | Yes | No | | | |

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the ☐ area, it is above the cutoff, and the child's development appears to be on schedule.
If the child's total score is in the ☐ area, it is close to the cutoff. Provide learning activities and monitor.
If the child's total score is in the ☐ area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

- ☐ Provide activities and rescreen in ____ months.
- ☐ Share results with primary health care provider.
- ☐ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- ☐ Refer to primary health care provider or other community agency (specify reason): _____
- ☐ Refer to early intervention/early childhood special education.
- ☐ No further action taken at this time
- ☐ Other (specify): _____

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

Frequently Asked Questions

I don't have time to do this. Can you do it?

The ASQ is a parent completed questionnaire, and because you know your child best it is really important for you to share what you know about your child. I can support you in this process, but I can't complete the ASQ without you.

Why do you want to do this with my child? Is something wrong?

No, there is nothing wrong; we offer these questionnaires to all of our families. These first five years are really important times for learning—in fact these years are the time of the most rapid growth in a child's brain. It's really helpful to do a quick check and make sure everything is on schedule

What are you going to do with this information? Who is going to see it?

This is up to you. I can keep the questionnaire in my files or you can keep it, or we can both keep a copy. It would be great for you to share results with your child's doctor. I would never share information about your child with anyone without your permission.

Scoring and Implementation

Ages & Stages Questionnaire, 3rd edition (ASQ-3)

Selecting the Correct Questionnaire

1. Determine age of child in months and days:

- Subtract **Date of Birth** from **Date ASQ Completed**

What is child's age in months and days?

2. Adjust age if needed for prematurity (up to 2 years).

- Adjust age when **3 or more weeks** premature.
 - Subtract # of weeks from age of child.

If child was 6 weeks premature, what is their adjusted age?

3. Use age (or adjusted age) to select questionnaire.

Resources for Choosing Intervals

ASQ Age Calculator APP



www.agesandstages.com

The screenshot shows the ASQ Age Calculator app interface. At the top, it says "ASQ Age Calculator". Below that, there are input fields for dates: "Fri Dec 12 2025" and "Sun Jun 23 2024". A dropdown menu shows "6 Weeks". There are "Calculate" and "Clear" buttons. Below the buttons, the results are displayed: "Chronological Age 17 Months and 19 Days", "Adjusted Age 16 Months and 8 Days", "ASQ-3 16 month", and "ASQ:SE-2 18 month".

ASQ Age Calculator

Fri Dec 12 2025

Sun Jun 23 2024

6 Weeks

Calculate **Clear**

Chronological Age
17 Months and 19 Days

Adjusted Age
16 Months and 8 Days

ASQ-3
16 month

ASQ:SE-2
18 month

Age Administration Charts



Age Administration Charts

Child's Age	Use this ASQ	Use this ASQ:SE
1 month 0 days to 2 months 30 days	2	2
3 months 0 days to 4 months 30 days	4	6
5 months 0 days to 6 months 30 days	6	6
7 months 0 days to 8 months 30 days	8	6
9 months 0 days to 10 months 30 days	10	12
11 months 0 days to 12 months 30 days	12	12
13 months 0 days to 14 months 30 days	14	12
15 months 0 days to 16 months 30 days	16	18
17 months 0 days to 18 months 30 days	18	18
19 months 0 days to 20 months 30 days	20	18
21 months 0 days to 22 months 30 days	22	24
23 months 0 days to 25 months 15 days	24	24
25 months 16 days to 28 months 15 days	27	24 (up to 26 months 30 days) 30 (from 27 months 0 days)
28 months 16 days to 31 months 15 days	30	30
31 months 16 days to 34 months 15 days	33	30 (up to 32 months 30 days) 36 (from 33 months 0 days)
34 months 16 days to 38 months 30 days	36	36
39 months 0 days to 44 months 30 days	42	36 (up to 41 months 30 days) 48 (from 42 months 0 days)
45 months 0 days to 50 months 30 days	48	48
51 months 0 days to 56 months 30 days	54	48 (up to 53 months 30 days) 60 (from 54 months 0 days)
57 months 0 days to 65 months 30 days	60	60
66 months 0 days to 72 months 0 days	---	60

Scoring the ASQ-3

- Step 1: Review the responses. If any missing items, try to obtain answers. If item is inappropriate, leave it blank.
- Step 2: Calculate domain area totals; add up all questions in domain area: “Yes”=10; “Sometimes”=5; “Not yet”=0
- Step 3: Read the answers to the Overall section questions carefully and respond appropriately.
- Step 4: If any questions were not answered (omitted), calculate new area total (next slide with an example)

Adjusting Score When Answers are Omitted

Create a new total area score so child is not penalized

- 1) Divide total area score by the number of items answered in that area

$$(\text{area score}) \div (\text{number of items}) = \text{averaged points}$$

- 2) Add this average item score to the total area score to get a new total score

$$(\text{area score}) + (\text{averaged points}) = \text{new total}$$

Scoring Practice

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. Does your child feed himself with a spoon, even though he may spill some food?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
2. Does your child help undress herself by taking off clothes like socks, hat, shoes, or mittens?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
3. Does your child play with a doll or stuffed animal by hugging it?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
4. While looking at himself in the mirror, does your child offer a toy to his own image?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>9</u>
5. Does your child get your attention or try to show you something by pulling on your hand or clothes?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
6. Does your child come to you when she needs help, such as with winding up a toy or unscrewing a lid from a jar?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>
PERSONAL-SOCIAL TOTAL				<u>54</u>

Resources for Adjusted Score

ASQ Age Calculator App



www.agesandstages.com

A screenshot of the ASQ Adjusted Score app interface. It features a green checkmark icon in a circle at the top. Below it, the text "Adjusted Score" is displayed. There are three dropdown menus labeled "Screener", "Unanswered Items", and "Total Score". At the bottom, there are two buttons: "Calculate" (green) and "Clear" (grey).

Quick Start Guide

ADJUSTING SCORES WHEN ITEM RESPONSES ARE MISSING

When an item needs to be omitted, area item scores are averaged and the area total score is adjusted. Adjusted area scores are created so that the child is not penalized for unanswered items or items that are inappropriate given their cultural context. An area should *not* be scored if more than two items are unanswered.

Use the information provided in the table below to determine the adjusted area score. Find the total score of *completed* items in the left-hand column. Follow across to the right to determine the adjusted area score if one or two items are omitted. Compare this score with the area's referral cutoff point on the ASQ-3 information Summary.

Area Score	Adjusted area score—1 item omitted	Adjusted area score—2 items omitted
50	60	--
45	54	--
40	48	60
35	42	52.5
30	36	45
25	30	37.5
20	24	30
15	18	22.5
10	12	15
5	6	7.5
0	0	0



16 Month ASQ-3 Information Summary

15 months 0 days through
16 months 30 days

Child's name: Andrew Date ASQ completed: December 12, 2025
Child's ID #: n/a Date of birth: June 23, 2024
Administering program/provider: Happy Face Preschool Was age adjusted for prematurity when selecting questionnaire? ☒ Yes ☐ No

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	16.81	30													
Gross Motor	37.91	50													
Fine Motor	31.98	35													
Problem Solving	30.51	40													
Personal-Social	26.43	54													

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

1. Hears well? Yes **NO** 6. Concerns about vision? YES **NO**
Comments: Sometimes he ignores me
2. Talks like other toddlers his age? Yes **NO** 7. Any medical problems? **YES** No
Comments: Doesn't say many words ear infections & allergies
3. Understand most of what your child says? **YES** NO 8. Concerns about behavior? YES **NO**
Comments:
4. Walks, runs, and climbs like other toddlers? **YES** NO 9. Other concerns? **YES** No
Comments:
5. Family history of hearing impairment? **YES** No
Comments: Grandmother uses a hearing aid.

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the ☐ area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the ☐ area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the ☐ area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

- ☒ Provide activities and rescreen in 2 months.
☒ Share results with primary health care provider.
☒ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
____ Refer to primary health care provider or other community agency (specify reason): _____
____ Refer to early intervention/early childhood special education.
____ No further action taken at this time
____ Other (specify): _____

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication	Y	S	Y	S	N	N
Gross Motor	Y	Y	Y	Y	Y	N
Fine Motor	Y	S	Y	Y	N	N
Problem Solving	N	Y	Y	Y	N	Y
Personal-Social	Y	Y	Y		Y	S

Example of Completed & Scored Information Summary Sheet

ASQ-3 Score & Interpretation

Consider the following:

- ☑ Total ASQ-3 Area Scores
- ☑ Overall Responses/Parent Concerns



What other factors may impact a child's screening results?



ASQ-3 Score & Interpretation



How might a child's family and cultural context impact early development?

- Communication styles
- Geography/Environment
- Values & Beliefs
- Parenting Practices

ASQ-3 Score & Interpretation

Not
Yet?



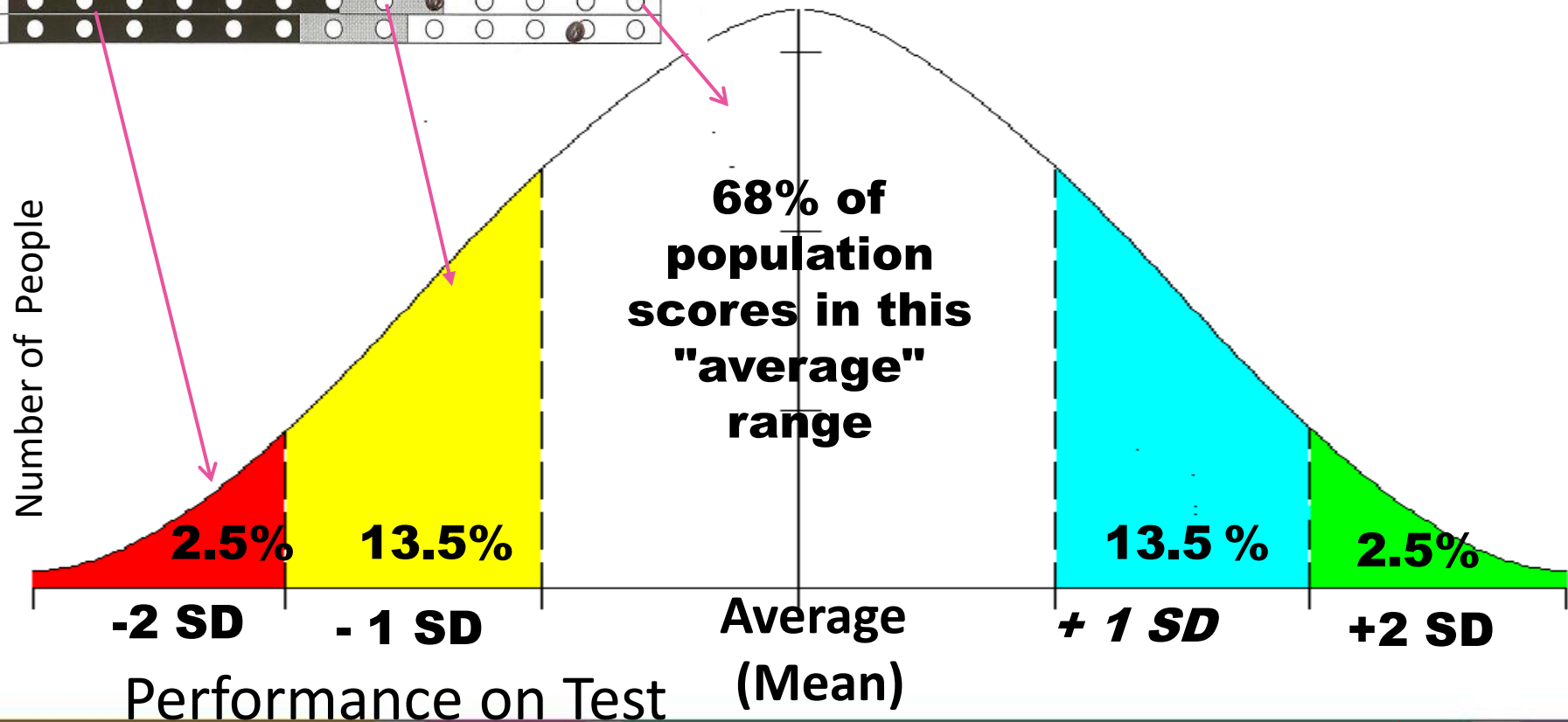
Why
Not?

Did the child have an opportunity to try items? Is item appropriate given the child's cultural context?

ASQ-3 Bell Curve Cutoff Points

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	16.81	30													
Gross Motor	37.91	50													
Fine Motor	31.98	35													
Problem Solving	30.51	40													
Personal-Social	26.43	54													



Discussing Results

Communicating with families

Share Screening Results with ALL Families



Together, decide follow-up:

- Share fun learning activities for home/school
- Share results with other trusted early childhood professionals
- Share community resources (early intervention, parenting supports, etc.)

Discussing Results...with all families

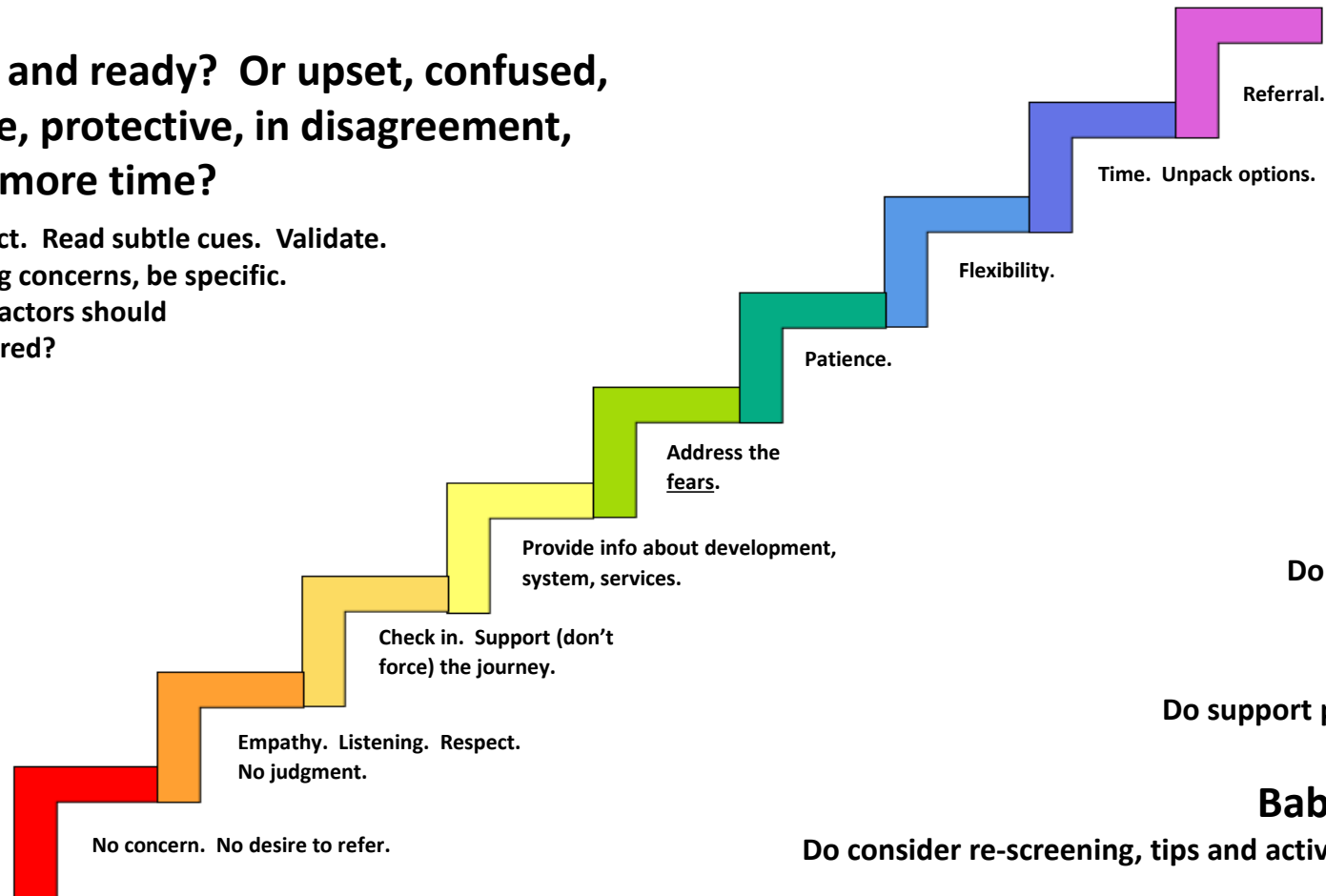
- Plan for cultural or language issues
- Be timely and insure confidentiality
- Start by celebrating the child
- Review the purpose of screening and questionnaire
 - Start with strengths
 - Avoid terms such as “test”, “pass”, “fail” (use family-friendly language, i.e. strengths, skills in progress, opportunities to practice/support)
- Invite families to share observations and suggestions for follow-up actions



Having Difficult Conversations

Relieved and ready? Or upset, confused, defensive, protective, in disagreement, needing more time?

Listen. Reflect. Read subtle cues. Validate.
When sharing concerns, be specific.
What other factors should be considered?



Join the family.

Do not need to convince parents to refer.

Walk along with them.

Do support parents in referral when they're ready.

Baby steps, one step at a time.

Do consider re-screening, tips and activities; give parents the time they need.

Next Steps & Follow-Up

Building a system of early identification and intervention

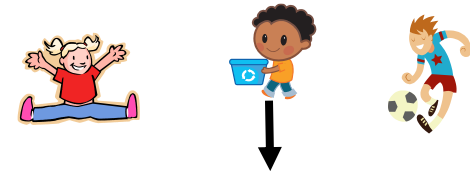


Universal Screening

Beyond Cutoff
(high risk)

Monitor Area
(low risk)

Not Near cutoff
(no risk)



**Diagnostic
Assessment**


Eligible

Mild delay or on-schedule

Consider providing:

- Re-Screening
- Parenting support
- Resources
- On-going assessment
- Referrals to other agencies

Examples of Recommended Follow-Up




AGE 18 MONTHS

HELP YOUR CHILD LEARN AND GROW!
Try these fun and easy activities with your 18-month-old—a great way to have fun together and encourage your child's healthy development.


☐ **Find the Toy**
Get two containers (coffee cups or cereal bowls) that look the same and a small toy. Hide the toy under one container while your toddler watches. Ask your toddler, "Where did it go?" Eventually, you can play the old shell game, moving the containers after you hide the toy.
Developmental Areas: Problem Solving
Materials Needed: Containers or cups; small toy

☐ **What Are We Wearing?**
Lay out your toddler's clothes on the bed before dressing. Ask your toddler to give you a shirt, pants, shoes, and socks. This is an easy way for them to learn the names of common items of clothing.
Developmental Areas: Personal-Social
Materials Needed: Clothes

NOTES: _____



Reprinted from ASQ-3 User's Guide by Jane Sigafoos, PhD, Elizabeth Twombly, MS, Sharon Bricker, PhD, & Laila Wadley, PhD, MS. ©2009 Brookes Publishing. All Rights Reserved.




AGE 18 MONTHS

HELP YOUR CHILD LEARN AND GROW!
Try these fun and easy activities with your 18-month-old—a great way to have fun together and encourage your child's healthy development.

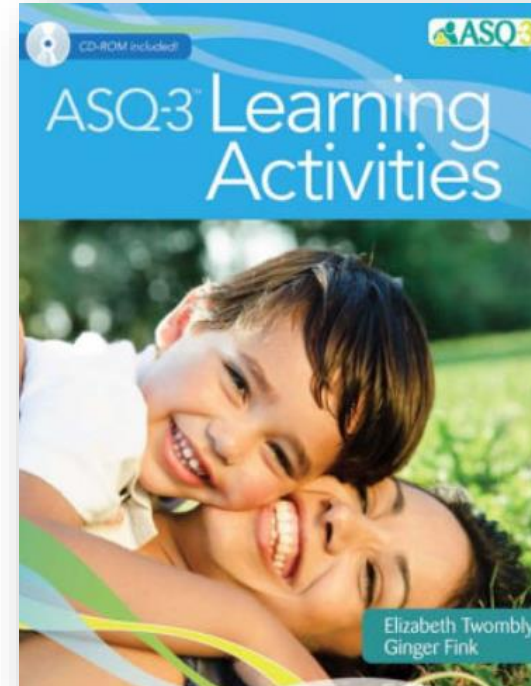
☐ **Bubble Blower**
Toddlers are excited about bubbles. Let your toddler try to blow bubbles, or watch you blow bubbles through a straw. Bubbles are fun to chase and pop, too.
Developmental Areas: Fine Motor
Materials Needed: Bubbles; straws or bubble wands

☐ **Sorting Game**
Help your toddler sort objects into piles. Your toddler can help you sort laundry (put socks into one pile and shirts in another). Play "clean up" games, too. Have your toddler put toys on specified shelves or boxes.
Developmental Areas: Personal-Social
Materials Needed: Clothes; toys; other objects to sort


Want to learn about developmental milestones for your 18-month-old?
Visit <https://bpub.fyi/CDC18month>



Reprinted from ASQ-3 User's Guide by Jane Sigafoos, PhD, Elizabeth Twombly, MS, Sharon Bricker, PhD, & Laila Wadley, PhD, MS. ©2009 Brookes Publishing. All Rights Reserved.



Phone: (888) 510-1211
Fax: (510) 927-3117

 **Help Me Grow**
Alameda County

COMMUNITY REFERRAL FORM
Please attach the ASQ, ASQ:SE, M-CHAT or other screening tools and any authorization forms (if applicable)

REFERRING PROVIDER INFORMATION

Referral Date	Referral Site Name	Referring Provider Name	Title
Address	Unit	City	Zip Code
Phone Number () --	Fax Number () --		

Did you refer child/family to (check all that apply):
☐ Regional Center of the East Bay (Date Submitted:)
☐ SELPA/School District (Date Submitted:)
☐ EPSDT Mental Health Services (Date Submitted:)
☐ Other: (Date Submitted:)

CHILD'S INFORMATION

Child's Last Name	Child's First Name	DOB	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Address	Unit	City	Zip Code

Child's Health Insurance (if known):

PARENT / CAREGIVER'S INFORMATION

Parent/Caregiver Last Name	Parent/Caregiver First Name	Relationship to Child	Language(s) Spoken
Best Phone (check one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Other Phone (check one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email	

Parent/Caregiver Last Name	Parent/Caregiver First Name	Relationship to Child	Language(s) Spoken
Best Phone (check one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Other Phone (check one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email	

REASONS FOR CONCERN/REFERRAL (CHECK ALL THAT APPLY)

DEVELOPMENT <input type="checkbox"/> Age-appropriate adaptive skills <input type="checkbox"/> Cognitive/Learning <input type="checkbox"/> Communication/Language Development <input type="checkbox"/> Fine Motor <input type="checkbox"/> General Developmental Guidance/Tips <input type="checkbox"/> Gross Motor	BEHAVIOR AND FAMILY <input type="checkbox"/> Behavioral Concerns <input type="checkbox"/> High Family Stress <input type="checkbox"/> Parent-Child Relationship <input type="checkbox"/> Parent Support and Education <input type="checkbox"/> Safety Concerns <input type="checkbox"/> Social Skills/Social Emotional <input type="checkbox"/> Trauma/Adverse Childhood Experiences	HEALTH AND GENERAL SUPPORT <input type="checkbox"/> Basic Needs <input type="checkbox"/> Child Care <input type="checkbox"/> Community Resources/Information <input type="checkbox"/> Health/Medical <input type="checkbox"/> Hearing/Audiology <input type="checkbox"/> Vision
---	--	--

☐ Other:

OTHER COMMENTS/NOTES/REASONS FOR REFERRING TO HELP ME GROW:

By signing this authorization, I am agreeing to this referral to Help Me Grow and I understand that Help Me Grow will contact me.

Parent/Guardian Signature: _____ Date: _____

Dec 2015

Follow-up to Screening

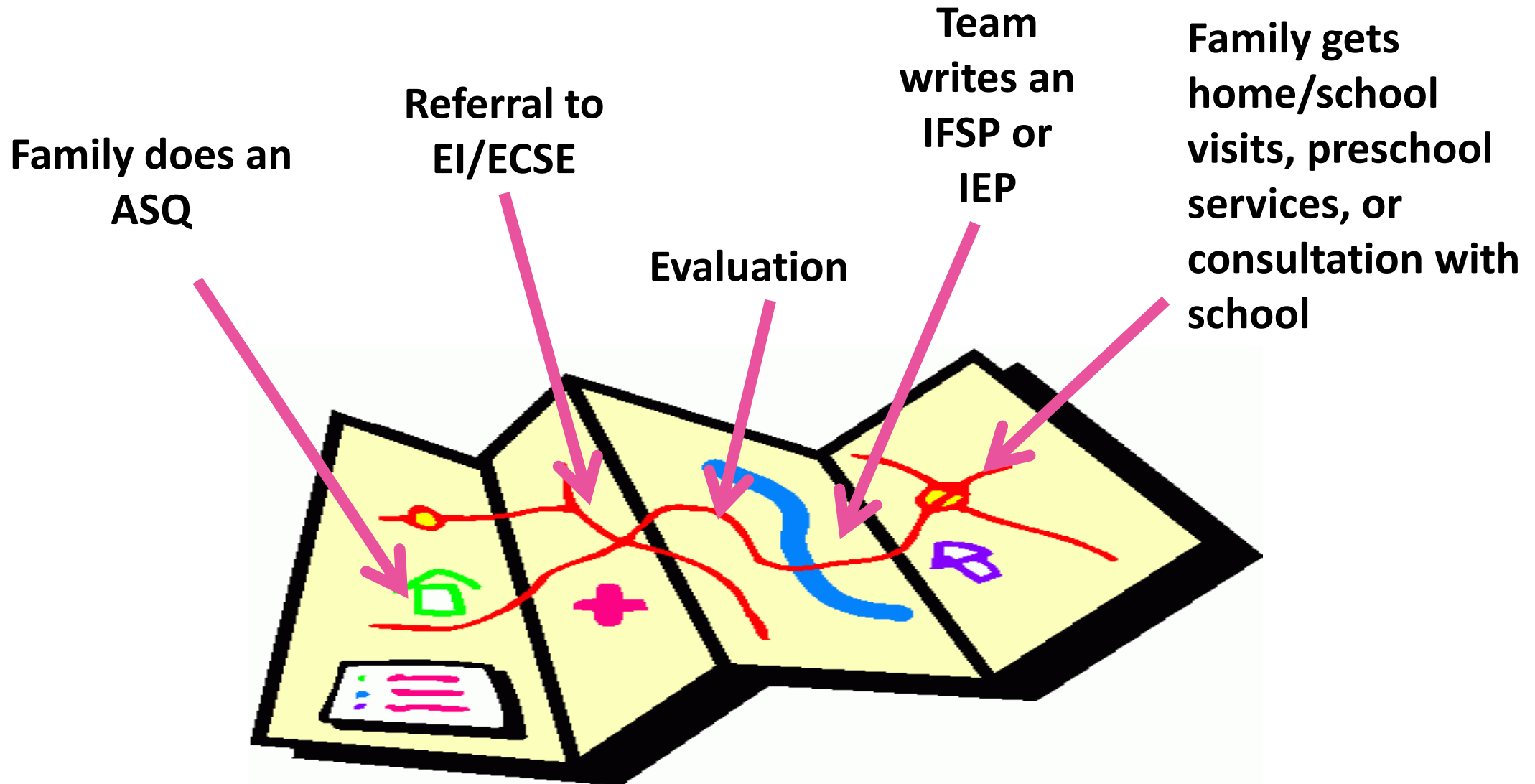
Share results with Primary Health Care Providers (PHCP)

The child's health care provider can:

- Determine if health or medical conditions (e.g., hearing loss) are impacting a child's development
- Determine if the child is eligible for other services or supports through health systems



A Map of the Process



In Summary/Q&A



- Screening tools can help bridge communication with families
- Developmental issues are very complicated
- Referrals should be based on a variety of considerations in addition to scores
- Any questions?

Thanks for joining us!

WHAT'S NEXT?

- Survey and certificate in the chat now
- Follow-up email with resources within two days
- Watch your inbox for the next issue of *CalTrin Connect*



Stay Connected for More Free Training & Resources!

VISIT [CALTRIN.ORG](https://caltrin.org) &
SCAN TO LEARN MORE



FOLLOW US! AND CHECK OUT
TRAINING REPLAYS ON YOUTUBE!

