

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?

Connect With Us!



 *Survey & Certificate of Completion*
Available following the training.

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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



This training was made possible with funding from the California Department of Social Services, Office of Child Abuse Prevention. Any opinions, findings, conclusions, and/or recommendations expressed are those of the CEBC /CalTrin and do not necessarily reflect the views of the California Department of Social Services.



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

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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!

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@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



Speaker SPOTLIGHT



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

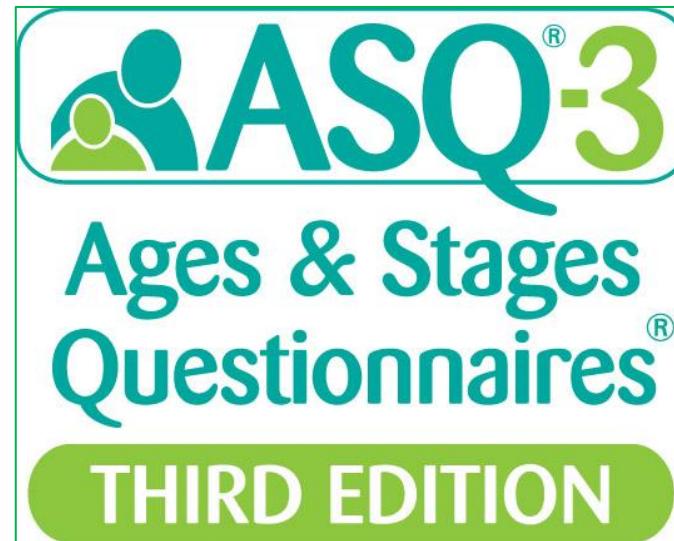


Cultural Adaptability of ASQ



- 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

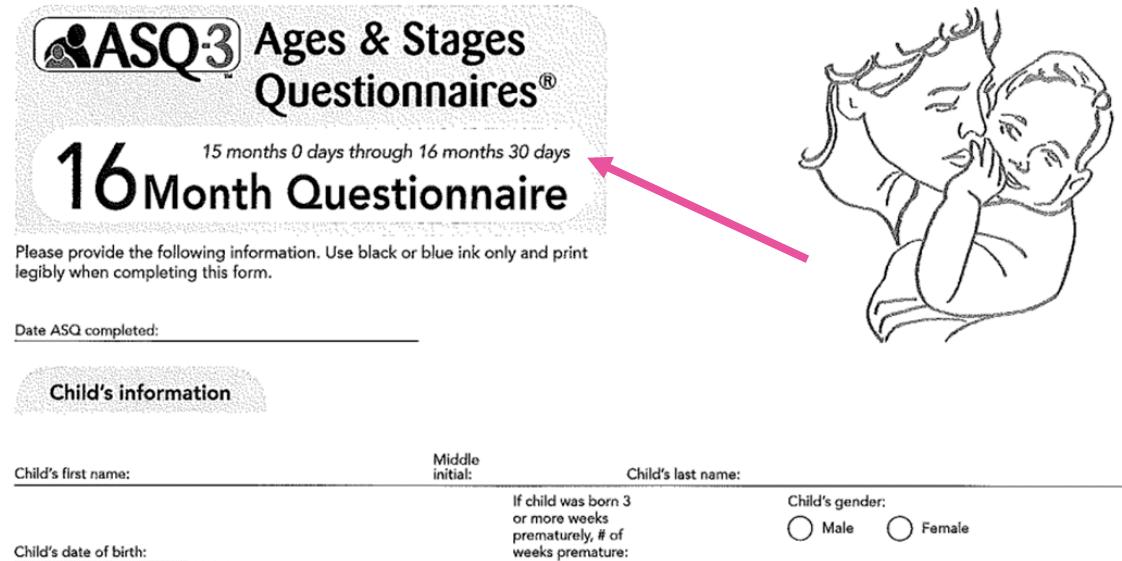


ASQ: SE-2

- 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



ASQ-3 Ages & Stages Questionnaires®

15 months 0 days through 16 months 30 days

16 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

1. Does your child feed himself with a spoon, even though he may spill some food?
2. Does your child help undress herself by taking off clothes like socks, hat, shoes, or mittens?
3. Does your child play with a doll or stuffed animal by hugging it?
4. While looking at himself in the mirror, does your child offer a toy to his own image?
5. Does your child get your attention or try to show you something by pulling on your hand or clothes?
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?

YES SOMETIMES NOT YET

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<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.)



More Difficult

FINE MOTOR TOTAL

	YES	SOMETIMES	NOT YET	
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				—

Features: Overall Section

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

ASQ3

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

P101160700 Ages & Stages Questionnaires®, Third Edition (ASQ-3™), Squires & Bricker
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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

A screenshot of the ASQ Age Calculator website. It shows a date range from 'Fri Dec 12 2025' to 'Sun Jun 23 2024' with a dropdown menu showing '6 Weeks'. Below this are two buttons: 'Calculate' (in green) and 'Clear' (in black). The results section shows 'Chronological Age' as '17 Months and 19 Days', 'Adjusted Age' as '16 Months and 8 Days', 'ASQ-3' as '16 month', and 'ASQ:SE-2' as '18 month'. The background has a blue and white color scheme with a small ASQ logo at the top.

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 month 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

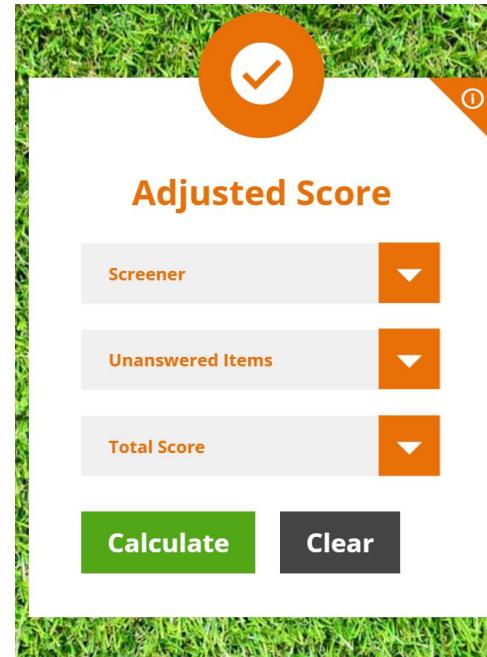
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Resources for Adjusted Score

ASQ Age Calculator App



www.agesandstages.com



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
 Comments: Sometimes he ignores me

2. Talks like other toddlers his age? Yes No
 Comments: Doesn't say many words

3. Understand most of what your child says? Yes No
 Comments: Grandmother uses a hearing aid.

4. Walks, runs, and climbs like other toddlers? Yes No
 Comments: Grandmother uses a hearing aid.

5. Family history of hearing impairment? 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 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): Other

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?



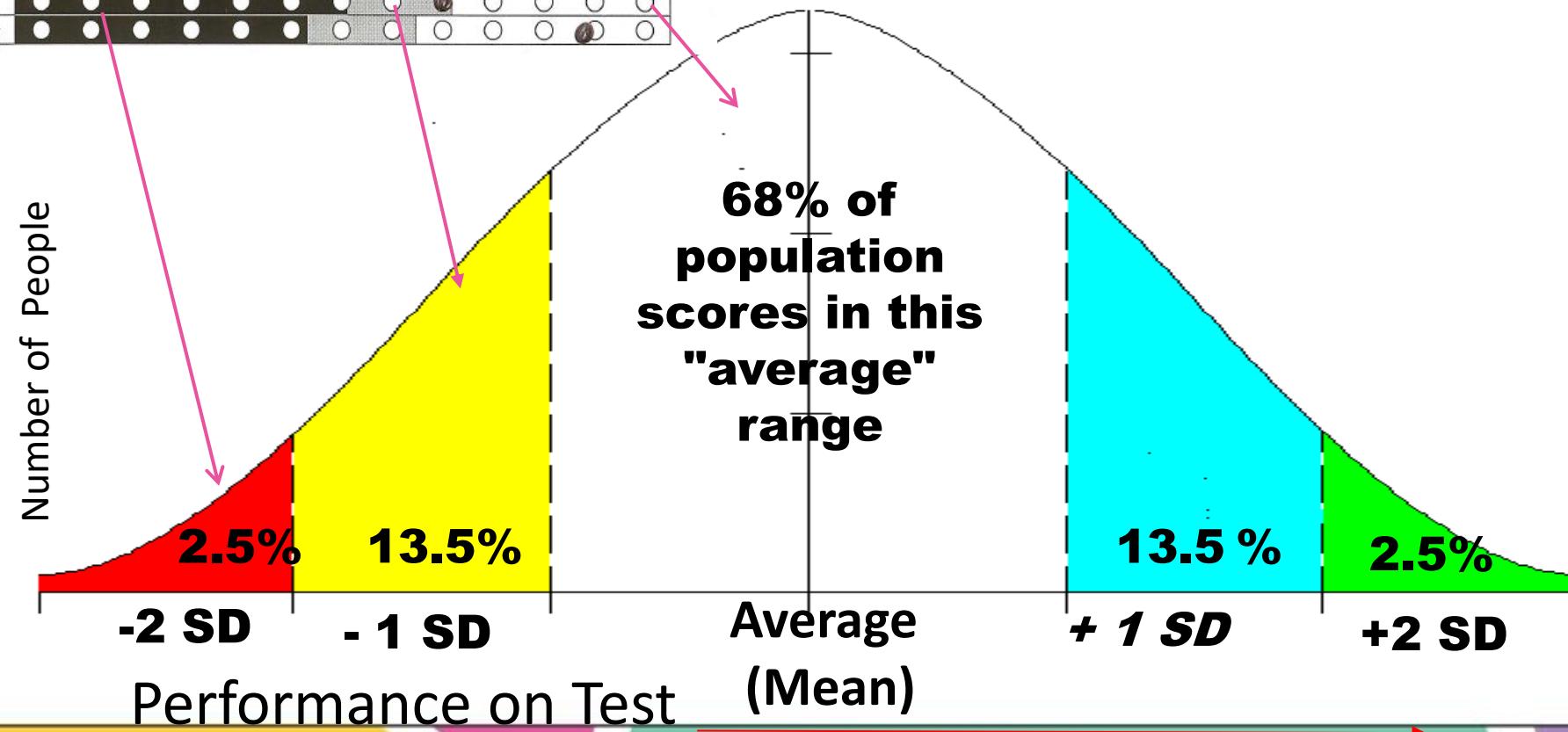
Why
Not?

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



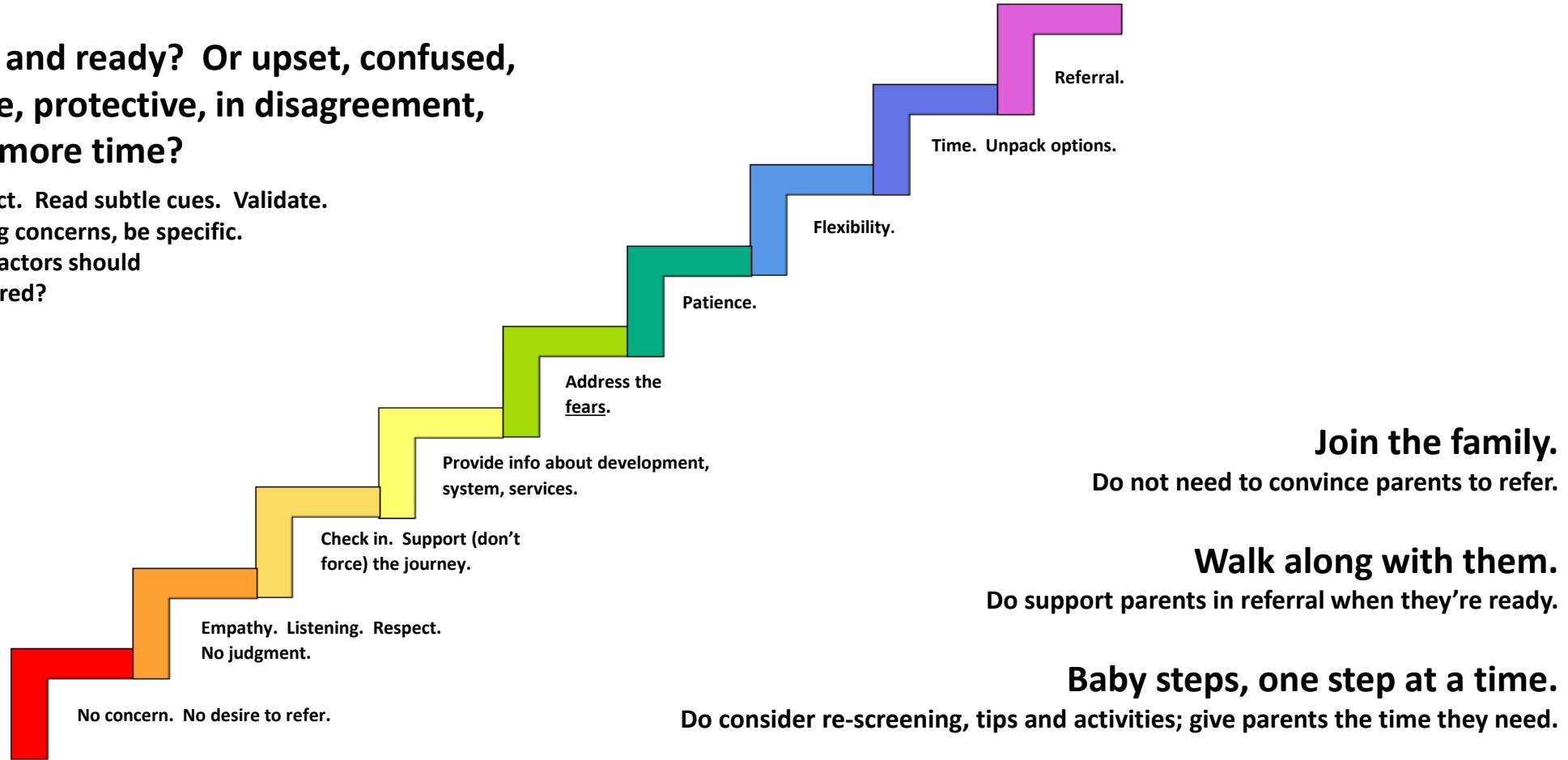
Having Difficult Conversations

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?



Next Steps & Follow-Up

Building a system of early identification and intervention



Universal Screening

Beyond Cutoff
(high risk)



**Diagnostic
Assessment**

Eligible

Monitor Area
(low risk)



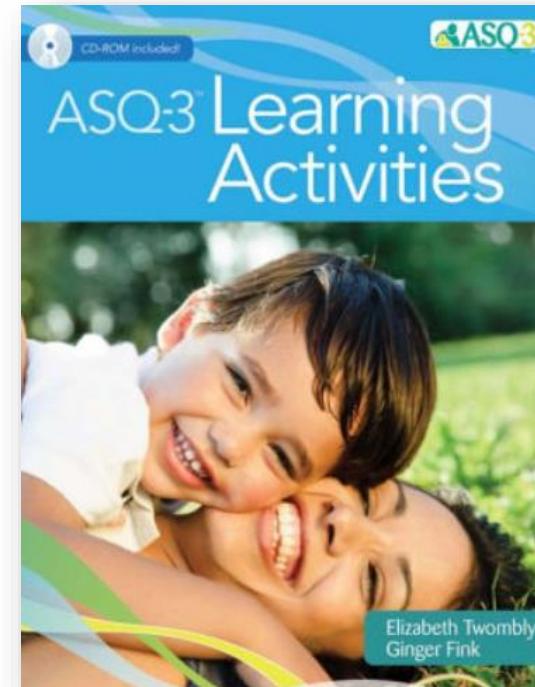
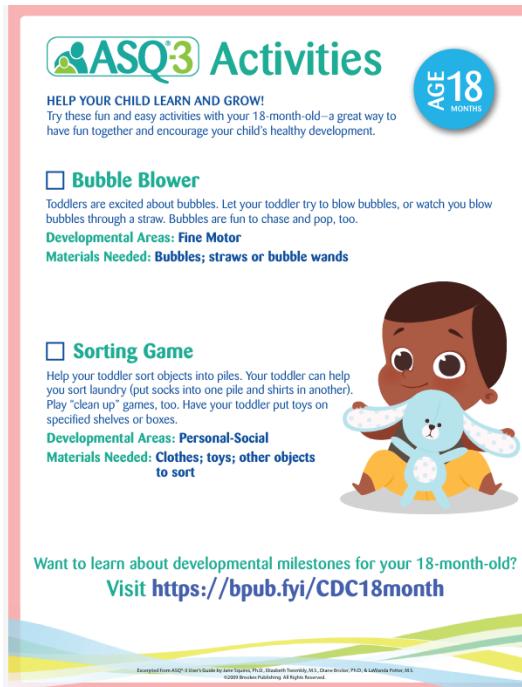
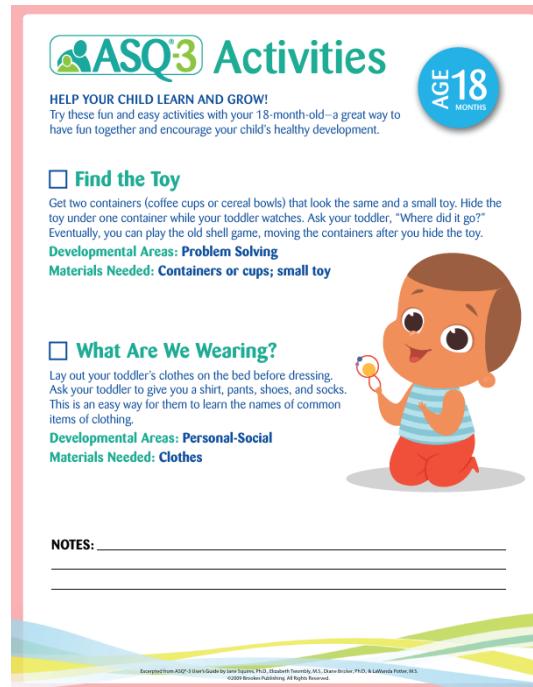
Mild delay or on-schedule

Not Near cutoff
(no risk)



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

Examples of Recommended Follow-Up



Help Me Grow
Alameda County

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

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

REFERRING PROVIDER INFORMATION		Referring Provider Name		Title	
Referral Date	Referral Site Name	Address	Unit	City	Zip Code
Phone Number () - () -		Fax Number () -			
Did you refer child/family to (check all that apply): <input type="checkbox"/> Regional Center of the East Bay (Date Submitted: _____) <input type="checkbox"/> EPSDT Mental Health Services (Date Submitted: _____) <input type="checkbox"/> SELPA/School District (Date Submitted: _____) <input type="checkbox"/> Other: _____ (Date Submitted: _____)					
CHILD'S INFORMATION		Child's Last Name		Child's First Name	
Address		DOB		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Child's Health Insurance (If known): _____					
PARENT/CAREGIVER INFORMATION		Parent/Caregiver Last Name		Parent/Caregiver First Name	
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		Relationship to Child	
Email				Language(s) Spoken	
Parent/Caregiver Last Name		Parent/Caregiver First Name		Relationship to Child	
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		Language(s) Spoken	
Email					
REASONS FOR CONCERN/REFERRAL (CHECK ALL THAT APPLY)					
DEVELOPMENT		BEHAVIOR AND FAMILY		HEALTH AND GENERAL SUPPORT	
<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 <input type="checkbox"/> Other:		<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"/> Sensory Concerns <input type="checkbox"/> Social Skills/Social Emotional <input type="checkbox"/> Trauma/Adverse Childhood Experiences		<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 COMMENTS/NOTES/REASONS FOR REFERRING TO HELP ME GROW:					
<small>By signing this authorization, I am agreeing to this referral to Help Me Grow and I understand that Help Me Grow will contact me.</small>					
<small>Parent/Guardian Signature: _____ Date: _____</small>					

Dec 2015

Follow-up to Screening

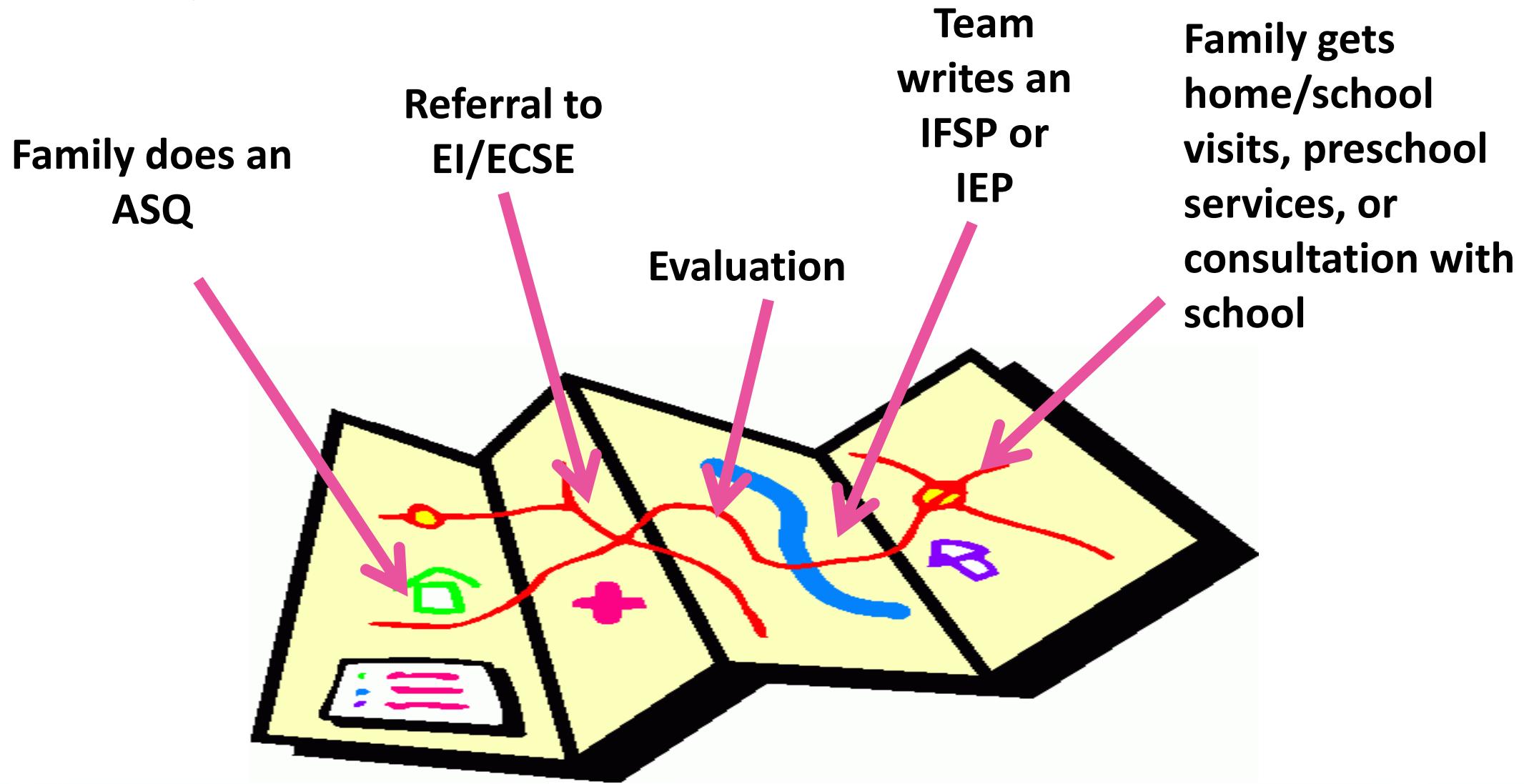
Share results with Primary Health Care Providers (PHCP)

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*



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