

CONDUCTING SCREENINGS TO SUPPORT FAMILIES:

Introduction: The use of screening tools like Ages and Stages Questionnaires (ASQ-3 and ASQ-SE) are useful for:

- Involving/engaging the parent/guardian/caregiver
- Informally assessing functional child abilities/skills
- Understanding areas of need the child has (scores in the grey area or black area on the screening score sheet)
- Determining developmentally appropriate activities the family can do at home with their child to support learning and development in areas of need
- (when repeated quarterly) Assessing child progress

Which Screening Should I Complete:

Discuss the parent’s concerns. Choose the screening that would best match the family concerns:

Concern is:	Use:
<i>General development or a specific area of development like movement, communication, etc</i>	ASQ-3
<i>Behavior concerns, concerns about attachment, “connecting,” or getting along with others</i>	ASQ-SE
<i>Concerns about autism</i>	MCHAT-R/F

How to:

1. **Explain the purpose of the screening:** Explain the purpose of completing the screening in such a way that the parent understands. Let the parent know that the screening is informal and cannot diagnose a developmental delay or disability, the tool just helps you both know if there are concerns based on typical milestones for a child the same age.

Tip: you can use some of the “language” from the introduction above (example: “The Ages and Stages Screening can’t diagnose a delay or a disability, but completing it with you can show us areas your child is strong in and any areas your child may need support in. This will help us plan goals and activities.”)

2. **Obtain consent to complete the screening:** Obtain written consent on the same form you normally use to get consent for an evaluation (Form FC-D – also called the “Consent to Evaluate” form). These forms have been made electronically fillable (type information into the form) and they can be emailed to the parent to electronically sign in Adobe sign. If the parent does not have access to sign the form electronically, the form must then be mailed to the parent along with a self-addressed, stamped envelope so the parent can return it. Do not conduct the screening until you have documentation of parent consent.
3. **Completing the form for a screening:** The form used to document consent has three sections. Each section of the form is documenting something different. Service coordinators help families

know their rights by taking the time to explain each section to the parent so that the parent's consent is based on accurate understanding and information.

A: Box 1 of the form documents consent for the screening:

To document the parent's formal, written consent for the screening, the service coordinator will write in the name of the screening or screenings completed since there is not a space on the form for screenings. In the first set of boxes, you'll write in the screening completed like this:

DEVELOPMENTAL DISABILITIES SERVICES / FIRST CONNECTIONS EVALUATION & INFORMATION AUTHORIZATION	
CHILD'S NAME <u>Jane Doe</u>	CHILD'S ID NUMBER <u>19000553</u>
PARENT/GUARDIAN <u>Janice Doe</u>	SVC COORD <u>Shelly Sellers</u>
CONSENT TO EVALUATE:	SC # _____
I understand that I have the right to notice and consent in my native language before any action is taken concerning my child; and I am authorizing Developmental Disabilities Services and the First Connections Program to complete the following evaluations for my child.	
<input type="checkbox"/> Developmental Evaluation <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy	
<input checked="" type="checkbox"/> Other <u>ASQ-3</u>	
Parent/Guardian Initial _____	Yes _____ No _____ Date _____

B: Box 2 of the form documents consent to share information (the results of the screening):

Discuss with the parent who else might need a copy of the results of the screening. For example, if the child is currently receiving services and those services have been delayed/postponed due to the public health emergency, does the parent want results shared with the child's therapy providers? Does the parent want results shared with her PCP? Does the child receive other services like CHC case management, Following Baby Back Home or HIPPY for 2-year olds? If so, have those home visitors been unable to meet with the parent? If so, does the parent want to share results from the screening with other service providers? If so, complete the 2nd set of boxes on the form so that the parent can grant consent for the service coordinator to share results with whomever the parent indicates. Be sure to also write in what information will be shared, like this:

CONSENT TO OBTAIN/RELEASE INFORMATION:	
I understand that I have the right to notice and consent in my native language before any personally identifiable information about my child is released or obtained. I understand that I can revoke this authorization at any time. I also understand that I may examine any and all records pertaining to my child at any time. I am authorizing Developmental Disabilities Services and the First Connections Program to	
<input checked="" type="checkbox"/> obtain from / <input checked="" type="checkbox"/> release information to:	
Organization/Individual <u>CHC Nurse Care Coordinator</u>	<u>HIPPY Home Visitor</u>
Address <u>Dr. Bee Hive (PCP)</u>	_____
Information to be Obtained / Released: <u>ASQ-3 screening results</u>	
Parent/Guardian Initial _____	Yes _____ No _____ Date _____

C: Box 3 of the form documents that the parent was provided a choice of provider(s):

For evaluations and for EI services, parents are provided the Provider Directory and given a choice of provider in their area to provide all evaluations and services, and this form is used to document that the parent was given a choice and selected the provider program listed on the form. However, since screenings are not a billable service and since the family's service coordinator is usually the person completing the screening, parents are not given a list of provider programs when a screening is conducted either as part of a delivered service session or as part of intake or an IFSP

meeting or review. The parent was provided a choice when they selected their ongoing service coordinator. List the ongoing service coordinator on this form when documenting choice for a screening like this:

FAMILY CHOICE OF PROVIDERS:	
I have been provided a list of providers available to conduct the above identified evaluations and have chosen the following providers:	
<input type="checkbox"/> Developmental Evaluation	Provider _____
<input type="checkbox"/> Speech Therapy	Provider _____
<input type="checkbox"/> Physical Therapy	Provider _____
<input type="checkbox"/> Occupational Therapy	Provider _____
<input checked="" type="checkbox"/> Other ASQ-3	Provider name of family's ongoing service coordinator
<input type="checkbox"/> Other _____	Provider _____
<input type="checkbox"/> Other _____	Provider _____
<input type="checkbox"/> Parent/Guardian Initial _____	<input type="checkbox"/> Date _____
<hr/> <div style="display: flex; justify-content: space-between;"> Parent/Guardian Signature Date </div>	
<small>Alternate format (large print, audio tape, reader, etc.) provided upon request (Form FC-D)_(12/01/04) (0 to 6 form)</small>	

NOTE: The electronic fillable form has highlighted sections where the parent will initial or sign and date similar to the one pictured here.