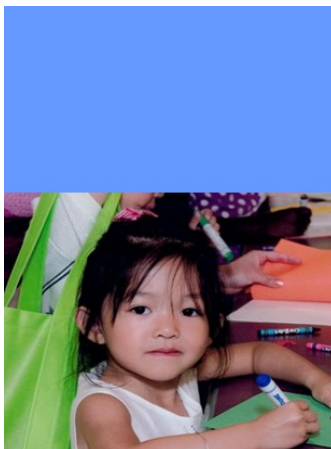


This document contains excerpts from
Thrive in 5's Parent Screener Handbook,
which was developed as part of the
Screen to Succeed initiative.

Screen to Succeed will continue at
United Way of Massachusetts Bay
and Merrimack Valley
through the DRIVE initiative.

If you would like to receive a copy of the full
Parent Screener Handbook, please contact
United Way at
DRIVE@supportunitedway.org.



Screen to Succeed

Boston's Early Childhood Development Network

Parent Screener Handbook

Revised July 1, 2015

This handbook belongs to:

Date of training:



51 Sleeper Street
Boston, Massachusetts
02210-1208
Phone: 617-624-8074

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Section 1:

Parent Screeners



Parent Screener Competencies

By the end of the training, Parent Screeners will:

- Understand the mission of Thrive in 5
- Articulate the purpose and goals of the School Readiness Pipeline
- Confidently communicate the purpose and process of ASQ screening to parents
- Understand the Parent Screener role
- Feel confident in ability to support parents in completing the ASQ
- Sensitively discuss screening results with parents
- Know the community resources for young children and their families
- Feel confident in ability to recommend appropriate resources for each child based on their ASQ score
- Understand different stages and milestones of child development
- Know who to contact for help with resource and child development questions

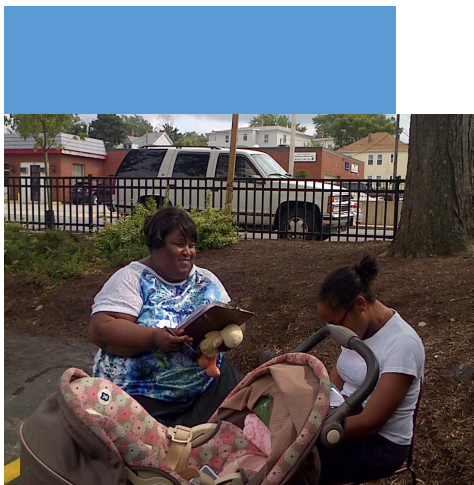


Role of the Parent Screener

Parent Screeners:

- Are **community outreach workers**, not social workers, doctors, psychologists or experts in child development.
- **Support the parents** in completing the ASQ; they do not do the ASQ for the parents. The parent should be the primary person doing activities with their child during the ASQ.
- **Should not diagnose** the child and **should not give their opinion** about the child or what the child needs. Simply tell the parents the results and connect them to the appropriate resources.





Section 5: Communicating with Parents

Communication Tips

Tips for recruiting and engaging families

- Start with your own network of friends, friends-of-friends and contacts in your community
- Recruit in public places in your community such as parks, libraries, grocery stores and at events on the Boston Children Thrive calendars
- Emphasize that the ASQ is fast, free and fun for the child
- When approaching a family, start with small talk and relate to them as a parent before explaining why you are talking to them
- Make it clear exactly what the results will be used for (not being sent to schools, the government)
- Emphasize that the results will only help the child. Either you will find out they are developing well or you will connect them to support to help them develop
- Tell parents that the results are helping us get information about how all kids in Boston are doing, so the city and funders can make decisions about child development resources



Tips for giving ASQ results to families


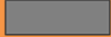

- Plan what you are going to say in advance
- Sit with the family and go through the results together
- Go over the sections the child did best on first
- Listen to the parents, don't dismiss their concerns
- Don't compare children, stress to parents that each child is unique



Things to say to all families before giving the results:

- “No matter what happens, it will be a happy ending. Either you will find out that your child is fine, or you will be connected to the resources your child needs to help them develop”
- “These results are only to help you learn about the development of your child. They will not be sent to their school or the government and cannot get you in trouble in any way.”

If a child scores...

	On Track 	Potential Concern 	Strong Concern 
In this area the child is...	doing great	could use some more practice	may need extra support
Suggest that parents...	<ul style="list-style-type: none"> keep up the good work do some of the ASQ activities with their children 	<ul style="list-style-type: none"> do relevant ASQ activities and you will follow up in 2 months share the results with their pediatrician 	<ul style="list-style-type: none"> contact Early Intervention or BPS Special Education share the results with their pediatrician
Specific things to say	“Your child is doing great! Here are some ideas of activities you can do with them at home to help their development even more.”	“Your child is doing fine, but needs some more practice in this area (fine motor, etc.). Here are some activities you can do at home to help your child develop.”	“Your child is struggling with this area (fine motor, etc.) but I can connect you to people who can help you with this.”

Additional Tips for children who score with Strong Concern

- If the parents have mentioned that they are concerned, bring that up
 - “You told me that you were concerned about your child’s development, and you are right, there are some areas that they can improve in.”
- Refer to Early Intervention (0 – 3 years) or Boston Public Schools Special Education (3 and over)
 - Make sure the parent is clear on what the services are
 - Stress that the service is completely free and voluntary
- Stress to the parent that there is no harm in getting their child assessed.
 - “You have nothing to lose, and you can rule out your concerns”





Section 6:

Resources for Families

Early Intervention

Early Intervention (EI) is a statewide program for families with children from 0 to 3 years. Children are eligible if they have developmental delays or if their development is at risk due to certain factors.

Any child under 3 in Massachusetts may be eligible if:

- 1) They are not reaching age-appropriate milestones in one or more areas of development
- 2) They have been diagnosed with a condition that may result in a delay
- 3) They are at risk for a developmental delay because of factors in their home or family



There is no minimum age requirement for Early Intervention. Any child from birth to three years old can be assessed for eligibility. Early Intervention is available to all families regardless of income or immigration status.



- The assessment and services are at no cost to the family
- The referral consists of a short phone call to Early Intervention and is very easy.
- Services can be received in the family's home, within the community, or at an Early Intervention center

After a child is referred, the Early Intervention team will conduct an assessment looking at 5 developmental areas:

- Cognition
- Expressive and receptive language
- Gross and fine motor
- Social emotional
- Self-care skills



The assessment involves simple activities such as stacking wooden cubes or following the sound of a bell. It will take about 2 hours.

Children **without delays** can also be eligible if they or their families have four or more risk factors, such as:

- ☒ Mom gave birth at age 17 or younger
- ☒ Mom had 3 or more births before age 20
- ☒ Mom's education 10 years or less
- ☒ Parent has chronic illness or disability
- ☒ Family has few social supports
- ☒ Difficulties with food, clothing or shelter, including homelessness
- ☒ Involvement in Department of Children and Families
- ☒ Substance abuse in the home
- ☒ Violence in the home
- ☒ Child has experienced multiple upsetting experiences

After the Assessment:

If the child is eligible, within 45 days of the initial referral, the EI team writes an Individualized Family Service Plan based on the needs of the child and family. The service is **voluntary**, and parents can refuse it if they want.

The services can be done in the family's homes, or at the Early Intervention center. Transportation will be provided for the family at no cost to them.

Some examples of the EI services are visits from physical therapists, social workers and speech therapists.

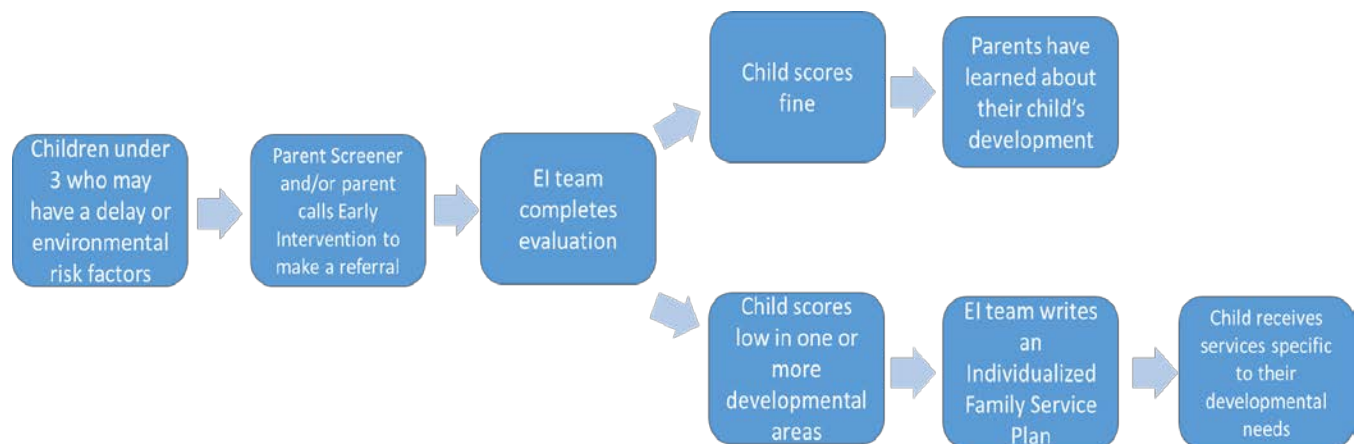
After the children turn 3, EI will help the family connect with Boston Public Schools Special Education Program if appropriate.



Crucial things to tell parents when referring their children to EI:

- Early Intervention exists to help children and their families. This information will **NOT** be sent to the child's school or the government and will not get the parents in trouble.
- EI services are provided at **no cost** to the family. All costs will be covered by insurance, and anything that cannot be covered by insurance will be covered by the Massachusetts Department of Public Health.
- EI services are **voluntary**, and the parents can refuse the services even after the assessment.
- Parents have nothing to lose by getting the child assessed. Either their child will be fine, or if they show delays, they will get the free support they need to help their child develop.
- Parent Screeners should offer to help the parents make the referral.

Overview of the Early Intervention Process



Boston Early Intervention Providers

Name of Program	Languages	Neighborhoods/ Communities Served	Office Location	Phone & Fax Numbers
Bay Cove Early Intervention Program	English Cape Verdean Creole Spanish Vietnamese	All neighborhoods in Boston, except for East Boston	105 Victory Road Dorchester, MA 02122	P: 617-371-3010 F: 617-371-3044
South Cove Community Health Center	Cantonese Mandarin	Chinatown	South Street Clinic 145 South St. Boston, MA 02111	P: 617-521-6730 F: 617-457-6696
Boston Children's Hospital Early Intervention Program	English Spanish Additional interpreter services offered by Boston Children's Hospital	All neighborhoods in Boston, except for East Boston	75 Bickford Street Jamaica Plain, MA 02130	P: 617-919-7872
Criterion Early Intervention Program	English French Haitian Creole Polish Spanish	All neighborhoods in Boston, except for East Boston	25 Willow St West Roxbury, MA 02132	P: 617-469-3080 F: 617-469-3085
Dimock Early Intervention Services	English Cape Verdean Creole German Hebrew Spanish	All neighborhoods in Boston, except for East Boston	1800 Columbus Ave Roxbury, MA 02119	P: 617-442-8800, x1414 F: 617-442-6762
Harbor Area Early Intervention (of North Suffolk Mental Health)	Arabic English French Haitian Creole Italian Portuguese Spanish	Charlestown East Boston Chelsea Revere Winthrop	130 Condor Street East Boston, MA 02128	P: 617-569-6560 F: 617-569-1856
Thom Boston Metro Early Intervention Program	English Haitian Creole Lebanese Portuguese Spanish	All neighborhoods in Boston, except for East Boston	555 Amory St Jamaica Plain, MA 02130	P: 617-383-6522 F: 617-383-6520

Resources for Families

Playgroups	Home Visiting	Workshops	Case Management
<ul style="list-style-type: none">• Countdown to Kindergarten• FNC: Parent-Child Playgroups• Smart from the Start*	<ul style="list-style-type: none">• Healthy Families• Healthy Baby Healthy Child• Welcome Family• FNC: Welcome Baby• FNC: Parent Child Home Program	<ul style="list-style-type: none">• Smart from the Start*• FNC: Parent Support Groups and Workshops*	<ul style="list-style-type: none">• Family Resource Center*

**= Dorchester only*

Boston Resources:

Countdown to Kindergarten

- Offers services and events to help parents register and prepare their children for kindergarten.
- Offers free Play to Learn playgroups in the public schools that include educational play, gross motor and sensory play, circle time, and information about other resources.
- Contact: 617-635-9288
26 Court Street, 6th Floor, Boston, MA 02108
<http://www.countdowntokindergarten.org/>

Healthy Families

- Home-based support and coaching program for pregnant and first time parents, 24 years old or younger, to help create stable, nurturing environments for children.
- Trained professionals visit homes and coach parents on child development and parenting skills, and counsel them on their own educational or professional goals.
- Healthy Families Boston Neighborhoods: Allston, Back Bay, Brighton, Brookline, Chinatown, Downtown Boston, Fenway, Hyde Park, Kenmore, Mattapan, Roslindale, West Roxbury.
 - Contact: 857- 559-2115
- Healthy Families Urban Neighborhoods: Dorchester, Roxbury, Jamaica Plain, South Boston, South End.
 - Contact: 617-506-6600

Healthy Baby Healthy Child

- Program run by the Boston Public Health Commission.
- Promotes infant survival, positive birth outcomes, oral health, and family unity.
- Home visits by public health nurses, advocates, case managers and social workers for pregnant women and families with children under 5 in Boston.
- Contact: 617-534-5832

35 Northampton St. 5th floor, Miranda-Creamer Building, Boston, MA, 02118
<http://www.bphc.org/whatwedo/childrens-health/healthy-baby-healthy-child/Pages/Healthy-Baby-Healthy-Child.aspx>

Welcome Family

- Free, voluntary, one-time home visit from a public health nurse to all mothers and newborns in Boston.
- Run by the Boston Public Health Commission.
- All mothers eligible. Referrals start from 28 weeks gestation to 8 weeks postpartum.
- More information: 617-534-5832.

Family Nurturing Center (<http://www.familynurturing.org/>)

- Offers a variety of services throughout Boston to support families
- Dorchester location:
200 Bowdoin Street, Dorchester, MA 02122
617-474-1143
- Allston-Brighton location
640 Washington Street, Suite 104, Brighton, MA 02135
617-208-8611

Programs offered by the *Family Nurturing Center*:

Welcome Baby

- Provides home visits to families with newborns in Dorchester, Roslindale, West Roxbury, Hyde Park, Allston-Brighton and East Boston.
- Brings a gift bag and information about activities and resources to the homes.
- Promotes literacy and conversation in the home, reinforcing their importance in school readiness.
- You can make referrals online for yourself, a friend, or a parent you are screening.

<http://www.familynurturing.org/interest-form>

- To make a referral by phone:

Allston-Brighton: 617-208-8611

Dorchester and East Boston: 617-474-1143 x227

Roslindale/Hyde Park/West Roxbury: 617-325-6732

Bienvenido Beb  : 617-474-1143 x252

Parent-Child Home Program

- Home visiting program to promote school readiness by strengthening parent-child verbal interaction, reading and play activities at home.
- A home visitor is matched with a family and visits them for half an hour twice a week.
- Children 18 months - 3 years eligible.
- Available in all Boston neighborhoods.

-
- Contact: Lydia Brown, Parent-Child Home Program Coordinator
lbrown@familynurturing.org
617-474-1143 x229

Parent-Child Playgroups

- Take place in Dorchester, Allston-Brighton and Roslindale.
- Located in community spaces, staffed by Early Childhood Specialists.
- Help parents build skills with their children and help families connect.
- Contact:
Dorchester: 617-474-1143 or at the Family Resource Center: 617-265-8900
Roslindale: 617-325-6732
Allston-Brighton: 617-208-8611

Resources Specific to Dorchester:

Dorchester Smart from the Start

- Provides early learning opportunities and family support for families with children, ages 0 to 5, living in or around Boston Housing Developments in Dorchester, Roslindale, Mattapan, and Charlestown.
- Offers infant, toddler and preschool playgroups.
- Offers Parent Power Hour empowerment workshops.
- Offers workshops to for pregnant mothers.
- Contact: 617-858-4687
70 Ames Street Dorchester, MA 02124
<http://www.smartfromthestartboston.org>

Parent Support Group and Workshops

- Run by the Family Nurturing Center.
- Help parents with topics such as child development, school registration, home buying, etc.
- Contact: 617-474-1143
200 Bowdoin Street, Dorchester, MA 02122

Family Resource Center

- Run by the Family Nurturing Center, only in Dorchester.
- Specialists work with families to connect them to services.
- Case Management: assist families with whatever they need help with (housing, food, etc.)
- Contact: 617-265-8900
UP Academy Charter School of Dorchester
35 Westville Street, Dorchester, MA 02124

Activities for 1-4 months old

Look in Mirror



Tummy Time



Silly Faces



Finger Puppets



Toy in Vision



Play with Toes



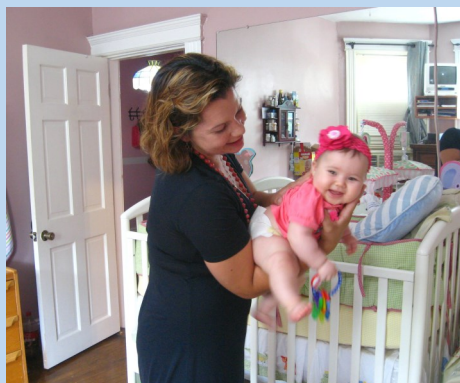
Shake Rattle



Look at Book



Swing baby



Activities for 4-8 months old

Look in Mirror



Tummy Time



Play with Spoon



Go and fetch game



Silly Faces



Toy in Vision



Rattle using Beans or Rice



Look at Book



Peek-a-boo



Activities for 8-12 months old

Look in Mirror



Bang Spoon



Stand while playing with toys



Look at Book



Objects in and out of containers



Ball Games



Peek-a-boo



Activities for 12-16 months old

Surprise Bag



Rattle using Beans or Rice



Make a push and pull toy out of spools of thread



Look at Book



Drawing



Objects in and out of containers

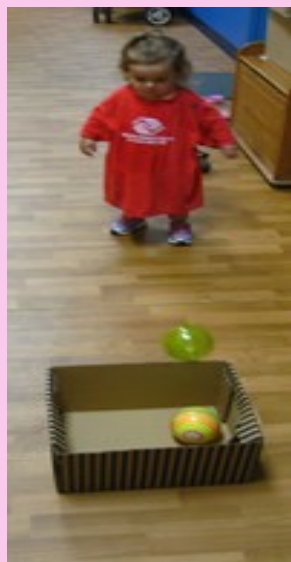


Activities for 16-20 months old

Put objects in and out of a purse



Basketball



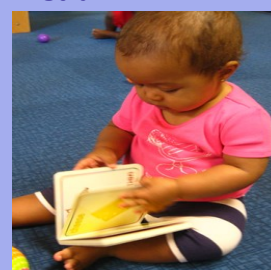
Play with beach ball



Draw



Read



Stack household objects



Look at family photos



Activities for 20-24 months old

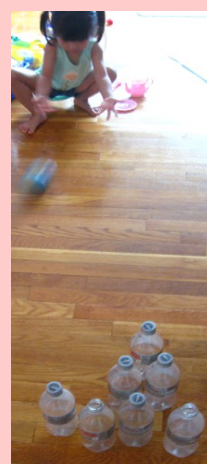
Make a mailbox



Look at family photos



Bowling



Read



Show pictures



Dress up



Open Containers



Paint with water



Activities for 24-30 months old

Basketball



Make Cheerio necklace



Read



Identify objects



Pretend Play



Paint with water



Draw



Activities for 30-36 months old

Make a house



Read



Set the Table



Dress up



Trace hand or objects



Magazine Puzzle



Activities for 36-48 months old

Dress up



Make Cheerio necklace



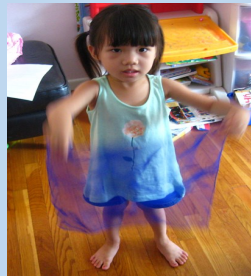
Look at family photos



Identify objects



Play with scarves



Magazine Puzzle





Section 7:

ASQ Practice Activities

ASQ Results Practice Activity

Look at the following ASQ results sheets for fictional 2 month, 12 month and 42 month old children.

- 1) Where (if anywhere) you would refer the families?
- 2) What (if any) activities would you recommend?
- 3) What specifically would you say to sensitively discuss the results with the parents?



2 Month ASQ-3 Information Summary

1 months 0 days through
2 months 30 days

Baby's name: John Smith Date ASQ completed: 7/9/14
 Baby's ID #: _____ Date of birth: 5/9/14
 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	22.77		●	●	●	●	●	●	●	●	●	●	●	●	●
Gross Motor	41.84		●	●	●	●	●	●	●	●	●	●	●	●	●
Fine Motor	30.16		●	●	●	●	●	●	●	●	●	●	●	●	●
Problem Solving	24.62		●	●	●	●	●	●	●	●	●	●	●	●	●
Personal-Social	33.71		●	●	●	●	●	●	●	●	●	●	●	●	●

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

1. Passed newborn hearing screening test? ☒ YES ☐ NO
Comments: _____
2. Moves both hands and both legs equally well? ☒ YES ☐ NO
Comments: _____
3. Family history of hearing impairment? ☐ YES ☒ NO
Comments: _____
4. Any medical problems? ☐ YES ☒ NO
Comments: _____
5. Concerns about behavior? ☒ YES ☐ NO
Comments: Doesn't move very much
6. Other concerns? ☒ YES ☐ NO
Comments: Not very active

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 baby's total score is in the area, it is above the cutoff, and the baby's development appears to be on schedule.
 If the baby's total score is in the area, it is close to the cutoff. Provide learning activities and monitor.
 If the baby'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						

P101020600

Ages & Stages Questionnaires®, Third Edition (ASQ-3™), Squires & Bricker
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12 Month ASQ-3 Information Summary

11 months 0 days through
12 months 30 daysBaby's name: Jasmine CreathDate ASQ completed: 7/21/14

Baby's ID #:

Date of birth: 7/21/13

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	15.64		<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 checked="" type="radio"/>	<input type="radio"/>
Gross Motor	21.49		<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"/>
Fine Motor	34.50		<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"/>
Problem Solving	27.32		<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	21.73		<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"/>

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

- | | | | |
|--|---|--|---|
| 1. Uses both hands and both legs equally well?
Comments: | <input checked="" type="radio"/> YES <input type="radio"/> NO | 6. Concerns about vision?
Comments: | YES <input checked="" type="radio"/> NO |
| 2. Plays with sounds or seems to make words?
Comments: | <input checked="" type="radio"/> YES <input type="radio"/> NO | 7. Any medical problems?
Comments: | YES <input checked="" type="radio"/> NO |
| 3. Feet are flat on the surface most of the time?
Comments: | <input checked="" type="radio"/> YES <input type="radio"/> NO | 8. Concerns about behavior?
Comments: | YES <input checked="" type="radio"/> NO |
| 4. Concerns about not making sounds?
Comments: | YES <input checked="" type="radio"/> NO | 9. Other concerns?
Comments: | YES <input checked="" type="radio"/> NO |
| 5. Family history of hearing impairment?
Comments: | YES <input checked="" type="radio"/> 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 baby's total score is in the ☐ area, it is above the cutoff, and the baby's development appears to be on schedule.

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

If the baby'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						

P101120700



42 Month ASQ-3 Information Summary

39 months 0 days through
44 months 30 days

Child's name: Sara Martinez Date ASQ completed: 7/21/14
 Child's ID #: _____ Date of birth: 4/21/11
 Administering program/provider: _____

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	27.06		<input checked="" 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"/>
Gross Motor	36.27		<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"/>
Fine Motor	19.82		<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"/>
Problem Solving	28.11		<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	31.12		<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"/>

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

- | | | | |
|--|---|--|---|
| 1. Hears well?
Comments: | <input checked="" type="radio"/> YES <input type="radio"/> NO | 6. Family history of hearing impairment?
Comments: | YES <input checked="" type="radio"/> NO |
| 2. Talks like other children his age?
Comments: <u>can't talk very well</u> | Yes <input type="radio"/> NO <input checked="" type="radio"/> | 7. Concerns about vision?
Comments: | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| 3. Understand most of what your child says?
Comments: | Yes <input type="radio"/> NO <input checked="" type="radio"/> | 8. Any medical problems?
Comments: | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| 4. Others understand most of what your child says? Yes
Comments: | <input checked="" type="radio"/> YES <input type="radio"/> NO | 9. Concerns about behavior?
Comments: | <input checked="" type="radio"/> YES <input type="radio"/> NO |
| 5. Walks, runs, and climbs like other children?
Comments: | <input checked="" type="radio"/> YES <input type="radio"/> NO | 10. Other concerns?
Comments: <u>very little language</u> | <input checked="" type="radio"/> YES <input type="radio"/> 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						

Answers

2 Months (John Smith):

- 1) Refer the family to Early Intervention because the child is under 3 years old, scored “strong concern” in a few areas, and the parents had previous concerns. Encourage the parents to talk to their pediatrician.
- 2) Give the parents the activity sheet for 1-4 month olds, and circle the activities that target the areas the child scored low in (communication, gross motor, problem solving, personal-social).
- 3) Start by praising the child’s fine motor skills. Mention the parents’ previous concerns. Stress that no matter what happens the child will get the support they need.

Example Script:

John is doing very well with his fine motor skills! However, you mentioned that you were concerned about his movement. You were right, there are a few areas that he could improve in, but don’t worry we can get you the support you need to help his development.

I suggest that you show your pediatrician these results. I also recommend that you call Early Intervention, a completely free service that will do more assessments on John to see if he is eligible to receive Early Intervention services to help his development. You have nothing to lose by calling them. Either you will find out he is fine, or you will get the free support that you need to help him develop. I can help you set up an appointment with Early Intervention if you would like. Whether you want Early Intervention or not I can call you in 2 months to screen him again to see if his development has changed.

12 Months (Jasmine Creath):

- 1) The child scored mostly “on track” and “potential concern”, so you don’t need to stress to the families that they should call EI/BPS or their pediatrician, but you should present it to them as an option. You could suggest activities in the neighborhood such as playgroups.
- 2) Give the parents the activity sheet for 8-12 month olds or 12-16 month olds and circle the activities that target the areas the child scored “potential concern” in (gross motor and fine motor).
- 3) Start by praising the areas the child scored white in. Say the child is doing very well but could use some practice in gross motor and fine motor.

Example Script:

Jasmine is developing very well! As you can see she scored very well in the communication, problem solving and personal-social categories. She scored a little lower in gross motor and fine motor, but there is no reason to worry. She might just need some more practice doing activities that help these areas of development.

I recommend that you do activities with Jasmine to help her develop. Here is an activity sheet that gives you an idea of what you can do. These specific activities will help her gross motor and fine motor skills (choose specific activities from the sheet). There are also some activities in our neighborhood that could help her. I can connect you to some playgroups nearby where she can work on these skills. Why don’t you try the activities at home and try bringing her to a playgroup? If you are concerned I can connect you to Early Intervention, which will do another free developmental

ASQ Results Practice Activity

assessment on her. I can also call you in 2 months to screen her again to see if her development has changed.

42 Months (Sara Martinez):

- 1) Refer the family to Boston Public Schools Special Education, because the child is over 3, and scored “strong concern” in a few areas and “potential concern” in the others. Encourage the parents to talk to their pediatrician.
- 2) Give the parents the activity sheet for 36-48 month olds and suggest they do the activities with the child at home.
- 3) Start by saying the child is doing okay with fine motor, problem solving and personal social skills. Mention the parents’ previous concerns. Stress that no matter what happens the child will get the support they need.

Example Script:

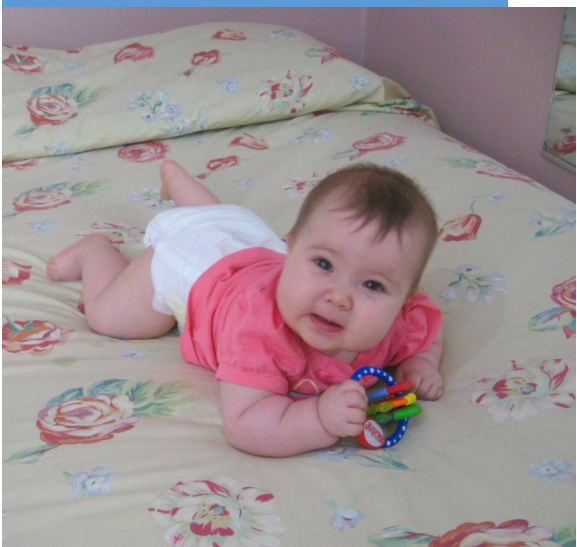
You mentioned that you were concerned about Sara’s language and behavior. You were right, there are a few areas that she could improve in, but don’t worry we can get you the support you need to help her develop. As you can see from the results sheet, she is doing okay with fine motor, problem solving and personal-social skills, but could use some more practice. Doing the activities on the sheet I gave you can help with this. In the communication and gross motor areas she may need some more help, but don’t worry because I can connect you to the support she needs.

I recommend you call Boston Public Schools Special Education, which will assess Sara to see if she is eligible to receive services to help her development. It is completely free, and she doesn’t need to attend BPS now or in the future to be eligible. Either you will find out Sara is fine, or you will get the free support that you need to help her develop. I can help you set up an appointment with BPS if you would like. Whether you want to contact them or not, I can call you in 2 months to screen Sara again to see if her development has changed.



Section 11:

Overview of Paperwork



**THRIVE IN 5 SCREEN TO SUCCEED:
AGES AND STAGES QUESTIONNAIRE (ASQ) SCREENING**

Parent/Guardian Consent Form to Collect and Use Child Data

Thrive in 5's Screen to Succeed is developing a city-wide picture of the needs of the city's children ages 0-5. The purpose of the project is to ensure that resources and supports are available to families to help their children grow up healthy and ready for success in school and in life by the time they go to kindergarten. **Screen to Succeed** works in coordination with the Boston Family Engagement Network to screen all children between the ages of 0 and 5 using the Ages and Stages Questionnaire (ASQ).

With your permission, the information about your child from the ASQ screening will be shared with *Thrive in 5* and the *Thrive in 5* contracted research consultants.

Thrive in 5 will ensure that all of the data it receives about your child will be used only 1) to create summary reports of the developmental picture of Boston's 0 to 5 year old children, and 2) for the data and evaluation reports about the impact of early developmental screening on children's school readiness.

***Thrive in 5* will not share any of your child's data with any other third-party, organization, or agency nor will your child be identified without your express written consent.**

I HEREBY AUTHORIZE (_____) to collect and maintain the ASQ screening data for my child(ren) _____ for a period
Child(ren) Name

not to exceed five (5) years and to share it with *Thrive in 5* and the *Thrive in 5* contracted research consultants only for the purposes stated above.

I understand that I can contact *Thrive in 5*, either orally or in writing, at 51 Sleeper Street, Boston, MA. 02210, (617) 624-8074, to cancel this authorization at any time and except for information already given, this authorization form will not be used any further.

Parent/Guardian signature

Date

Staff signature

Date

Print Name

Print Name

Screen to Succeed**Demographics**

Child's name _____

Child's DOB ____/____/____

Child**1. Child's ethnicity**Is your child Latino/Hispanic? ☐ Yes ☐ NoIs your child Haitian or Caribbean? ☐ Yes ☐ NoIs your child Cape Verdean? ☐ Yes ☐ No**2. Child's race (check all that apply):**☐ American Indian or Alaska Native ☐ Black or African American ☐ White☐ Native Hawaiian or other Pacific Islander ☐ Asian (which country?) _____☐ Other (specify) _____**3. Languages spoken at home (check all that apply):**☐ English ☐ Spanish ☐ Portuguese ☐ Vietnamese ☐ Arabic☐ Russian ☐ Chinese Mandarin ☐ Chinese Cantonese ☐ Cape Verdean Creole ☐ Haitian Creole☐ Other _____**4. Has your child had any previous contact with Early Intervention?** ☐ Yes ☐ No**5. What country was your child born in?** _____**6. Who currently provides childcare for this child (check all that apply)?**☐ Relative (mom, dad, sibling, grandparent)☐ Other relative (aunt, uncle, cousin)☐ Non-relative person (babysitter, nanny, friend)☐ Licensed family child care provider (non-relative providing childcare for 2 or more children outside of child's home)☐ Center-based child care provider (day care or child care center, preschool, Head Start program)**Parent/Caregiver****7. Last grade completed by parent/caregiver:**☐ Less than high school diploma ☐ High School / GED ☐ Some College/Technical School ☐ College Degree or higher**8. Parent/Caregiver's employment status (check all that apply):**☐ Unemployed ☐ Working Part Time ☐ Working Full Time☐ Student ☐ Stay at Home Parent/Guardian ☐ Retired**9. Which of the following resources are you and your household currently receiving (check all that apply):**☐ DTA ☐ WIC ☐ DCF (DSS) ☐ SNAP (Food Stamps)☐ Early Intervention ☐ Unemployment ☐ SSI for Child or Adult ☐ Mass Health☐ Fuel Assistance ☐ Early Head Start or Head Start ☐ None of the services listed**10. Number of adults (18 and older) living in household?** _____**11. Number of children (under 18) living in household?** _____

Result Sharing Checklist

Child's Name:	Name of Parent/Caregiver: _____ Relationship to Child:
Child's Date of Birth:	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other (_____)
Date ASQ results given to caregiver:	Boston Children Thrive (BCT) Membership
Language ASQ screen conducted in:	<input type="checkbox"/> Already a BCT Membership (# _____) <input type="checkbox"/> Completed BCT enrollment form at ASQ screen <input type="checkbox"/> Declined enrolling (Reason: _____)

Goals of the follow-up session with families: 1) Share the results of the screening, 2) Give resources that can be used to support the child's learning at home, 3) Connect families to community resources and services for additional support as needed.

1. During the follow-up meeting, screeners discussed the following:

- ☐ ASQ Screening outcomes (*areas of strength, areas for growth*)
- ☐ Resources to support areas for growth (*check off recommendations and referrals given to adult*)
 - ☐ Follow up with pediatrician (children ages 0-4)
 - ☐ Early intervention (children ages 0-3)
 - ☐ Boston Public Schools screening (children ages 3-4)
 - ☐ Other (e.g. playgroups, workshops): _____

2. Parent received:

- ☐ Children's book
- ☐ Boston Children Thrive (BCT) Family Enrollment form
- ☐ Copy of ASQ (questionnaire and/or summary)
- ☐ ASQ Passport

3. Follow-up phone call and re-screen: (****for children who scored "potential concern" or "strong concern" in at least 1 domain*)

- ☐ Caregiver would like to receive a follow-up phone call in 2 months to check-in

4. Parent signature after receiving ASQ outcomes

I confirm that I was told the outcome of my child's Ages and Stages Questionnaire.

Parent's Signature

Printed Name

Date

Screener's Signature

Printed Name

Date

Ages and Stages Follow-Up Checklist

Child's Name:	Name of Parent/Caregiver: _____
Child's Date of Birth:	Relationship to Child: ___ Parent ___ Grandparent ___ Aunt/Uncle ___ Other (_____)
Date of Phone Call:	

Purpose of follow-up calls: (1) See if the family followed through on referrals; (2) Find out if family needs support in connecting to services for child; (3) Allow parent to share new concerns about their child's development or restate existing concerns; (4) Schedule a re-screen if parent is interested

Criteria: follow-up calls and re-screening will be offered when a child has scored in "potential concern" or "strong concern" in at least 1 developmental area

Timeline: follow-up calls should occur approximately 2 months after initial ASQ results are given to parent

- How is your child doing now? What's new with him/her?**
- Do you have any new or continuing concerns about your child's development?**
- Did you have a chance to follow-up on the referrals or recommendations we talked about?**

Check box below if parent says they contacted the service, please add notes about current status

- ☐ Pediatrician (children ages 0-4)
- ☐ Early intervention (children ages 0-3)
- ☐ Boston Public Schools screening (children ages 3-4)
- ☐ Other (e.g. playgroups, workshops): _____

If parent did not follow-up on referrals....

- Why not? What got in the way? (e.g. fear, lack of transportation, language barriers)**
- Is there anything I can do to help?**
- Because children this young are developing so quickly, sometimes developing new skills on a weekly or monthly basis, there are many different versions of the ASQ that are appropriate for different ages.
Are you interested in scheduling a time to meet to complete the next ASQ for your child to see where your child is?