Materials Required

- Sample ASQ
- Wisconsin Model Early Learning Standards Guiding Principles Handout
- CDC handouts examples developmental milestones
  http://www.cdc.gov/ncbddd/actearly/milestones/index.html
- Print copies of 3 mo, 7 mo, 1,2,3,4,5 year-old check list
- Flip charts
- Legal-sized copy paper
- Long Post-Its in 2 colors
- Colored Pencils
- Markers
- Tape
An Overview of the Ages & Stages Questionnaire (ASQ)


Administered by The YoungStar Consortium—a partnership of the Celebrate Children Foundation, Supporting Families Together and Wisconsin Early Childhood Association. To get started or to learn more go to http://dcf.wisconsin.gov/youngstar
With Collaboration From…

WI Department of Health Services
Project LAUNCH
And Presented By…

Your Logo Here
Workshop Goal

• To increase awareness about developmental screening and the statewide effort to encourage developmental screening for all young children.

• To ensure that, upon implementation, Early Care and Education professionals will be prepared to support families through the screening and when needed the referral process.
Learning Objectives

At the end of this training participants will:

1. Understand the value of screening young children
2. Learn about an evidence-based child development screening tool, the Ages and Stages Questionnaire (ASQ-3)
3. Explore the role of early childhood educators as partners in the promotion and use of the ASQ with families
Guiding Principles

• All children are capable and competent
• Early relationships matter
• Early learning and development is multi-dimensional
• Expectations must be guided by knowledge of child growth and development
• Children are members of cultural groups that share developmental patterns
Guiding Principles

• Parents/families are children’s primary and most important caregivers and educators
• Children are individual who develop at various rates
• Children exhibit a range of skills and competencies within any domain of development
• Children learn through play and active exploration of their environments

www.collaboratingpartners.com/wmels-about.php
What is the Purpose of Developmental Screening?

• Give families information about their child’s development
• Give families information about next steps of child development
• Identifies areas where a child’s development differs from same-age norms
What *Developmental Screening* is **Not**…

It *does not result in a diagnosis* or treatment plan.

Developmental screening is not the only basis to qualify a child for intervention services.
Screening Best Practice

- Adults don’t always know just by being with a child that they may have a delay in their development
- Not all delays are “visible”
- Less than 50% of the children with delays have those delays identified and addressed before they enter Kindergarten
  (USDHHS, CDC, http://www.cdc.gov/ncbddd/child/devtool.htm)
- To avoid missing children’s needs and missing opportunities for their growth, a universal approach to screening is recommended
Universal Screening

- Universal screening means that all children who meet a broad screening criteria have access to screening at agreed upon age intervals.
- Universal screening gives all families information about their child’s development.
- If the criteria for screening is only when an adult sees a red flag, then many children with needs for additional support will be overlooked.
Why Should Children be Screened?

• Evidence-based screening uncovers developmental delays and mental health issues in 80-90% of children with special needs.

• Children whose delays are recognized early are more likely to receive support and make progress toward developmental goals.
Universal Screening

• A new report from the Urban Institute identifies that more than a quarter of children under age 5 are at moderate to high risk of developmental, behavioral, or social delays.
• Among poor and minority children, the percentage is even higher.
• Disparities in developmental outcomes have a great deal to do with environment and access to resources and supports rather than innate differences.
Universal Screening

Over a quarter (26.4 percent) of children under age 5 are at moderate or high risk of developmental, behavioral, or social delays based on parent report. Risk factors are not evenly distributed across all children:

- 33% of poor children
- 34% percent of Hispanic children
- 32% of African American children

(Urban Institute report, *Improving the Lives of Young Children: The Role of Developmental Screenings in Medicaid and CHIP*)
Why is Early Detection Important?

- Early intervention leads to better child outcomes
- Families and caregivers can learn specific ways to support a child’s particular needs
An Ounce of Prevention is Worth a Pound of Cure

“Many young children have developmental or behavioral problems that are not identified before entering kindergarten, preventing them from receiving treatment and services, such as medical care, early intervention services, or simple equipment like eyeglasses or hearing aids that could maximize their developmental outcomes.”

(Rydz et al. 2006; Sand et al. 2005).
National and Statewide Campaign for Early Identification

Learn the Signs Act Early
http://www.actearly.wisc.edu/

There are generally accepted milestones for child development
http://www.cdc.gov/ncbddd/actearly/milestones/index.html
Screening: The Facts

- Approximately 12-16% of all children have disabilities
- Only 30% of children with disabilities are detected before Kindergarten

Earls and Shackelford, Pediatrics, 2006
Glascoe, Pediatric Review, 2000
## The ASQ: An Evidence-Based Tool

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<tr>
<th>Tool</th>
<th>Sensitivity</th>
<th>Specificity</th>
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<td><strong>The ASQ</strong></td>
<td>72%</td>
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**Sensitivity** – Likelihood of the tool to pick up on developmental issues that need more support.

**Specificity** – Likelihood to NOT pick up on issues that don’t require additional support.
What is the ASQ?

The Ages and Stages Questionnaires

- © Paul H. Brookes Publishing Co., Inc.
- Parent Completed
- Brief (approximately 20 minutes)
- Standardized
- Is valid and reliable tool that has been used across cultural and linguistic groups
- Helps to identify children with potential developmental delays
What is the ASQ?

The ASQ can uncover developmental delays related to

- Biological/Genetic Factors
- Life Experiences
Why the ASQ?

• Cheap, quick, and easy!
• Available in English & Spanish (with support from professionals if needed)
• Parent lead tool
• Few materials required
• Linked to milestones
• High rates of reliability, validity, and accuracy
What does the ASQ Screen for?

Development in these 5 domains (areas of development)

- Communication
- Gross motor
- Fine motor
- Problem solving
- Personal-social
What does the ASQ Screen for?

Communication

“Children’s language skills, this included what they can say and what they understand” (ASQ-3 User’s Guide pg.68)
What does the ASQ Screen for?

Gross Motor

“Children’s use and coordination of their arms and legs when they move and play”

(ASQ-3 User’s Guide pg.68)
What does the ASQ Screen for?

Fine motor

“Children’s movement and coordination of their hands and fingers.”

(ASQ-3 User’s Guide pg.68)
What does the ASQ Screen for?

Problem Solving

“Children’s problem solving skills and how they play with toys.”

(ASQ-3 User’s Guide pg.68)
What does the ASQ Screen for?

Personal-Social

“Children’s self-help skills and their interactions with others.”

(ASQ-3 User’s Guide pg.68)
Tell Me More About the ASQ!

- **Who completes the ASQ-3?** Families do and professionals can help.
- **How long does it take?** 15-20 minutes, or longer if assistance is required.
- **How many questions are there on the ASQ-3 screens?** 30-38 questions per questionnaire.
- **Is it easy for parents to read and understand?** The ASQ is written at a 4th-6th grade level.
What ages are screened?

• The ASQ-3 includes questionnaires for these months:
  2, 4, 6, 8, 9, 10, 12,
  14, 16, 18, 20, 22, 24,
  27, 30, 33, 36,
  42, 48, 54, and 60
When a Child is Premature: Choosing the Correct ASQ

• When a child is under 2 years old and was born at least 3 weeks prematurely, age must be calculated with this in mind
  
  Questionnaire age = Child’s age MINUS # of days premature

• Age will be adjusted until the child turns 2 years old
The Overall Section

The Overall section questions focus on health and developmental issues such as hearing, vision, behavior, quality of child’s skills, and general parent concerns that may require follow-up. (ASQ-# User’s Guide pg. 71)

Example Questions
Do you think your child hears well?
Does anything about your child worry you?
Do you think your child talks like other toddlers her/his age?
Do other people understand most of what your child says?
Developmental Milestones

The Learn the Signs Act Early milestones developed by the Centers for Disease Control highlight milestones across domains.

While the domains are not labeled the same as the ASQ-3, they are based on similar research.
Developmental Milestones

- Social and Emotional
- Cognitive
- Language
- Movement
- Vision

The milestones checklists are available for 3 month, 7 month, 1 year, 2 year, 3 year, 4 year, and 5 year age intervals.
What Role do Developmental Milestones Serve?

- They do help families gain information about their child’s development.
- Checklists are not validated tools.
- They inform and support the use of a validated screening tool.
Questionnaire Sample

Sample questions on the 48 month ASQ:

• Does your child unbutton one or more buttons? (Your child may use his own clothing or a doll’s clothing.)
  
  YES SOMETIMES NOT YET

• Does your child dress-up and “play-act,” pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother or sister, or an imaginary animal or figure.

  YES SOMETIMES NOT YET
Possible Responses to the ASQ

YES
This means a child is performing the skill

SOMETIMES
This means that the child is doing the skill on occasion but not always

NOT YET
This means that the child isn’t doing it yet
Questionnaire Sample

Sample question on the 48 month ASQ:

• Does your child tell you at least four of the following? Please mark the items your child knows.
  • First name
  • Age
  • City she lives in
  • Last name
  • Boy or girl
  • Telephone number

YES  SOMETIMES  NOT YET
Calculating the ASQ

• Assign a value to each item on the questionnaire by writing the appropriate number on the line by each item answer
  • YES = 10
  • SOMETIMES = 5
  • NOT YET = 0

• Add up the item scores to determine a total for each developmental domain
Understanding ASQ Results

• Values in the chart’s un-shaded areas: child appears to be developing typically

• Values in the lightly shaded area of the chart (“Monitoring Zone”): child may need extra practice and experience in this domain; child’s progress should be monitored

• Values within the chart’s darkly shaded areas: child should be referred for further evaluation
## Reviewing ASQ Results

### Chart:

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### Instructions:

“Blacken the appropriate circle on the chart for each domain’s total value.”
Reviewing ASQ Results

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This child’s development of **gross motor** and **personal-social** skills appears typical.
Reviewing ASQ Results

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This child may need more practice or experience developing fine motor skills. This family will be given developmental information and activity suggestions. Child will be monitored.
Reviewing ASQ Results

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This child should be referred for further assessment of his/her **communication** and **problem solving** skills. This family will also be given developmental information and activity suggestions.
Benefits of ASQ Use for Families

The questionnaire offers:

- **Empowerment** - Parent and provider recognition of parents as experts

- **Learning** - parents and providers learn more about an individual child’s development
  - Information that development is on track, or
  - Concerns identified or validated
Benefits of ASQ Use for Families

• Parents find new ways to interact and play with their child

• Parents gain new appreciation for their child
Benefits of ASQ Use for Early Care and Education

The parent questionnaire with provider communication offers an opportunity for:

• Parent and provider teaming to meet the unique needs of every child
• Families and providers are better connected with community support agencies & resources
  • Early Intervention
  • Child Care
  • Family Resource Centers
  • Home Visiting Programs
Benefits of ASQ Use for Communities or Programs

The questionnaire with data collection offers an opportunity to:

- Understand potential developmental delays among children within programs, communities and populations
- Track results to guide the use of resources
Why do Early Care & Education Providers Have a Role?

• 2/3 of WI children ages birth-to-5 have both parents working outside of the home – many children are in child care

• We’re in professions that support children and families and their quality of life

• We’re trusted experts in child development

• We’re trusted partners in the lives of families
Why do Early Care & Education Providers Have a Role?

• We’re in regular contact with children and families

• We are or may be parents/grandparents of young children ourselves

• Offering the ASQ is a win-win for us and the children and families that we serve!
Meaningful Role for Early Care & Families and Education Providers

- Family as Pilot and ECE Provider as Navigator
- Family and ECE Provider as Co-Pilots
- Family as Navigator and ECE Provider as Pilot
NAEYC- Ethical Principles

• Use instruments for intended purposes
• Screening is ALWAYS linked to follow-up
• Use results to make appropriate referrals

www.naeyc.org/files/naeyc/position/pscape.pdf
Talking to Families About the ASQ

- “The ASQ is a tool that you can use to check your child’s development.”
- “Your child will be able to do some of the items, but not all of the items.”
- “You can help your child practice the skills that we do for the ASQ.”
- “Your answers help show your child’s strengths and any areas where your child may need support or more practice.”
Key Ideas

The ECE Provider’s role is to support the family in completing the questionnaire as needed.
Key Ideas

The ASQ is not a pass/fail test
Key Ideas

The ASQ is neither a diagnostic tool, nor is it perfect. **Trust and encourage families.**
An answer of “not yet” suggests that the skill being evaluated will be developing.

It’s something to look forward to with your child!
Key Ideas

Questionnaire completion should be “play” time—keep the mood fun and light.

This is not a stressful “test!”
Key Ideas

Notice and comment on child and family strengths and the positive relationships and interactions between them.
Key Ideas

Praise a child for trying or for working with you, not for success in skill demonstration.
Assisting a Family

- Answer any parent questions about items that parents may not understand
- Help parent to measure or envision inches/feet if needed
- Adapt the materials/questionnaire if needed
  - Using a zippered purse if a zippered jacket is unavailable
  - Equating stacking 3 cereal boxes to stacking 3 large blocks
Wrapping Up

• Be sure each item was answered
  • If not, attempt to answer it with the family

• Review parent comments and concerns
  • Offer suggestions, information and resources
  • Encourage dialogue about the child’s development

• Review with the family the type of information you will learn and how you may be able to use the information.
  • (e.g., know your child better and follow up on concerns)
Wrapping Up

• Give parents your contact information should they have any future questions, thoughts or concerns

• Tell parents when you will get back to them regarding the outcome of their child’s questionnaire

• Thank parents for their participation
Decision-Making Guide for Early Identification of Development Concerns for Early Care and Education Providers

Knowledge of child development
Knowledge of beliefs and culture of the families of children in your care

Observe children in your care regularly during interactions
Talk with family members about their observations of strengths and concerns

Screening and ongoing assessment for all children

If yes, discuss observations with family members and options for follow up including a suggestion to conduct a developmental screen.

If no, continue to:

If yes, discuss concerns and options for follow up including a suggestion to conduct a developmental screen.

If yes, conduct a developmental screen.

Do you have the training, skills, and experience to conduct a developmental screen?

If yes, conduct a developmental screen.

If no, provide information to the family on health/community providers who conduct developmental screens

Follow up with family about results of the developmental screen conducted

If yes, provide community and medical referrals
Continue to provide supports to the child and family
Follow up on referrals
Collaborate with services and resources
Participate in transition planning

If no, continue to:

Developed by the Birth to 6 Health Systems Committee of the Professional Development Initiative, Wisconsin Early Childhood Collaborating Partners (9/2006, revised 10/2010)
Community Screening Resources

In addition to physicians, Birth to 3 Programs/Tribal Birth to 3-GLITC, School District Child Find Programs, and the Regional Centers for Children and Youth with Special Health Care Needs, one might also partner with

- Parents' Plus- Home Visiting
- CCR&Rs- Professional Development
- Family Resource Centers- parent education, play groups, lending libraries, Home Visiting
- Head Start and Early Head Start/Tribal Head Start and Early Head Start
- Specialists (Physicians, CSSW)
- CESAs
- Local school districts
Coming in 2011

• **ASQ Part Two** – A focus on using the ASQ in ECE settings and having supportive communications with families about child development

• **ASQ Part Three** – Building relationships and protocols for support, referrals and follow-up
Please Join Us to Learn More about the ASQ in Part II and III!
CCR&R Contact Information

Name
Address
Phone Number
Contact Person
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- Supporting Families Together Association and Child Care Resource and Referral Agencies
- UWEX Family Living Programs
- Parents Plus
- WI DHS Project LAUNCH
- WI DHS Birth to Three
- Wisconsin Alliance for Infant Mental Health
- Children’s Service Society of Wisconsin, Madison
- Early Years Home Visitations Outcomes Project of Wisconsin
- Wisconsin Early Childhood Association
- Waisman Center