

Published by  
Ounce of  
Prevention  
Fund



# Snapshots

Incorporating Comprehensive  
Developmental Screening  
into Programs and Services for  
Young Children

**Comprehensive developmental screening is a process to identify children who may have or may be at risk of a developmental delay or disability and need further evaluation.**

**It is not an achievement test, but a series of snapshots of a child's development across all developmental domains — language, cognitive, physical, motor, sensory, and social-emotional.**

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We would like to thank the following individuals for their input: Lindsay Banman, Infant Welfare Society of Chicago; Anita Berry and Patty Mack, Healthy Steps for Young Children, Advocate Health Care; Drs. Bedingfield and Rosewell S.C.; Pat Brady, consultant; Paula Casas, Adelante Child Development Center; Ann Cutler, University of Illinois at Chicago; Deborah Daro, Chapin Hall Center for Children at the University of Chicago; Anne Evans and Valeria Hubbard, Chicago Department of Public Health; Linda Gilkerson, Erikson Institute; Theresa Hawley, consultant; Loretta Lattyak, Loyola University; Lynn Liston, Child and Family Connections/Options and Advocacy; Jeanette McCollum, University of Illinois at Champaign Urbana; Cheryl Mroz; Evelyn Norton, formerly Illinois Department of Human Services; Margarita Paredes, Caregiver Connections; Patti Torchia, Kelly Woodlock, and Nancy Sinclair, Ounce of Prevention Fund; Cass Wolfe and Katherine Falen, Carole Robertson Center for Learning.

Design: Sam Silvio Printing: IPP Lithocolor  
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Molly is Susanna's second child. Susanna knows how important the first three years of her baby's life are and she wants to do everything she can to contribute to the positive development of her baby during this critical period. Even though she has an older child, she still has some questions about the care and development of her baby. As Molly grows, Susanna recognizes that she is developing on a different timetable than her older son. Molly is a very chatty baby; she began talking by "cooing" and "ooing" much earlier than her older brother. Yet several months later, Susanna becomes concerned when Molly is not yet able to crawl. She wonders if this is normal, and whether Molly's development is on track for her age.

It is regular screening time at the local Pre-K program that Daniela, three and a half years old, has been attending for five weeks. Daniela speaks in one-word phrases and does not have as large a vocabulary as the other children in her class. She seems very interested in her peers but has a difficult time playing with them because of her lack of language. Her teacher is also troubled when Daniela is asked to transition from one activity to another. She often cries, screams and drops to the floor, and sometimes she even becomes physically aggressive.

At home, Daniela's mom, Wanda, has been struggling with similar issues. Although the teacher's concerns worry her, Wanda is actually relieved to discover that she is not the only one who is challenged by her daughter's behavior. When the teacher and Daniela's parents discuss these concerns during the screening process, they decide to try activities to strengthen Daniela's language skills and use strategies to help her with transitions and reduce her aggressiveness both at home and in the classroom. Together they agree to watch Daniela's behavior closely and schedule another screening within three months.

All parents notice and care about their children's development. However, they may not know whether or not their children are developing typically, if their children's behaviors are within a normal range, or how to better support their children's ongoing development.

How can families better understand and make the most of this early period in their children's lives? Parents need designated time with a knowledgeable, trusted person to discuss their children's development—someone who can provide information, listen to their concerns, and answer their questions. **Comprehensive developmental screening is a process that allows providers\* to collaborate with parents to monitor, describe and discuss all domains of a child's development.** Screening should not be just regarded as a point-in-time test but as an ongoing process, and a key preventive service that parents can expect and anticipate as regularly as immunizations and well-child physical examinations.

Children's rapid growth and development during the first five years of life is well known and documented. The important skills gained during this period become the foundation for all development that follows. Yet the rate of development and the age at which children display certain abilities vary greatly. Screening can determine whether a child is developing on track, and is the *first step* in determining if a child has delays within a normal range, or has delays or disabilities outside the normal range.

\*Throughout this Brief, the terms *programs* and *providers* will be used interchangeably and refer to those that should develop and implement a comprehensive developmental screening process.



## What is Comprehensive Developmental Screening?



**Comprehensive developmental screening is a process to identify children who may have or may be at risk of a developmental delay or disability and need further evaluation.**

Appropriately trained individuals conduct screening with the approval of and in collaboration with parents. A comprehensive screening should include the use of objective screening tools that address general and social-emotional development. Screening tools vary widely from staff-administered tools to parent-report tools only. All objective tools should be supplemented with information from other sources, such as child observations by parents and others, verbal and written reports, child work samples (particularly for children ages three to five), or health and developmental histories.<sup>1</sup> A *comprehensive* screening process incorporates both the use of a tool and the collection of information from other sources. The screener uses the screening process to identify if a child may have a delay or disability and needs a further evaluation, and to engage parents in a dialogue about their child's development early, often and over time.

Over the past several years, the screening tools available for young children have improved a great deal.<sup>2</sup> General developmental screening tools enable providers to screen across several developmental domains—language, cognitive, physical, motor, sensory, and social-emotional. However, professionals in the field have found that the complexity of social-emotional development necessitates a specific screening tool designed to assess areas such as: temperament, adaptive functioning, interactions with peers and adults, negotiation of the social environment, and regulation of emotions. For that reason, professionals are increasingly using a social-emotional specific tool in addition to a general developmental screening tool.<sup>3</sup> (See list of screening tools on pages 10 – 11.)

Early childhood development is a dynamic process. Repeated screenings at specific intervals help provide a comprehensive picture of the child's development over time. Screening neither definitively indicates a delay or disability nor provides a diagnosis; it is used to determine if further assessment or evaluation is recommended. When a screening identifies a concern, parents ultimately decide whether their child will receive any further evaluations.

Screening takes place in a number of settings, including physicians' offices and primary care clinics, child care centers and homes, early childhood development programs (such as Early Head Start, Healthy Families and Head Start), preschool classrooms, parents' homes, and other community settings. Any number of providers who work with children younger than five can be trained to conduct comprehensive developmental screenings, such as physicians, nurses, developmental specialists, home visitors, and child care providers.

## What is Social-Emotional Development?

Children's healthy social-emotional development is a cornerstone of school readiness, academic success, health and overall well-being. This developmental domain includes several areas, such as personality, temperament, social problem solving, self-concept and self-regulation.<sup>41</sup> Generally, healthy social-emotional development is considered to be a child's capacity to experience, regulate and express emotions; form close and secure interpersonal relationships; and explore and learn from her environment. This capacity develops over time in the context of family, community, and cultural expectations for young children.<sup>42</sup>

Children develop healthy social-emotional skills within close relationships with their parents and other primary caregivers. Nurturing relationships help very young children develop trust, empathy and compassion. They also support children as they develop curiosity and confidence, learn to cooperate with others, and persist with challenging tasks.

Healthy social-emotional development ensures that children enter school with the skills needed to interact successfully within the school environment.<sup>43</sup> A child who cannot relate well to others, calm herself or be able to be calmed by others, trust adults, or become motivated to learn, will not be able to take advantage of early education experiences.<sup>44</sup> Research has shown that children who have social-emotional problems when they enter kindergarten fare significantly worse in school than children who only have cognitive or language delays.<sup>45</sup> It takes years for children to develop healthy social-emotional skills<sup>46</sup> and children with demonstrated delays in these areas have a difficult time making up these skills once they enter elementary school. Engaging parents early to promote their child's social-emotional development and to detect potential problems through screening is important. Due to the complex nature of social-emotional development, specific screening tools have been developed to supplement general developmental screening tools.

## Why Set Up a Process of Comprehensive Developmental Screening?

The purpose of comprehensive developmental screening is threefold: to identify children who may have developmental delays or disabilities, to guide decisions about referrals for further evaluation, and, when appropriate, to connect families to resources that may help mitigate or minimize the severity of their child's delay or disability. By identifying children as young as possible, effective interventions can begin early, and significantly improve outcomes for children and their families.

Several studies estimate that 12 to 16 percent of children in the United States have developmental or behavioral disorders, and less than half of these are detected before children reach kindergarten.<sup>4</sup> When undetected or untreated, a delay or disorder can have a significant impact on a child's motor, language, cognitive, and/or social-emotional development. Further, delays in one developmental domain can have a negative impact on other domains. According to some physicians, under-detection is unfortunate "because it eliminates the possibilities for early intervention. Children who participate in early intervention programs prior to kindergarten are more likely to graduate from high school, hold jobs, live independently and avoid teen pregnancy or delinquency."<sup>5</sup>

In addition to catching and addressing delays early, screening engages parents and providers in a dialogue about a particular child, and it sets the stage for teachable moments with parents.

For instance, the provider can offer anticipatory guidance to parents about their child's current and future development. This guidance reassures parents that while there are some general developmental milestones, there is a range of normal developmental expectations that varies by child.

All early childhood programs should be encouraged to implement a process of comprehensive developmental screening to reach the many children who are not currently or consistently screened. Many providers assume children are being screened by their physicians; however, many families have inconsistent access to health care or use health care only when a child is sick. Even when children are screened during well-child visits, it is often not with an objective tool. An Illinois study found that only 39 percent of primary care providers were using a published, standardized screening tool.<sup>6</sup> Yet, research shows that using clinical judgment alone detects fewer than 30 percent of children with delays and disabilities.<sup>7</sup>



## Screening in Child Care

**Comprehensive screening is a regular component of the Carole Robertson Center for Learning in Chicago Illinois, which serves children from birth to age five. At the parent orientation, staff introduce the concept of screening and explain that all children will receive it on a regular basis. Program coordinators work closely with teachers at the center to administer a developmental screening tool with infants, toddlers, and preschoolers. Information from the screening is used to facilitate an ongoing dialogue between the parent and teacher about the individual child. All children receive an initial general developmental screening within 30 days of enrollment. Infants under one year are screened every three to four months, children ages one to three are screened every six months, and children over three years are screened annually. If the results indicate a concern, a conference is held with the child's parents, the teacher, the program coordinator and a member of the center's social services staff. During the conference, staff and parents discuss the screening results and teacher and parent observations.**

**To answer many social-emotional questions not captured in general developmental screening tools, the center now uses a social-emotional specific screening tool with all children. Both classroom staff and parents complete the social-emotional screening tool. The tool gives staff a focus for the discussion, deepens their relationship with parents, and teaches parents about their child's social-emotional health. The Center has found that parents are willing to talk about social-emotional screening results and topics such as how their child self-regulates, interacts with others or responds to their voice. Because these open-ended questions are assessed along a continuum, not as individual yes/no answers, parents are less likely to perceive their child as "passing or failing."**

## Screening in Health Care

### Pediatric Practice

Drs. Bedingfield and Rosewell lead a pediatric practice that serves 3,000 families in the northwest suburbs of Chicago. The practice's four doctors have a philosophy that emphasizes developing a relationship with parents and children over many years, and addressing the whole child – physical health, nutrition, development, and behavior. Developmental surveillance is conducted at all well-child visits. To formalize the process, a developmental screening tool is used at the nine-month well-child visit and a social-emotional screening tool is used at the eighteen-month well-child visit. Parents fill out a parent-report tool in the waiting room or the exam room and nurses score it. The pediatrician then discusses the results with parents. According to Dr. Bedingfield, this is a simple and efficient way to enhance care: "The vast majority of the time the screening results reassure parents that everything looks fine. When there are problems, parents are not typically surprised and it is a nice stepping stone to discuss our shared concerns and how to follow up." By starting the screening process with parents early, they are more knowledgeable about child development and more prepared to discuss concerns if they arise when their children are older. Recently, the practice incorporated a postpartum depression screening tool at the one-month well-child visit and a temperament screening tool at the four-month well-child visit. The practice has gradually incorporated one tool at a time to ensure staff receive training and become comfortable using the tools.

### Public Health Department

The Chicago Department of Public Health (CDPH) Lead Screening Program seeks to help all children in Chicago six months through six years of age get screened for lead poisoning. Most of these young children live in high poverty communities and are more likely to be exposed to lead, which can lead to serious developmental delays or disabilities. Yet, many have never had a well-child visit or a blood lead screening. CDPH nurses utilize Illinois Medicaid data to identify children who have not been screened, and then they conduct extensive outreach to families - making repeated calls and home visits as well as sending letters to encourage screening. Given limited resources, nurses target their visits to the highest risk communities where up to 30 percent of kindergartners have been poisoned by lead. In addition to screening for lead poisoning and providing hazard reduction education during these visits, nurses also administer developmental and social-emotional screening, and offer a postpartum depression screening to mothers with children less than one year of age.

During the visit they discuss screening results, make referrals if needed, and help parents identify a health care provider and schedule an initial appointment for a well-child visit. As of May 2005, the nurses in the program have been able to direct over 5,000 young children most at risk of later health problems to well-child visits for lead screening and comprehensive developmental and social-emotional screens.



### Community Health Center

Infant Welfare Society of Chicago is a Community Health Center that has incorporated Healthy Steps for Young Children\* into its pediatric services. The program serves over 800 children birth to three. Over 96 percent of the families are Latino, the majority are low-income and 10 percent are teen parents. Most of the parents are not literate in Spanish or English, so the Healthy Steps Specialists read the parent-report screening tool with them. Developmental screening is conducted during well-child visits when children are 4, 6, 8 or 10, 12, 14 or 16, 18, 24 and 36 months. Social-emotional screening is conducted on an individual basis when a parent, specialist, or doctor has a concern. According to Lindsay Banman, LCSW, developmental screening has become a normal part of the process: "Parents come to expect it. They cannot wait to show the specialists what their baby has learned to do." The pediatrician and specialist discuss the screening results with parents. When results raise a concern, the child is typically referred to Early Intervention. In addition to the referral, the specialists meet with the parents in the office or at their home to offer support and identify developmental activities to do with the child. The Healthy Steps Manager/Family Support Therapist also conducts postpartum depression screening with all mothers within the first four months of their child's birth, and provides further assessment and counseling services for those women who need it.

Infant Welfare Society is part of a network of Healthy Steps programs in Illinois led by Advocate Health Care. They receive support and training from Advocate Health Care and the Enhancing Developmentally Oriented Primary Care (EDOPC) project. (See Resources page 12)

\* Healthy Steps for Young Children is a national initiative that focuses on the first three years of life. Healthy Steps emphasizes a close relationship between health care professionals and parents in addressing the physical, emotional, and intellectual development of very young children.

# Common Myths about Developmental Screening

There are several myths that may discourage providers from incorporating objective screening tools into existing programs or services.

## Myth 1

**The child's physician sees the child on a regular basis and would let a parent know if something was not right or not on target regarding the child's development.**

Many young children do not have access to a regular source of medical care or do not receive well-child visits on a regular basis. Screening works best when administered by a trained individual who knows the child and family and when the child is healthy. Families who only seek medical attention when their child is sick may not see the same medical provider each time. It should also be noted that screening is not usually conducted when a child is ill. Even when children receive well-child visits on a regular basis, they do not necessarily receive a comprehensive developmental screening that includes an objective tool.

## Myth 2

**There is nothing that can be done even if a problem is identified. There are few services available for children under three and services may not be effective for very young children.**

Research has shown that early intervention for children birth to three can be very effective in promoting children's cognitive, language, physical, social, and emotional development. Each state has an Early Intervention (Part C) system, which receives federal funding from the Individuals with Disabilities Education Act, for families with children birth to age three who have a developmental delay or disability or who are at risk of delay. Children and families can receive up to sixteen different kinds of services including speech, physical and developmental therapies, nutritional and psychological services, and service coordination.

Even if a child is not eligible for Early Intervention services, there are other prevention programs that can be helpful to children and their families.

## Myth 3

**Providing comprehensive developmental screening is the responsibility of another provider or program.**

Although many providers are conducting comprehensive developmental screenings, it should never be assumed that a child is receiving screening elsewhere. While screening should be an essential component of services in all birth to five programs and settings (e.g., primary health care offices and clinics, home visiting programs, and child care centers), it is not yet standard practice.

## Myth 4

**Comprehensive developmental screening is time intensive and expensive to do within our setting and budget.**

Newer screening tools take approximately 15 minutes to administer and are now less expensive to purchase. Parent-report tools also allow flexibility and can be completed in waiting rooms or at home in order to reduce the amount of time needed to conduct a screening. Some tools allow duplication of materials without additional costs. To further alleviate costs, programs can share resources with one another, or take families to scheduled community screenings.

## Myth 5

**We do not have the expertise required to do screening and making a false alarm could seriously harm or upset the child and family.**

Screening is designed to be brief and only indicates the need for further evaluation; it cannot definitively indicate a delay or disability. If screening results recommend an evaluation, the evaluation process may be scary for parents but it will not harm the child. It is better for a child to have an evaluation than to miss the opportunity to engage a child in services and prevent a more severe delay or disability.

# Considerations for Setting up a Process of Screening

Comprehensive developmental screening is a key preventive service for all young children. Each program should establish protocols that specify how often screening will occur, what screening tools will be used, what additional information will be gathered about the child and family, and procedures for follow-up and referral. **There are a number of ways to create a screening process that works best for a program and the children and families it serves.** The following are guidelines to take into consideration as a program develops, implements, and continually monitors and improves a system of comprehensive developmental screening.

## 1. Where Should Screening Take Place?

A screening process should be incorporated into the other services a program provides. It is not only an opportunity to identify children who need further evaluation, but a chance to engage parents in a discussion about their child even when the child's development is within a normal range.

On average, objective screening tools can be administered in 15 minutes. Integrating them into a program can be done in several ways:

- ▶ **With other screenings and assessments**, for example during an intake process or with existing screenings (i.e., vision, hearing, or postpartum depression screenings);
- ▶ **During visits to a primary care physician** or other medical provider for services such as immunizations and well-child exams;
- ▶ **During regular activities and natural transitions** that exist in a program, such as when a child transitions or graduates from one room to another in a child care center, when the parent is present for a conference or activity, or when a parent and child are in a waiting room; and
- ▶ **During home visits or periodic meetings** between service providers and parents.

## 2. When Should Screening Take Place?

Periodic use of objective screening tools should be built into a program's routine. Tools come with recommended screening schedules. Best practice recommends that providers should administer:

- ▶ **Three screenings in the first year** of a child's life (because a child's most rapid growth is in the first year), at least one of which is social-emotional specific;
- ▶ **Two screenings in the second year** of life, including a social-emotional specific screening between 15 and 18 months of age; and
- ▶ **Annual developmental and social-emotional screenings** after age two.

In addition to regularly scheduled screening, certain circumstances may trigger the use of an objective screening tool. Triggers that may indicate that a child is more at risk for developing a delay or disability include:

- ▶ **Parents have a concern** about their child's development.
- ▶ **A child's mother has been diagnosed** recently with postpartum depression or the parents have other mental health issues that have an impact on the child.
- ▶ **A child has been exposed** to domestic or community violence, substance abuse, and/or child abuse or neglect.
- ▶ **A child has lost or been separated** from parents and/or siblings due to such things as divorce, work or military duty, incarceration, death, or the child's removal from the home.
- ▶ **The family has been homeless.**

## 3. What Tools Should Be Used?

It is important to use standardized objective tools when conducting comprehensive developmental screenings. Recent scientific advances have improved the accuracy, efficiency, and array of tools available for screening infants, toddlers and preschoolers.<sup>8</sup> However, no one tool is appropriate for all settings. Considerations for determining which tools are most appropriate for use include:

- ▶ **Scientific rigor** – Tools should be valid (measure what they are supposed to measure); reliable (provide consistent results); sensitive (probability of correctly identifying children with delays); specific (probability of correctly identifying children who do not have delays); standardized; and age appropriate (relevant for the specific ages of children being screened). (*See pages 10-11*)
- ▶ **Culturally appropriate** – Tools should also be appropriate for the population being screened. The content and process of screening should be sensitive to cultural differences, and be in the primary language spoken or understood by the child and family. Some developmental milestones differ across cultures. It is important to interpret results in the context of the child's family and culture. If a child appears unable to do a specific task, it is important to have a conversation with parents about the cultural expectations they and their community have for children of that age.

► **Type of tool** – Quality staff-administered and parent-report tools are available to screen children’s general and social-emotional development. Staff-administered tools may include observing the child, asking the child to perform structured tasks, and/or interviewing parents and other caregivers. In contrast, parent-report tools tend to be paper-pencil questionnaires that parents complete.<sup>9</sup> Parent-report tools still require interpretation by an appropriately trained staff member. An increasing number of programs are choosing parent-report tools because they help engage parents in the screening process, reduce the time it takes to administer the tool, and help parents become more informed observers of their child’s behavior.

#### 4. Who Should Do the Screening?

A variety of trained professionals and paraprofessionals use developmental and social-emotional screening tools. However, screening is most effective when the staff member has a relationship with the child and family. Regardless of the tool a staff member uses, it is essential to include parental input during the screening process, as parents are the experts when it comes to their child.

All screening tools, including parent-report tools, require training for staff who will administer and interpret them. Training should include a follow-up component to allow trainers to periodically review and discuss screening results with staff. Some possibilities include:

- **Train all current staff** who work with children and families to screen the children on their caseload, in their classroom, or under their care.
  - **Train and designate a staff member** (e.g., nurse, developmental specialist) or small team to conduct the screenings with all children and to work with parents and other staff to discuss and act on the results.
- Ideally, a person who has a relationship with a child and family would administer the screening, but reliable screening results can also be gathered in other ways:
- **Hire a trained specialist** or consultant to periodically come into the program and screen children; this person should work closely with both parents and staff.
  - **Investigate what community screenings are already available** through the local Early Intervention (Part C) agency or school district. Community screenings are events in which trained individuals offer screenings to any child and family during a community event or in public settings such as schools, community health fairs or park districts.
  - **Share resources** and partner with other agencies to offer screenings for the community.



#### Screening in Home Visiting Programs

**All Parents Too Soon (PTS) and Healthy Families home visiting programs in Illinois provide periodic developmental screening as part of their comprehensive support for teen parents and new parents with young children. In both programs, parental involvement in the screening process is emphasized. The home visitors use screening as a strategy to promote parent-child relationships and parent-home visitor collaboration.**

**In PTS programs, trained home visitors use a general developmental screening tool to screen children at three, six, nine, and twelve months of age, and every six months thereafter until age six. Home visitors are trained at the Ounce of Prevention Fund Training Institute. The training includes classroom instruction on how to use tools to conduct screenings, interpret results, discuss those results with parents, and provide referrals to Early Intervention (Part C).**

**As a follow-up, the trainer reviews twelve of each home visitor’s completed screenings and observes them as they administer one during a home visit with a family. Advanced training is provided each year to reinforce the correct use of the tool as part of a home visit, and to refresh staff on the procedures for referring children for further assessment. The PTS management information system monitors the screenings on each child and generates reminders for home visitors about the next screening.**

**Healthy Families programs typically use a general developmental screening tool and a social-emotional specific screening tool, and follow each tool’s recommended screening schedule. Through the Ounce of Prevention Fund Training Institute, home visitors receive classroom instruction on how to conduct screenings with these tools, interpret results, discuss results with parents, and provide referrals to Early Intervention (Part C). An Illinois-specific database, Cornerstone, is used to monitor screening data.**

## 5. How Should Screening Results Be Shared with Parents?

Results from the screening process need to be shared with parents in a clear, culturally sensitive, and timely manner. Parents should be told that while screening generally provides an accurate picture of a child's development, it is only a snapshot and the results can be affected if the child is tired or shy while being screened. Similarly, the results are not predictive of how their child will develop in the future. The screener may start the discussion with parents by asking them what they think about their child's growth and behavior, and continue the discussion by following up on any specific areas of concern that were identified during the screening process.

If the screening and discussion with the parent raise no concerns, the screener should provide anticipatory guidance to the parents about what to expect next in their child's development, and share the schedule for the next screening.

If the screening does raise concerns, parents should be reminded that the results are not a diagnosis. The screener should discuss the parents' expectations for their child and compare those expectations with developmental norms and standardized screening results. When the results of a screen definitively indicate the need for further evaluation, the screener should provide a referral to the parents.

In some instances, results may be inconclusive. For example, the screening tool's score could be close to the cut-off or in conflict with parental expectations or reflections. The decision to make a referral for further evaluation at these times may be less clear. Screeners have several options: they can still provide a referral for a more in-depth evaluation, set a date for the child to be re-screened within a short period of time, or schedule a re-screening in several months after the parent and child have focused on specific activities to improve the developmental area of concern.

Regardless of the screener's recommendations, the parent or family should be supported in deciding what next steps make sense for the child and family's needs. Being referred for a further evaluation may be scary for parents, but it will not harm the child. It is better for a child to have an evaluation than miss the opportunity to prevent a more severe delay or disability.

## 6. What Follow-up and Referral Should Be Done If a Delay or Disability Is Suspected?

When screening results raise concerns, children ages birth to three should be referred to the local entity that implements the Early Intervention (Part C) system for further evaluation and consideration of eligibility for services. Children between the ages of *three and five* should be referred to the local school district for further evaluation and consideration of eligibility for Special Education (Part B) services. Both programs provide free developmental evaluations if requested by the parent. *(See Resources page 12)*

Program staff should work closely with the family and Early Intervention or local school district to ensure a complete referral is made. Specifically, providers should work with the family to pass on all relevant information to Early Intervention or the local school district to better inform the evaluation process. Parents may need support during this process and information regarding their rights in these systems. *(See Resources page 12)*

If parents are not satisfied with the initial evaluation from Early Intervention or the local school district, they can request, in writing, a second evaluation from either system or they can seek a referral for an evaluation through their child's pediatrician. Both of these options can be pursued concurrently. Parents will need to investigate if their health insurance covers the cost of an evaluation. All evaluation results should be shared with Early Intervention or the local school district in case there is a future need to determine eligibility for services.

## Screening in the Community

**There are many children who may not be involved in any programs or services designed specifically for young children. Community screenings are conducted by trained individuals in public settings such as schools, community health fairs, or park districts and provide a way to reach out to these children and their families. These screenings may be a joint effort between several organizations or are conducted regularly by some school districts. While screening in a community setting may not take place within the context of an existing relationship between the family and the screener, it does provide an opportunity to reach children who are not served by any programs or services.**

**Community screenings can be most effective when a parent-report tool is utilized. Children should always be screened with their parent present so parents may provide observations and share any concerns they have about their child's development. The many distractions in a loud public space make it difficult for some children to react as they would in more typical situations. A parent can provide more accurate observations of behavior in everyday settings. Ensuring follow-up and referrals is a challenge in one-time community screenings since the screener may not see the child and family again. It therefore becomes critically important that a well-designed and efficient system is in place for the follow-up and referral. Outreach, particularly to families who may not be receiving regular pediatric services or be involved in a program, is also important in community settings. Local churches, laundromats, new moms or other parent support groups, and community centers are ideal places to conduct outreach. Outreach also has the added benefit of raising public awareness about the importance of screening.**

# Tips for Working with Parents

## **Recognize that parents may be apprehensive about the screening process.**

Allay parents' concerns by making comprehensive developmental screening an integral part of the range of services provided for *all* children. The more common screening becomes for all children, the more parents will accept it as a normal part of service delivery, rather than seeing it as a negative process that only identifies problems.

## **Use the screening process as an opportunity to support the parent-child relationship.**

The screening process can foster an exchange of information between staff and parents about an individual child and child development more generally. It helps create partnerships with parents that foster greater understanding about how to interpret a child's behavior. It also presents an opportunity to identify the cultural expectations a family or community has for a child's development. Take the opportunity to provide anticipatory guidance – educate parents about what to expect at future stages in their children's development and reinforce the important role they play. The more knowledgeable parents are about child development, the better observers of their children's behavior they will become, and the earlier they will be able to identify possible developmental concerns.

## **Ensure that parental input is an integral part of the screening process – parents are the experts when it comes to their child.**

Parents spend more time with their children than any other adult in the child's life and have the most familiarity with the child's abilities and behaviors. Never discount a parent's concern. If a parent suspects a problem or has concerns, always refer the child for an in-depth evaluation. According to the American Academy of Pediatrics, several studies have demonstrated that parent reports of the skills of their children are predictive of developmental delays.<sup>10</sup>

## **Be sensitive to parents, particularly if they have a different opinion about the results of a screen.**

Some parents may not recognize or agree with something the screener identifies as problematic. They may also have different cultural expectations for what their child should or should not be able to do. Screeners should express any concern they have and explain it in the context and setting in which it occurs. Parents will need an opportunity to share whether they observe something different. Children may display different abilities and behaviors in different contexts and with different people. Also, parents may feel frightened or threatened by screening information that indicates a potential problem with their child. If parents are not ready to proceed with a developmental evaluation, screeners should find agreement with parents on the next steps, monitor the situation, encourage activities parents can do with their child related to the developmental area of concern, and identify a time to revisit the discussion in the near future.

## **Share the results of a screening with parents in a timely manner regardless of the results.**

If potential problems are identified, it is important to connect the child with a complete evaluation as quickly as possible. Also, sharing results with parents in a timely manner will relieve anxiety they may have about screening and their child being "okay." Parents will feel more comfortable with screening when it is discussed at the time of the screening, if possible.

## **Keep the screening process going after sharing results with parents.**

Engaging in an ongoing dialogue with parents about their child's development is critical, particularly if the child needs further evaluation and services. Navigating the next steps in the process can be difficult and parents may find it helpful to have someone guide them through the process. Having open lines of communication between parents and new service providers makes this process easier.

# Commonly Used Objective Screening Tools for Young Children

There are many objective developmental and social-emotional screening tools available. No one tool is appropriate for all settings. When choosing a tool, consider its type (staff-administered or parent-report), its scientific rigor (reliability, validity, sensitivity, and specificity), and its cultural and age appropriateness. With newer tools that show scientific rigor, best standards recommend that their reliability and validity values should be .80 or higher. The following chart lists some of the more commonly used tools. For more information on these tools or others, see the Resources and Notes Sections on pages 12-13.

## General Developmental Screening Tools

Tool & Publisher	Considerations
<p><b>Ages and Stages Questionnaires (ASQ)</b></p> <ul style="list-style-type: none"> <li>• Parent-report tool</li> <li>• For ages three months to five years</li> <li>• Available in English, Spanish, French, Korean and Norwegian, with Mandarin and Arabic under development</li> </ul> <p>Paul Brookes Publishing Company (800) 638.3775 www.brookespublishing.com</p>	<ul style="list-style-type: none"> <li>• Best used to engage parents and provide anticipatory guidance in the context of an ongoing relationship</li> <li>• Specific parent forms for every three months of development</li> <li>• High percentage of correct identifications of children with a delay and those with normal development</li> <li>• The normative sample was representative of risk and non-risk populations</li> <li>• Reliability: Inter-rater .94, Test-Retest .94, Validity (concurrent) .96, Sensitivity .75, Specificity .86</li> <li>• Parent forms written at a sixth grade reading level</li> <li>• Approximately 15 minutes to administer</li> </ul>
<p><b>Battelle Developmental Inventory Screening Test</b></p> <ul style="list-style-type: none"> <li>• Staff-administered tool</li> <li>• For ages birth to eight years</li> <li>• Available in English</li> </ul> <p>Riverside Publishing Company (800) 323.9540, www.riverpub.com</p>	<ul style="list-style-type: none"> <li>• Commonly used by infant and preschool teachers</li> <li>• Best used with other sources of information</li> <li>• Use of cut off scores results in errors in identifying children with delays</li> <li>• The normative sample was stratified by region, age, race and gender</li> <li>• Reliability: Test-Retest .98, Validity (overall) .99</li> <li>• Approximately 15 minutes to administer for children under age three and over age five</li> <li>• Approximately 30 minutes to administer for children ages three to five</li> </ul>
<p><b>Bayley Scale for Infant Development, 3rd Edition Screening Tool (Bayley-III)</b></p> <ul style="list-style-type: none"> <li>• Staff-administered tool</li> <li>• For ages one month to three and a half years</li> <li>• Available in English</li> </ul> <p>The Psychological Corporation (800) 872.1726, www.psychcorp.com</p>	<ul style="list-style-type: none"> <li>• Best used by a skilled screener who is able to engage parents and child care providers</li> <li>• The normative sample was a national, stratified random sample</li> <li>• Reliability: Test-Retest .55-.96, Validity (concurrent) .66</li> <li>• Approximately 10 to 20 minutes to administer</li> </ul>
<p><b>Denver II Developmental Screening Test</b></p> <ul style="list-style-type: none"> <li>• Staff-administered tool</li> <li>• For ages birth to six years</li> <li>• Available in English and Spanish</li> </ul> <p>Denver Developmental Materials, Inc. (800) 419.4729, www.denverii.com</p>	<ul style="list-style-type: none"> <li>• Best used by an experienced screener familiar with the child and as part of a process that includes other screening tools or developmental information</li> <li>• When used alone this tool tends to under identify children with delays</li> <li>• The normative sample was not representative</li> <li>• The Spanish version did not have a normative sample, it is a translation</li> <li>• Reliability: Inter-rater .92-.98, Test-Retest .89, Validity values not available, Sensitivity .55-.83, Specificity .43-.80</li> <li>• Approximately 10 to 20 minutes to administer</li> </ul>
<p><b>Parents' Evaluation of Developmental Status (PEDS)</b></p> <ul style="list-style-type: none"> <li>• Parent-report tool</li> <li>• Birth to eight years</li> <li>• Available in English, Spanish and Vietnamese</li> <li>• Available for licensing in Somali, Hmong, and Chinese. Parent forms also in Arabic, Indonesian, French, Malaysian, Portuguese, and Taiwanese.</li> </ul> <p>Ellsworth &amp; Vandermeer Press, Limited (615) 226.4460, www.pedstest.com</p>	<ul style="list-style-type: none"> <li>• Commonly used by health care providers</li> <li>• Physician required to interpret results, but not to administer screening</li> <li>• Accurate identifications of children with a delay and normal development</li> <li>• The normative sample involved over 2,800 families from representative backgrounds</li> <li>• Reliability: Inter-rater .95, Test-Retest .88, Validity (concurrent) .60-.86, Sensitivity .79, Specificity .80</li> <li>• Parent forms written at a fourth grade reading level</li> <li>• Approximately 10 minutes to administer</li> </ul>

## Social-Emotional Screening Tools

### Tool & Publisher

#### Ages and Stages Questionnaires:

##### Social-Emotional (ASQ:SE)

- Parent-report tool
- For ages three months to five years
- Available in English and Spanish

Paul Brookes Publishing Company  
(800) 638.3775  
www.brookespublishing.com

### Considerations

- Best used to engage parents and provide anticipatory guidance in the context of an ongoing relationship
- Specific parent forms for every three months of development
- The normative sample under-represents Caucasians, over-represents individuals of mixed ethnicity, and has a higher percentage of well-educated mothers and low-income families
- Reliability: Test-Retest .94, Validity (concurrent) .93, Sensitivity .82, Specificity .92
- Parent forms written at a sixth grade reading level
- Approximately 15 minutes to administer

#### Brief Infant and Toddler Social and Emotional Assessment (BITSEA)

- Parent- and child care provider-report tool
- For ages twelve months to three years
- Available in English, Spanish, French, Hebrew and Dutch

Harcourt Assessment, Incorporated  
(800) 211.8378, www.harcourtassessment.com

- Relies on observations made by parents and child care providers of the child in natural environments
- Parent form is completed onsite or in home, and child care provider form assesses behavior across settings
- The normative sample was a national sample of 600 children
- Reliability: Inter-rater .85, Test-Retest .87, Validity .95 (with the clinical checklist)
- Parent forms written at a fourth grade reading level
- Approximately 30 to 45 minutes to administer

#### Devereux Early Childhood Assessment (DECA)

- Parent- and teacher-report tool
- For ages two years to five years, with an infant/toddler version under development
- Available in English and Spanish

Kaplan Early Learning Company  
(800) 334.2014  
www.devereuxearlychildhood.org

- Strengths-based assessment of resilience and protective factors, and screener for behavioral concerns
- Commonly used in an educational setting
- The normative sample was a national sample of 2,000 children
- Reliability: Parent raters .94, Teacher raters .71, Test-Retest .74, Validity values, Sensitivity .67-.78, Specificity .65-.71
- Parent forms written at a sixth grade reading level
- Approximately 10 minutes to administer

#### Greenspan Social-Emotional Growth Chart

- Parent-report tool
- For ages birth to three and a half years
- Available in English

Harcourt Assessment, Incorporated  
(800) 211.8378, www.harcourtassessment.com

- The normative sample was a national sample of 456 children
- Reliability and Validity values not available
- Approximately 10 minutes to administer

#### Temperament and Atypical Behavior Scale (TABS)

- Parent-report tool
- For ages eleven months to six years
- Available in English

Paul Brookes Publishing Company  
(800) 638.3775, www.brookespublishing.com

- Designed for rapid identification of children who have issues related to temperament and self-regulation
- The normative sample was 1,000 children who had typical and atypical development from 33 states
- Reliability: Inter-rater .64, Test-Retest .81-.94, Validity (concurrent) .83
- Approximately 10 to 30 minutes to administer

# Resources

## National Resources

### American Academy of Pediatrics

Policy Statements – Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening (2006), Developmental Screening and Surveillance of Infants and Young Children (2001)  
www.aap.org

### Center for Children and Families

A Review of Social, Emotional, and Behavioral Screening Tools  
<http://ccf.edc.org/PDF/screentools.pdf>

### Developmental Behavioral Pediatrics Online

A Review of Developmental and Behavioral Screening Tools  
www.dbpeds.org/screening

### Early Head Start National Resource Center

Technical Assistance Paper No. 4 - Developmental Screening, Assessment, and Evaluation: Key Elements for Individualizing Curricula in Early Head Start Programs  
www.ehsnrc.org/pdffiles/FinalTAP.pdf

A Review of Selected Developmental Screening Instruments  
www.ehsnrc.org/InformationResources/ResourceArticles/ftscreen.htm

A Review of Selected Developmental and Social-Emotional Screening Instruments  
www.acf.hhs.gov/programs/opre/ehs/perf\_measures/index.html

### Head Start Information and Publication Center

A Bulletin on Implementing Developmental Screening and Assessment  
www.headstartinfo.org/pdf/ScreenAssess.pdf

A Bulletin on Early Childhood Mental Health and Social Emotional Development  
www.headstartinfo.org/pdf/ChildMentalHealth-Final.pdf

### Healthy Steps for Young Children

www.healthysteps.org

### National Academy for State Health Policy

www.nashp.org

## Illinois Resources

**Illinois Department of Human Services, Bureau of Early Intervention** operates Illinois' Early Intervention (Part C) program. Every state has an Early Intervention system that receives federal funding from the Individuals with Disabilities Education Act. There is wide variation in how states implement this system. In Illinois, all children birth to three are provided a free developmental evaluation if requested by a parent or when a referral is made. Illinois has 25 Child and Family Connections (CFCs) offices located throughout the state which coordinate evaluations and connect children and families with services when necessary. CFCs contract with the Illinois Department of Human Services: Bureau of Early Intervention to provide these services. A list of CFCs around the state is available at [www.state.il.us/agency/dhs/earlyint/earlyint.html](http://www.state.il.us/agency/dhs/earlyint/earlyint.html) or (217) 782-1981.

**Local school districts** provide evaluations and coordinate Special Education (Part B) services for children three to five. A list of local school districts is available on the Illinois State Board of Education website at [www.isbe.state.il.us/research/htmls/directories.htm](http://www.isbe.state.il.us/research/htmls/directories.htm) or (866) 262-6663.

**Community screenings** are offered by the Bureau of Early Intervention and local school districts. To collaborate with these efforts or to identify a schedule, contact the local Child and Family Connections office or school district. A list of CFCs around the state is available at [www.state.il.us/agency/dhs/earlyint/earlyint.html](http://www.state.il.us/agency/dhs/earlyint/earlyint.html). A list of local school districts is available at [www.isbe.state.il.us/research/htmls/directories.htm](http://www.isbe.state.il.us/research/htmls/directories.htm).

**Parent guides** for the Early Intervention (Part C) program and for Special Education (Part B) are available from the Bureau of Early Intervention and the Illinois State Board of Education. The parent guides discuss several topics including information on screening, evaluations, and delivery of services. The Parent Guide from the Bureau of Early Intervention is available at [www.dhs.state.il.us/ei/manuals](http://www.dhs.state.il.us/ei/manuals) or (800) 323-4769. The Parent Guide from the Illinois State Board of Education is available under the Parent Rights section at [www.isbe.state.il.us/spec-ed/html/parents.htm](http://www.isbe.state.il.us/spec-ed/html/parents.htm) or (217) 782-5589.

**Support and resources for parents** during the referral process, evaluation, or development of a service plan are available. Organizations that have information, resources, and supports for families, include the **Family Resource Center on Disabilities** that offers monthly workshops and other individualized support services for parents and can be contacted at [www.frcd.org](http://www.frcd.org), (312) 939-3513 or (800) 952-4199; and **Designs for Change** that has a Parent Training and Partnership Project and can be contacted at [www.designsforchange.org](http://www.designsforchange.org) or (312) 236-7252.

**Help Me Grow/Futures for Kids Helpline** at (800) 323-4769 is a statewide resource, information, and referral line for parents and providers in Illinois.

**Local health departments** can be a useful source of information about screening and resources available in your community. A list of local health departments is available at [www.idph.state.il.us/local/alpha.htm](http://www.idph.state.il.us/local/alpha.htm).

**Enhancing Developmentally Oriented Primary Care Project** provides training and technical assistance to primary health care providers on a range of child development issues, including the use of developmental, social-emotional and perinatal depression screening tools. Advocate Health Care Healthy Steps has partnered with the Illinois Chapter of the American Academy of Pediatrics, the Illinois Academy of Family Physicians, and Ounce of Prevention Fund to implement this project. Additional information is available at [www.edopc.org](http://www.edopc.org).

**Provider Connections** is an organization that provides training for Early Intervention providers, parents, Illinois Department of Human Services local office staff, and Child and Family Connections staff. Training is provided on a number of topics including developmental screening. For more information, contact Western Illinois University, College of Education and Human Services at [www.wiu.edu/ProviderConnections](http://www.wiu.edu/ProviderConnections) or (309) 298-1634.

**Illinois Association for Infant Mental Health** is a membership organization that facilitates collaboration and the exchange of information between diverse professionals who work with infants and toddlers and their families. The Association holds a fall conference followed by a spring seminar series focused on the conference theme. The Association has also developed training modules on several infant mental health topics, including administering the Ages and Stages Questionnaires: Social-Emotional screening tool. These modules are available across the state. For more information, contact the Association at [ilaimh@yahoo.com](mailto:ilaimh@yahoo.com), (312) 893-7175 or visit [www.ilaimh.org](http://www.ilaimh.org).

**Illinois Children's Mental Health Partnership** is a council of state agency leaders and twenty-five members appointed by the Governor and is mandated by legislation to develop and monitor a statewide Children's Mental Health Plan for children birth to eighteen years of age. More information about the Partnership and a copy of the Children's Mental Health Plan is available at [www.ivpa.org/childrensmhft/](http://www.ivpa.org/childrensmhft/).

## Notes

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12. Zero to Three. Infant Mental Health Definition. Infant Mental Health Resource Center. [www.zerotothree.org/imh/definition.html](http://www.zerotothree.org/imh/definition.html)
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14. Zero to Three. (2004). Infant and early childhood mental health: Promoting healthy social and emotional development fact sheet. Zero to Three Policy Center. [www.zerotothree.org/policy/factsheets](http://www.zerotothree.org/policy/factsheets)
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## Notes to Commonly Used Objective Screening Tools

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## The Bottom Line

**Comprehensive developmental screening should be an integral component of all programs and services for children ages birth to five. Screening processes may look different depending on the setting. However, there are key elements that must be present in all screening processes:**

### Frequency

**Children should have access to periodic screenings during their early years. It is recommended to conduct three screenings during the first year (birth to 12 months), including at least one social-emotional specific screening. Two screenings should be conducted during the second year (13 to 24 months), with a social-emotional specific screening between 15 and 18 months. After age two, children should receive developmental and social-emotional specific screenings annually.**

### Tool

**Screenings should be conducted using objective developmental and social-emotional tools that are standardized, valid, reliable, sensitive, specific and appropriate for the age of the child and the setting in which the screening takes place. The screening must be culturally sensitive and in the primary language spoken (or understood) by the child and family. Screening should be administered by an individual who is trained to use the particular instrument.**

### Parent Involvement

**Parental observations and concerns should always be solicited during the screening process. Information about the screening process and all results should be shared with parents in a culturally sensitive and timely manner.**

### Follow-up

**The screening process should always include follow-up, even if the screening raises no developmental concerns. At a minimum, anticipatory guidance should be offered to parents. When there is a developmental concern, the screening agency should work closely with the child's family, Early Intervention (Part C) or the local school district's Special Education (Part B) program, and any service providers who may become involved.**



## OUNCE OF PREVENTION FUND

Ounce of Prevention Fund  
Chicago, Illinois  
[www.ounceofprevention.org](http://www.ounceofprevention.org)

The Ounce of Prevention Fund invests in the healthy development of at-risk infants, toddlers and preschool children. We use an innovative cycle of family-focused programs, research, training, policy analysis and advocacy to help young children succeed in school and throughout life.