Tiffany Kostelec
Early On® Coordinator
for Public Health

Introduction to the ASQ-3™ and the ASQ:SE™ (Social Emotional).
Presented to the Maternal Infant Health Program
June 2010

www.brookespublishing.com
Objectives

• Review MIHP screening requirements.

• Learn the benefits of developmental screening.

• Understand the design of the ASQ 3™ and ASQ:SE™ and use of the questionnaires.

• Learn how to score the ASQ-3™ and the ASQ:SE™.

• Learn what to do with the results.
Developmental screening is an intervention provided for all MIHP infant beneficiaries.

MIHP uses the ASQ screening tools to determine if a child should be referred to Early On for a comprehensive developmental evaluation. The MIHP provider informs the medical care provider of any potential developmental delays identified through ASQ screening.

The decision to require all MIHP providers to use the same screening tools is based on three reasons: 1) the ASQ-3 and ASQ: SE are reliable, cost-effective, culturally-sensitive, and easy for parents to use (written at 4th - 5th grade reading level); 2) using the same screening tools for all infants is important for MIHP evaluation purposes in the future; and 3) by using these tools, we are helping to build a statewide developmental monitoring system, as more and more early childhood programs and providers are utilizing the ASQ-3 and ASQ: SE as their screening tools of choice.
Benefits of Developmental Screening

• Too often, subtle developmental delays are not caught until the child enters school. Formal developmental screening leads to early identification of potential developmental delay and separates those children who need more extensive assessment from those children who do not.

• Identifying delays and intervening early can help to reduce high school drop out rates, teen pregnancy, delinquency and crime rates. *

• Children with social-emotional delay who are identified early, are less likely to be enrolled in special education when provided appropriate early intervention.

Ages and Stages®
Developmental and Social Emotional Questionnaires

Ages and Stages Questionnaire - 3™
What is the ASQ - 3™?

• Parent or caregiver completed Child Monitoring System
• Well researched
• Valid
• Reliable
• Quick and easy to administer
• Cost-effective
• Parent friendly
• Available in Spanish*

*www.agesandstages.com has information on the availability of versions in other languages and may consider requests to translate questionnaires as needed for successful implementation in a community.
The ASQ - 3™ can be used with infants as young as 1 month and children up to age 5 1/2 years.

Below 24 months, questionnaire intervals are every 2 months: 2, 4, 6, 8, 9, 10, 12, 14, 16, 18, 20, 22, 24 (the 9 month questionnaire addresses the American Academy of Pediatrics 2008 screening guideline.)

From 24 months to 36 months intervals are every 3 months: 27, 30, 33, 36.

From 36 months to 5 years intervals are every 6 months: 42, 48, 54, 60.
Each questionnaire contains 30-items in five developmental domains:

**Communication** - How a child expresses himself to others and understands what others communicate with him.

**Gross Motor** - How a child uses large muscles for activities such as walking, crawling, etc.

**Fine Motor** - How a child uses small muscles to coordinate use of hands and fingers.

**Problem Solving** - How a child organizes their thinking patterns.

**Personal Social** - How a child interacts with others and takes care of their own needs.

Each domain contains 6 questions that are arranged by skill level - easy to more difficult.

The questions themselves were written in very simple language. Some questions may include terms at a 6\textsuperscript{th} grade reading level, but in general the reading level is around 4\textsuperscript{th} to 5\textsuperscript{th} grade.
The ASQ system includes, in addition to the questionnaires, material and guidance to ensure a successful child monitoring program:

- A family information sheet
- 21 Questionnaires
- Summary Sheet for scoring and document recommendations/actions
- CD-Rom with printable master copies of materials
- Child Monitoring Sheet
- Parent Conference Sheet
- Mailing Sheet
- Handout – “What is the ASQ-3”
- Quick Start Guide to assist with questionnaire completion/scoring
- Appendices in the manual to assist with the screening program
### Baby's information

<table>
<thead>
<tr>
<th>Baby's first name:</th>
<th>Middle initial:</th>
<th>Baby's last name:</th>
<th>Baby's gender:</th>
</tr>
</thead>
</table>

| Baby's date of birth: | If baby was born 3 or more weeks prematurely, # of weeks premature: |

### Person filling out questionnaire

<table>
<thead>
<tr>
<th>First name:</th>
<th>Middle initial:</th>
<th>Last name:</th>
<th>Relationship to baby:</th>
</tr>
</thead>
</table>

| Street address: | City: | State/Province: | ZIP/Postal code: |

| Country: | Home telephone number: | Other telephone number: |

| E-mail address: | Names of people assisting in questionnaire completion: |

### Program information

<table>
<thead>
<tr>
<th>Baby ID #:</th>
<th>Age at administration in months and days:</th>
</tr>
</thead>
</table>

| Program ID #: | If premature, adjusted age in months and days: |

| Program name: | |

---

Baby's name: ___________________________ Date ASQ completed: ___________________________
Baby's ID #: ___________________________ Date of birth: ___________________________
Administering program/provider: ___________________________ Was age adjusted for prematurity
when selecting questionnaire? □ Yes □ No

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for details, including how to adjust scores if item
responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total.
In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

<table>
<thead>
<tr>
<th>Area</th>
<th>Total Score</th>
<th>0</th>
<th>5</th>
<th>10</th>
<th>15</th>
<th>20</th>
<th>25</th>
<th>30</th>
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<tr>
<td>Communication</td>
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<td>□</td>
<td>□</td>
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<tr>
<td>Gross Motor</td>
<td>22.25</td>
<td>□</td>
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<td>Fine Motor</td>
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<tr>
<td>Problem Solving</td>
<td>27.72</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>□</td>
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<tr>
<td>Personal-Social</td>
<td>25.34</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tbody>
</table>


1. Uses both hands and both legs equally well? Yes □ NO □ 5. Concerns about vision? YES □ No □
   Comments: ___________________________

2. Feet are flat on the surface most of the time? Yes □ NO □ 6. Any medical problems? YES □ No □
   Comments: ___________________________

3. Concerns about not making sounds? YES □ No □ 7. Concerns about behavior? YES □ No □
   Comments: ___________________________

4. Family history of hearing impairment? YES □ No □ 8. Other concerns? YES □ No □
   Comments: ___________________________

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).

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<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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P101060700
Ages & Stages Questionnaires®. Third Edition (ASQ-3™). Squires & Bricker
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Instructions: You may use this form to track a child's ASQ screening results over time. Write the date the ASQ was administered and questionnaire month at the top of each column. Fill in the bubble that corresponds with the score for each developmental area (refer to the completed ASQ-3 Information Summary). If a score is above the monitoring zone, mark the bubble for "Well Above." If a score is within the monitoring zone but above the cutoff, mark "Monitor." If a score is at or below the cutoff, mark "Below." Also mark whether there were items of concern in the Overall section for each questionnaire (bolded uppercase on the ASQ-3 Information Summary).

<table>
<thead>
<tr>
<th>Developmental Area</th>
<th>Date given Month ASQ</th>
<th>Date given Month ASQ</th>
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<tbody>
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<tr>
<td>Problem Solving</td>
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<tr>
<td>Personal-Social</td>
<td>Well above</td>
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<tr>
<td>Overall concerns</td>
<td>Yes</td>
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</tbody>
</table>
CONFERECE GOALS: The goal of this conference is to share results of ASQ with you and provide an opportunity to discuss your child's development. Please let us know if you have additional goals for this meeting.

CHILD'S STRENGTHS: We will discuss your child's areas of strength identified through ASQ and shared by you and other team members.

AREAS OF CONCERN: We will discuss areas of concern identified through ASQ, including Overall items, and additional developmental or behavioral concerns that you and other team members may have.

FOLLOW-UP ACTION TAKEN: We will discuss the next steps (marked below) that we are suggesting based on your child's ASQ.

____ Try the developmental activities provided and look forward to receiving another ASQ to complete in _____ months.
____ We will share your child's ASQ results with the primary health care provider.
____ We recommend that your child be referred for (circle all that apply) hearing, vision, and/or behavioral screening.
____ We recommend that your child be referred to the primary health care provider or another community agency for the following reason:
____ We recommend that your child be referred to early intervention/early childhood special education for further assessment.
____ No further action is needed at this time.
____ Other: ____________________________

NOTES:
ASQ-3 is a set of questionnaires about children's development. It has been used for more than 20 years to make sure children are developing well. It is called a screener because it looks at how children are doing in important areas, such as speech, physical ability, social skills, and problem-solving skills. ASQ-3 can help identify your child's strengths as well as any areas where your child may need support.

As a parent or caregiver, you are the best source of information about your child. That's why ASQ-3 questionnaires are designed to be filled out by you. You will only need 10–15 minutes. It's that quick and easy. Here's how ASQ-3 works:

- You will answer each question "yes," "sometimes," or "not yet," based on what your child is able to do now. Your answers help show your child's strengths and areas where he or she may need practice.
- To answer each question, you can try fun and simple activities with your child. These activities encourage your child to play, move around, and practice day-to-day skills.
- After you complete the questionnaire, a professional will share the results with you.

If your child is developing without concerns, there is nothing more you will need to do. You may try the next ASQ-3 age level as your child grows and learns new skills. There are 21 questionnaires that you can use with children from 1 month to 5½ years old. If your child has trouble with some skills, your program will help you with next steps. Finding delays or problems as early as possible supports young children's healthy development.

You are an active partner in your child's learning and development. By completing ASQ-3 questionnaires, you are making sure your child is off to the best possible start!

To find out more, please talk to your health care or education professional, or visit www.agesandstages.com.
SELECTING THE CORRECT QUESTIONNAIRE

Each ASQ-3 questionnaire has three main parts: 1) a family information sheet, 2) several pages of items/questions to be answered by a parent or primary caregiver, and 3) an ASQ-3 Information Summary sheet. There are 21 questionnaires for use at different ages, referred to as “intervals.” Selecting the correct interval for the child is critical to accurate use of the ASQ-3. Each ASQ-3 interval has an age range clearly marked in several places. To select a questionnaire, be sure to do the following:

- Confirm what the child’s exact age will be at the time of screening (see “Calculating the Child’s Age at Administration” later in this ASQ-3 Quick Start Guide; refer to Chapter 6 in the ASQ-3 User’s Guide for detailed guidance).
- If the child is younger than 24 months at the time of screening, adjust age for prematurity if the child was born 3 or more weeks prematurely (see “Adjusting for Prematurity” later in this ASQ-3 Quick Start Guide and refer to the ASQ-3 User’s Guide for complete instructions).
- Check the age range (found at the top of the family information sheet and on the initial page of the questionnaire interval) and be sure that the child’s age falls within this range.

COMPLETING A QUESTIONNAIRE

Each interval of the ASQ-3 has 30 questions about a child’s abilities, organized in five areas: Communication, Gross Motor, Fine Motor, Problem Solving, and Personal-Social. For each of these items, parents are given three choices for answering whether their child is demonstrating the skill described: “yes,” “sometimes,” and “not yet.” The following pointers will help ensure accuracy when completing a screening.

- Remember that a child’s parent or other significant caregiver should complete the questionnaire. Caregivers have the ability to observe and encourage a child’s optimal performance.
- When possible, it is preferable to make the questionnaire available to the parent or caregiver prior to the desired administration date. In this way, the caregiver can read through the questionnaire in advance and provide opportunities for the child to play with the materials that might be unfamiliar.
- Before the first time that a parent or caregiver completes a questionnaire, explain—in person, over the phone, or in writing—the purpose of screening and why the ASQ-3 has been selected. (You may want to use the parent/caregiver handout, “What is ASQ-3™?,” as a handy resource to help with this. This handout can be found in the ASQ online management system and on the CD-ROM that comes with the ASQ-3 questionnaires box.)
- If a parent or caregiver needs assistance completing the questionnaire, consider appropriate accommodations such as:
  - Completing the questionnaire together during a home visit
  - Answering caregiver questions
  - Reading items aloud
  - Assisting the parent in eliciting and interpreting the child’s responses
<table>
<thead>
<tr>
<th>Activities for Infants 1-4 Months Old</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Talk softly to your baby when feeding him, changing his diapers, and holding him. He may not understand every word, but he will know your voice and be comforted by it.</strong></td>
</tr>
<tr>
<td><strong>When you see your baby responding to your voice, praise and cuddle her. Talk back to her and see if she responds again.</strong></td>
</tr>
<tr>
<td><strong>Take turns with your baby when he makes crying and gurgling sounds. Have a “conversation” back and forth with simple sounds that he can make.</strong></td>
</tr>
<tr>
<td><strong>Sing to your baby (even if you don’t do it well). Repetition of songs and lullabies helps your baby to learn and listen.</strong></td>
</tr>
<tr>
<td><strong>With your baby securely in your arms or in a front pack, gently swing and sway to music that you are singing or playing on the radio.</strong></td>
</tr>
<tr>
<td><strong>Place a shatterproof mirror close to your baby where she can see it. Start talking, and tap the mirror to get her to look. The mirror will provide visual stimulation. Eventually your baby will understand her reflection.</strong></td>
</tr>
<tr>
<td><strong>Rock your baby gently in your arms and sing “Rock-a-Bye Baby” or another lullaby. Sing your lullaby and swing your baby to the gentle rhythm.</strong></td>
</tr>
<tr>
<td><strong>Put a puppet or small sock on your finger. Say your baby’s name while moving the puppet or sock up and down. See whether he follows the movement. Now move your finger in a circle. Each time your baby is able to follow the puppet, try a new movement.</strong></td>
</tr>
<tr>
<td><strong>With your baby on her back, hold a brightly colored stuffed animal above her head. In her line of vision. See if she watches the stuffed animal as you move it slowly back and forth.</strong></td>
</tr>
<tr>
<td><strong>Make sure your baby is positioned so that you can touch his feet. Gently play with his toes and feet, tickling lightly. Add the “This Little Piggy Went to Market” rhyme, touching a different toe with each verse.</strong></td>
</tr>
<tr>
<td><strong>Rest your baby, tummy down, on your arm, with your hand on her chest. Use your other hand to secure your baby—support her head and neck. Gently swing her back and forth. As she gets older, walk around to give her different views.</strong></td>
</tr>
<tr>
<td><strong>Hold your baby in your lap and softly shake a rattle on one side of his head, then the other side. Shake slowly at first, then faster. Your baby will search for the noise with his eyes.</strong></td>
</tr>
<tr>
<td><strong>Place your baby on her tummy with head to one side, on a blanket/towel on carpeted floor. Lie next to her to provide encouragement. Until she has the strength, have her spend equal time facing left and right. Make “tummy time” a little longer each day. Close to watch your baby in case she rests her face on the floor, which could restrict breathing. As her strength grows, she will be able to lift her head and push up on her arms, leading to rolling and crawling.</strong></td>
</tr>
<tr>
<td><strong>Lay your baby on his back and touch his arms and legs in different places. Make a “whooping” sound with each touch. Your baby may smile and anticipate the next touch by watching your hand. When you make each sound, you can also name the part of the body you touch.</strong></td>
</tr>
<tr>
<td><strong>In nice weather, take your baby on a nature walk through a park or neighborhood. Talk about everything you see. Even though she might not understand everything, she will like being outside and hearing your voice.</strong></td>
</tr>
<tr>
<td><strong>Read simple books to your baby. Even if he does not understand the story, he will enjoy being close and listening to you read.</strong></td>
</tr>
<tr>
<td><strong>With white paper and a black marker, create several easy-to-recognize images on each piece of paper. Start with simple patterns (diagonal stripes, bulls eyes, checkerboards, triangles). Place the pictures so that your baby can see them (8”–12” inches from her face). Tape these pictures next to her car seat or crib.</strong></td>
</tr>
<tr>
<td><strong>Lay your baby on his back on a soft, flat surface such as a bed or a blanket. Gently tap or rub your baby’s hands and fingers while singing “Pat-a-Cake” or another nursery rhyme.</strong></td>
</tr>
<tr>
<td><strong>Gently shake a rattle or another baby toy that makes a noise. Put it in your baby’s hand. See if she takes it, even for a brief moment.</strong></td>
</tr>
<tr>
<td><strong>Hold your baby closely, or lay him down on a soft, flat surface. Be close enough (8”–12”) so that he can see you. Face to face, start with small movements (stick out your tongue, open your mouth with a wide grin). If you are patient, your baby may try to imitate you. As he gets older, you can try larger body movements with your head, hands, and arms. You can also try to imitate your baby.</strong></td>
</tr>
</tbody>
</table>
Getting Started!

Each program will need to determine how the ASQ’s will be obtained by the family. The ASQ 3™ User’s Guide provides comprehensive information on organizing a screening program including steps to help decide if the packets will be mailed or given in person.

The ASQ may NOT be e-mailed, however, an on-line version is available to purchase.

According to the MIHP Operations Guide - Jane Squires, who developed the ASQ-3™ and ASQ: SE, suggested that MIHP repeat the tools every 4 months (for children under 3 years of age) or every 6 months (for children over 3 years of age). If there is concern, then the tools can be repeated every 2 months.
Using the correct questionnaire

- Each questionnaire has an upper and lower age limit. An age chart has been included in the User’s Guide to help with administration of the ASQ.

<table>
<thead>
<tr>
<th>Child’s Age*</th>
<th>ASQ-3™</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 month 0 days through 2 months 30 days</td>
<td>2 month</td>
</tr>
<tr>
<td>3 months 0 days through 4 months 30 days</td>
<td>4 month</td>
</tr>
<tr>
<td>5 months 0 days through 6 months 30 days</td>
<td>6 month</td>
</tr>
<tr>
<td>7 months 0 days through 8 months 30 days</td>
<td>8 month</td>
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<tr>
<td>9 months 0 days through 9 months 30 days</td>
<td>9 or 10 month</td>
</tr>
<tr>
<td>10 months 0 days through 10 months 30 days</td>
<td>10 month</td>
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<tr>
<td>11 months 0 days through 12 months 30 days</td>
<td>12 month</td>
</tr>
</tbody>
</table>

* A child who was born at 37 weeks or less should be given the questionnaire that matches their adjusted age, not chronological age.
Calculating Age at Administration - See User’s Guide for further instruction.

Simple Subtraction: 7/15/10 - 6/15/10

<table>
<thead>
<tr>
<th>Administration Date</th>
<th>Year</th>
<th>Month</th>
<th>Day</th>
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<tbody>
<tr>
<td>Date of Birth</td>
<td>2010</td>
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</tr>
<tr>
<td>Age of Child</td>
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<td>5 days</td>
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</table>

Borrowing: 7/15/09 - 10/28/07

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<tr>
<th>Administration Date</th>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
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<td>10</td>
<td>28</td>
</tr>
<tr>
<td>Age of Child</td>
<td>1 year</td>
<td>8 months</td>
<td>17 days</td>
</tr>
</tbody>
</table>
Calculating Adjusted Age (prematurity)

A child who is under 24 months, and was born more than 3 weeks before their due date needs to have their birth date adjusted for prematurity.

For example: A 6-month old baby is being screened who was born 2 months prematurely. The appropriate ASQ-3 questionnaire to administer is the 4 month.
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Developmental and Social Emotional Questionnaires

Administration

Before a caregiver completes a questionnaire for the first time, explain the purpose of screening and why the ASQ-3 has been selected.

Make sure you obtain consent if necessary.

If a caregiver does not know if the child can do the skill, they can try each activity before they answer. A benefit of the ASQ is that each questionnaire contains drawings of children demonstrating the skills that should help a caregiver understand what the question is asking.

5. Does your baby try to pick up a crumb or Cheerio by using his thumb and all of his fingers in a raking motion, even if he isn’t able to pick it up? (If he already picks up the crumb or Cheerio, mark “yes” for this item.)
Administration

Each activity, if a caregiver does not know for sure, should be tried with the child, but they don't have to be done in any particular order.

The child should be fed and well-rested, if the caregiver is going to try to elicit new skills.

Although a specific ASQ toy kit is available, our recommendation is that the family use what they have available in the child’s environment to assess the skill.

Caregivers need to understand that every question should be answered.

Caregivers may need help understanding what each of the domains are (e.g., communication = how the child expresses himself and what he understands).
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Administration

The caregiver will check a box to indicate “yes” - my child does this regularly, “sometimes” - my child does this some of the time, but not on a regular basis, or “no” - my child is not yet doing this.

The caregiver should be encouraged to complete the “Overall” Section which provides the opportunity to address vision, hearing, health conditions and any concerns the caregiver might have.
Scoring

It is best to score a questionnaire as soon as it is received. At this age, a child’s development changes very quickly. The results of the ASQ may not be accurate if too much time passes before scoring is completed and any necessary action can be taken.

When the questionnaire is complete score each domain.

A “Yes” response to a question = 10 points
A “Sometimes” = 5 points
A “Not Yet” response = 0 points.
Scores in the **black** area are below cutoff. Further assessment is indicated.
Scores in the **grey** area are close to the cutoff. Learning activities and monitoring are recommended.
Scores in the **white** area are above cutoff. Development appears to be on schedule.

However, you must consider total scores, parent’s overall responses and considerations such as opportunities for the child to practice developing skills when making your decision for follow up.
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Common Scoring Questions

Q: What if the caregiver doesn’t answer some questions? (Guide - p. 72)

A: No more than two questions can be left blank in any domain. Therefore, it is important to determine the reason for the omission if possible.

• Was the parent unsure how to answer?
• Was the question left blank because it was culturally inappropriate, or inappropriate for the family’s values?

Determine how you can support the caregiver to answer the question, but be prepared to understand why they may choose to not answer.

A total score (called an adjusted total area score) can still be calculated for the domain.
Calculating Adjusted Total Area Score:

Total Area Score ÷ number of items answered in that area = average score

Example - 5 out of 6 questions were answered in the communication area with points of 5, 5, 0, 0, blank, 5. Total Area Score = 15. 15 ÷ 5 = 3

Add the average score to the other scores in that domain to produce an adjusted total area score that can be compared against the cutoff points. If two questions are omitted, add the average score twice.

15 + 3 = 18

Communication cutoff is 22. 77. Based on the Adjusted Total Area Score, this child potentially needs further assessment.
Q: What if the child scores above cutoff in all areas, but the caregivers have expressed concerns in the overall section?

A: The concerns of the caregivers should be taken seriously. A discussion with the caregiver will help specify what the concern is, and help to determine the appropriate follow-up.

- It may be that the parent does not have age or developmentally appropriate expectations of the child.

- A parent may also see daily behaviors that are concerning, but have not been addressed by any of the screening questions.

- If, after discussion with the caregivers, there is still a concern, determine with the family if a referral to a community agency would be appropriate (including Early On, pediatrician, parent support, etc.)
Scoring

Some items on the ASQ include instructions for the parents to answer yes to a particular question if the child has acquired a higher level skill.

If the parent mistakenly reports “not yet” or “sometimes”, the item should be changed prior to scoring.

An example is:

6 month ASQ - Gross Motor Domain, Question 4: When you put your baby on the floor, does she lean on her hands while sitting? *(If she already sits up straight without leaning on her hands, mark “yes” for this item).*
Interpreting and Sharing the results

Once the administration and scoring is complete, the results need to be shared with the family. Keep in mind the following:

• Results should be shared with the caregivers as quickly as possible.

• Review ASQ-3 area scores, emphasizing the child’s strengths. Discuss any concerns the caregivers have noted on the screening.

• Be careful with language used to describe the area score results. For screenings such as the ASQ-3, use terms such as “above cutoff” or “below” or “near” cutoff. Try to avoid terms such as “failed” or “test”, “normal” or “abnormal”.
Interpretation

- Chapter 6 of the Guide provides excellent suggestions about communicating results with families. These include:

- Be sensitive when sharing results that indicate the child may need further assessment. The caregivers may react defensively or become angry at the person delivering the results. Share ALL results, even if the overall result is that the child needs further assessment.

- The family may want to have a conversation about what may have caused the delay. Many factors contribute to a delay including: opportunity to learn a skill, health factors, cultural factors, environmental factors.

All of these factors should be considered when determining the appropriate follow-up action with the caregivers.
What to do with the results?

Child Scores Above Cutoff

• A child who scores above cutoff in all areas is generally considered to be developing according to established milestones.

• No additional follow-up is required for the child unless the program chooses to provide developmental education to the caregivers to ensure the child continues to stay on track.

• MIHP requirements dictate that the child should be screened in 4 months.
Child Scores Near Cutoff

A child who scores near cutoff in one or two areas should continue to be monitored. The caregivers should receive materials that teach them how to provide learning opportunities for their child. The ASQ provides a set of learning activities that correspond to developmental milestones. However, other parent education may need to be completed as well.

A child who scores near cutoff in every area should probably be referred for further assessment, in addition to receiving the benefit of the learning activities.

It is also important to look at the child’s pattern of total scores. A child’s development is sometimes unbalanced. A child may be working very hard on motor skills for example, and lag behind in communication. A referral is not necessarily indicated, but the imbalance should be monitored, as long as the child does not score below cutoff.
Child Scores Below Cutoff

A child who scores below cutoff in one or more domains should be referred for further assessment.

Although it is tempting to wait and see how the child progresses, it is better to refer for further assessment and have the child be found ineligible, than wait to screen in another 4 months and potentially delay the initiation of needed services.

A child who is found eligible for early intervention or special education, should not have further screenings completed.

Children who are referred but found ineligible for intervention services should continue to be screened regularly as they have a higher likelihood of exhibiting developmental problems later on.
Referral to *Early On*

A child who scores below cutoff, or meets other indicators for referral should be referred to *Early On*, the state’s early intervention program but should not be assumed to be eligible. The comprehensive evaluation will determine if they are eligible.

Referrals can be made by:

*Calling 1-800-Early-On (327-5966) - The state’s central referral line.*

*Faxing 1-517-668-0446, the state’s central referral line.*

*On-line at [www.1800earlyon.org](http://www.1800earlyon.org)*

A MIHP program that has a strong relationship with a local *Early On* program may want to make a referral directly to the local agency. However, in general, the MIHP program encourages using the Central Referral Line in order to accurately collect data on the numbers of referrals from MIHP to *Early On*. 
Early On Eligibility

As a reminder, the eligibility for *Early On*, effective July 1, 2010, is:

- An infant aged 0-2 months, with any delay, is eligible.

- A child is eligible if they have a 20% delay in at least one developmental domain.

- A child is eligible if they have a diagnosed condition that has a high probability of resulting in a developmental delay. On the MIHP website there will be a link to the *Early On* list of Established Conditions that indicate a child is automatically eligible for early intervention services.
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Ages and Stages Questionnaires®: Social Emotional
Social Emotional screening is not a mental health screening, but can identify precursors of developmental issues.

Social-emotional well being is a critical component of child wellness; wellness encompasses functioning across ALL developmental domains - physical health, PLUS cognitive, social, emotional, and behavioral domains.

We can best support child wellness by working across disciplines and with all that are involved in the lives of young children.

The earlier social-emotional issues are identified, the better the outcome is likely to be. There is increasing evidence that social and emotional problems that are habituated and ingrained are highly resistant to change and likely to intensify over time.*

The ASQ:SE consists of 8 questionnaires at intervals of 6, 12, 18, 24, 30, 36, 48 and 60 months.

The ASQ:SE can be completed with children from 3 months to 5 ½ years.

The following chart indicates which ASQ:SE to use for children up to the age of 27 months. The ASQ:SE User’s Guide contains the entire chart.

<table>
<thead>
<tr>
<th>Child’s Age</th>
<th>ASQ:SE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 months 0 days through 8 months 29 days</td>
<td>6 month</td>
</tr>
<tr>
<td>9 months 0 days through 14 months 29 days</td>
<td>12 month</td>
</tr>
<tr>
<td>15 months 0 days through 20 months 29 days</td>
<td>18 month</td>
</tr>
<tr>
<td>21 months 0 days through 26 months 29 days</td>
<td>24 month</td>
</tr>
</tbody>
</table>

**There is no need to adjust for prematurity when using the ASQ:SE.**
The ASQ:SE was written to address 7 behavioral areas. Unlike the ASQ-3, which groups questions for each domain together, the questions on the ASQ:SE are not grouped according to behavior.

Behavioral areas are:

Self-Regulation
Compliance
Communication
Adaptive Functioning
Autonomy
Affect
Interaction with People.

Your guide provides a definition of each of the above behaviors.
Questions on the ASQ:SE are both competence and problem based.

To help determine the child’s level of social-emotional competence are questions such as:

“Does your child like to be picked up and held?”
“Does your baby let you know when she is hungry, hurt or wet?”

Items to help determine if there are problem behaviors include:

“Does your child hurt themselves on purpose?”
“When you point at something, does your child look in the direction you are pointing?”
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Developmental and Social Emotional Questionnaires

Additional Features of the ASQ:SE

Parent input is needed on the following scored items:

- Does your baby have any eating problems such as gagging, vomiting, or _____? (6 mo)
- Does your child have eating problems such as stuffing foods, vomiting, eating nonfood items, or ______? (all other intervals)
- Does your child do things over and over and can’t seem to stop? Examples are rocking, hand flapping, spinning, or ___________? (18 mo)

Caregivers may report a behavior that is a favored activity. Staff will need to use judgment to determine if the behavior is atypical and is a stereotypic perseverative behavior.

- Has anyone expressed concerns about your baby’s (child’s) behavior? (all intervals).

Parents can add comments on all of the intervals to the following unscored questions:

- Do you have any concerns about your child’s eating, sleeping or toileting habits?
- Is there anything that worries you about your child?
- What things do you enjoy most about your child?
Administration

For the ASQ:SE, the parent will answer similarly to the ASQ-3.

The parents or caregiver will check the box:

**Most of the time** - Which can indicate the child is doing the behavior most of the time, or too much or too often.

**Sometimes** - The child is doing the behavior occasionally, but not consistently.

**Rarely or Never** - The child rarely performs the behavior or has never performed the behavior.
Administration

In addition to the 3 response boxes, the parents must check the circle if the behavior is of concern to them.

○ Check if this is a concern

Parents sometimes check the concern circle without indicating the response.

Please make sure they have checked both if appropriate.
Scoring

Next to each response box, there is z, v or x.

Z= 0 points
V= 5 points
X= 10 points

A checked circle (concern) = 5 points.

A high total score is indicative of potential problems, while a low score suggests that the parent’s consider the child’s behavior to be competent.

This is opposite from the scoring on the ASQ-3 in which a low score indicates a cause for concern, and a high score indicates competence.
Scoring

Remember that scoring the ASQ:SE is opposite from the ASQ-3. A child who scores above cutoff on the ASQ:SE should be referred for further assessment.

Score is ABOVE the cutoff - indicating the child has a problem. Refer.

Score is NEAR cutoff - indicating the child may have a problem. There may be significant parent concern. Possible referral decisions include: refer for further assessment or provide caregiver with information and support and continue to monitor the child.

Score is BELOW the cutoff - indicating the child does not have a problem.
Scoring

The ASQ:SE is designed so that the less desired answer to a question receives higher points. For example:

“Does your child like to hear stories or sing songs?“.

For a child of 18 months, we would like to see the parent check “most of the time”, which would be a score of 0. If a parent checks “rarely or never”, that is of much more concern, obtaining a score of 10.

It is recommended that any score of 10 or 15 should have careful consideration. For example, for the above scenario further inquiry of the parent could indicate that the child has never had a hearing screening, which might be very useful to help determine if there are medical concerns that should be addressed.
Questions left unanswered

For the 6 to 18 month intervals, no more than two questions can be left unanswered.

For the 24-60 month intervals, no more than three questions can be left unanswered.

Calculate an average score:

1. \[
\frac{\text{Total points of questionnaire}}{\text{Total number of items answered}} = \text{Average score}
\]

2. Total points of questionnaire + (average score \times \text{number of unanswered items}) = \text{final total score}.

(See formula in the User’s Guide)
ASQ:SE Referral Criteria

- The ASQ:SE has cutoff points that should separate children who require referral and assessment from those who do not.

- However, it is often difficult to look at these results as clear cut.

- They provide a guide for practitioners, but staff should look at the information in context and consider:
  - Setting/time – Where, When and under what environmental conditions does this behavior occur?
  - Development – What is the child’s developmental level?
  - Health – What is the child’s health status?
  - Family/cultural – What family/cultural factors are potentially associated with the behavior?

- Does this information from the family match what you have observed or know about the child?
ASQ:SE Referral Criteria

The User’s Guide provides information and questions that are helpful to consider before referral.

• Does the child act the same way at home and in child care?
• Can the behavior be attributed to a developmental delay or a developmental stage?
• Is the child’s behavior related to health or biological factors?
• Are the “problem” behaviors within the cultural norm for this child’s family?

The questions are not intended to discourage you from making referrals, but are provided to assist in determining if a referral is appropriate or not.
Ages and Stages®  
Developmental and Social Emotional Questionnaires

Recommendations

• Read the User’s Guide from cover to cover!!

• Mail the questionnaire to the family in advance of your visit, especially if you know your next visit won’t be for several months.

• We know that sometimes a mom will not be at home for your scheduled visit, or that visits will be cancelled. That might mean that a new ASQ will need to be mailed if your rescheduled visit won’t be for the next few months.

• Confirm that the caregiver understands the purpose of the screening and is able to complete the screening independently. (barriers could be reading ability, language, etc.)
Recommendations

• It is a good idea to carry a few copies of the ASQ-3 and ASQ-SE with you. Families may move often and have difficulty getting consistent mail, or they may misplace the questionnaire and need a new one.

• Spend time becoming very knowledgeable about child development, particularly social-emotional development. The administration, scoring and follow-up will be much more clear with a thorough professional knowledge of development.

• When in doubt about the results, refer. As Early On likes to say....

   "Don't worry. But don't wait."
Summary

• The ASQ-3 and ASQ:SE are designed to quickly and easily separate the children who need further assessment from those who don't, but the SE requires careful interpretation of the results.

• Easy to read questions are answered by the parents/caregivers.

• Staff review questionnaires for complete information, and review all parent comments and concerns.

• Based on scoring and professional opinion, children who are below cutoff for the ASQ-3 and above cutoff for the ASQ:SE should be referred for further assessment.
Questions?

The ASQ-3 and ASQ:SE User’s Guides are filled with information that will help you develop and implement a child-monitoring system.

Your local Early On program can answer questions you may have about screening and referring.
You can also call 1-800-Early-On, the state’s central referral line, if you have specific questions about referral.

You may also call Tiffany Kostelec, Early On Coordinator for Public Health at 517-335-4663.
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Developmental and Social Emotional Questionnaires

THANK YOU