

AN INTRODUCTION TO **ASQ-3™ & ASQ:SE-2™**

Ages & Stages Questionnaires®, Third Edition (ASQ-3™)
and
Ages & Stages Questionnaires®:
Social-Emotional, Second Edition (ASQ:SE-2™)



Training Objectives

- Define and discuss benefits of developmental screening
- Describe features of ASQ-3 and ASQ:SE-2
- Understand importance of sensitive communication of screening results
- Discuss the process for referring children to appropriate agencies

What are ASQ-3 and ASQ:SE-2?

- Parent/caregiver-completed screening tools that encourage parent/caregiver involvement
- Series of questionnaires for children ages 1 month to 5 ½ years (ASQ-3) and 6 years (ASQ:SE-2)
- Tools to accurately identify children at risk for developmental or social-emotional delay

ASQ-3 and ASQ:SE-2 Domains

ASQ-3

- Communication
- Gross motor
- Fine motor
- Problem solving
- Personal-social

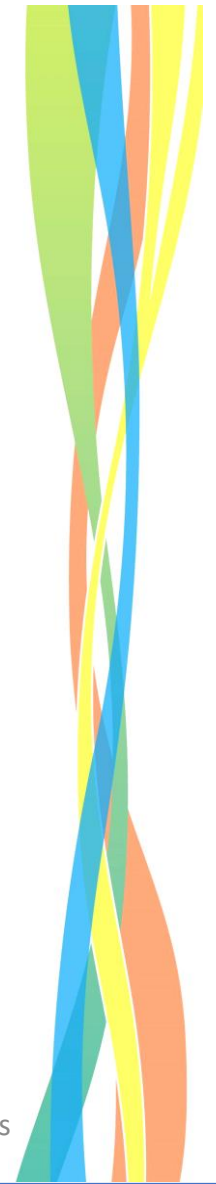
ASQ:SE-2

- Social-emotional development



Why Parent Report?

- Parents are highly reliable when reporting on their child's development (Dinnebeil & Rule 1994)
- ASQ-3 research found 93% agreement between parents and professionals
- Many other studies agree that parents are reliable reporters
- **Parents ARE the experts on their child!**



Importance of Family Engagement

- The family is the primary force in preparing children for school and life (Henderson & Berla, 1995)
- Children benefit when all the adults who care for them work together (Bronfenbrenner, 2004)



Types of Assessment

- Screening
- Assessment
(linked to curriculum)
- Evaluation

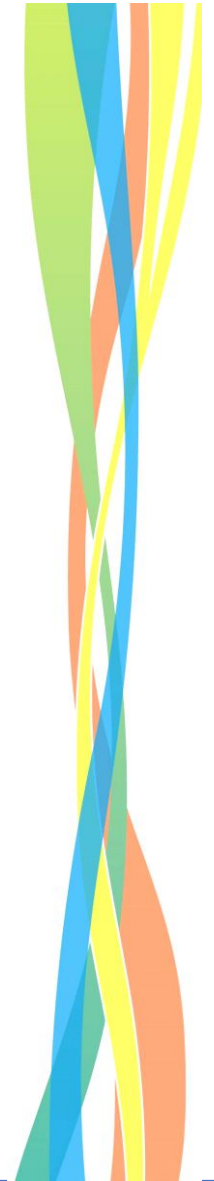


What is Screening?

Administration of a brief, accurate (valid) tool that:

- Identifies children developing on-schedule
- May identify children who would benefit from practice/support in specific areas
- Identifies children **at risk** for developmental delays (DD) who should be referred for further evaluation

Answers the question: "Does child need an in-depth assessment?"



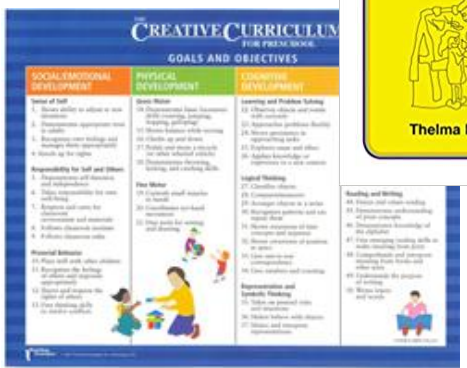
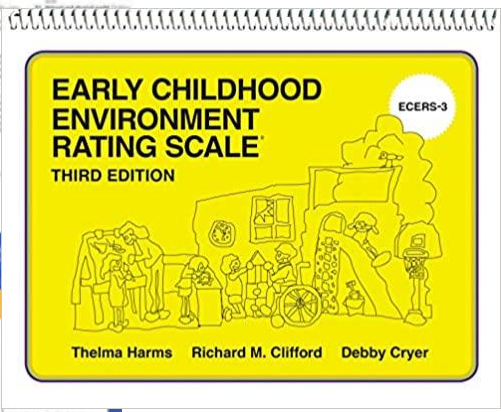
On-Going Assessment

(Programmatic, Curriculum-Based, Criterion-based)

HighScope Preschool Curriculum Content

Key Developmental Indicators

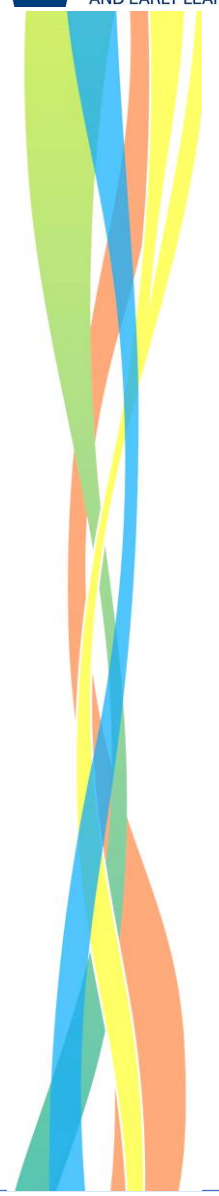
A. Approaches to Learning 1. Attention 2. Persistence 3. Initiative 4. Self-regulation 5. Problem-solving 6. Creativity 7. Imagination 8. Intrinsic motivation 9. Intrinsic interest 10. Intrinsic enjoyment 11. Intrinsic satisfaction 12. Intrinsic pride 13. Intrinsic confidence 14. Intrinsic respect 15. Intrinsic responsibility 16. Intrinsic accountability 17. Intrinsic integrity 18. Intrinsic honesty 19. Intrinsic fairness 20. Intrinsic kindness 21. Intrinsic compassion 22. Intrinsic empathy 23. Intrinsic sympathy 24. Intrinsic altruism 25. Intrinsic generosity 26. Intrinsic helpfulness 27. Intrinsic cooperativeness 28. Intrinsic teamwork 29. Intrinsic leadership 30. Intrinsic responsibility 31. Intrinsic accountability 32. Intrinsic integrity 33. Intrinsic honesty 34. Intrinsic fairness 35. Intrinsic kindness 36. Intrinsic compassion 37. Intrinsic empathy 38. Intrinsic sympathy 39. Intrinsic altruism 40. Intrinsic generosity 41. Intrinsic helpfulness 42. Intrinsic cooperativeness 43. Intrinsic teamwork 44. Intrinsic leadership	B. Physical Development and Health 1. Gross motor skills 2. Fine motor skills 3. Handwriting 4. Self-care 5. Health and safety 6. Physical activity 7. Nutrition 8. Personal hygiene 9. Sleep 10. Emotional regulation 11. Self-regulation 12. Problem-solving 13. Creativity 14. Imagination 15. Intrinsic motivation 16. Intrinsic interest 17. Intrinsic enjoyment 18. Intrinsic satisfaction 19. Intrinsic pride 20. Intrinsic confidence 21. Intrinsic respect 22. Intrinsic responsibility 23. Intrinsic accountability 24. Intrinsic integrity 25. Intrinsic honesty 26. Intrinsic fairness 27. Intrinsic kindness 28. Intrinsic compassion 29. Intrinsic empathy 30. Intrinsic sympathy 31. Intrinsic altruism 32. Intrinsic generosity 33. Intrinsic helpfulness 34. Intrinsic cooperativeness 35. Intrinsic teamwork 36. Intrinsic leadership	C. Mathematics 1. Number sense 2. Counting 3. Addition 4. Subtraction 5. Multiplication 6. Division 7. Fractions 8. Decimals 9. Percentages 10. Probability 11. Statistics 12. Geometry 13. Algebra 14. Calculus 15. Trigonometry 16. Vectors 17. Matrices 18. Complex numbers 19. Functions 20. Graphs 21. Tables 22. Charts 23. Diagrams 24. Flowcharts 25. Algorithms 26. Programs 27. Databases 28. Spreadsheets 29. Presentations 30. Reports 31. Proposals 32. Contracts 33. Agreements 34. Licenses 35. Patents 36. Trademarks 37. Copyrights 38. Inventions 39. Discoveries 40. Innovations 41. Creations 42. Productions 43. Performances 44. Exhibitions 45. Shows 46. Plays 47. Movies 48. Videos 49. Audio 50. Music 51. Art 52. Crafts 53. Games 54. Puzzles 55. Toys 56. Tools 57. Equipment 58. Machinery 59. Vehicles 60. Aircraft 61. Space 62. Time 63. Money 64. Weight 65. Length 66. Area 67. Volume 68. Mass 69. Temperature 70. Pressure 71. Force 72. Energy 73. Power 74. Work 75. Heat 76. Light 77. Sound 78. Electricity 79. Magnetism 80. Gravity 81. Friction 82. Air 83. Water 84. Earth 85. Sun 86. Moon 87. Stars 88. Planets 89. Galaxies 90. Universe	D. Science and Technology 1. Observation 2. Measurement 3. Experimentation 4. Hypothesis 5. Prediction 6. Data collection 7. Data analysis 8. Conclusion 9. Communication 10. Collaboration 11. Teamwork 12. Leadership 13. Problem-solving 14. Creativity 15. Imagination 16. Intrinsic motivation 17. Intrinsic interest 18. Intrinsic enjoyment 19. Intrinsic satisfaction 20. Intrinsic pride 21. Intrinsic confidence 22. Intrinsic respect 23. Intrinsic responsibility 24. Intrinsic accountability 25. Intrinsic integrity 26. Intrinsic honesty 27. Intrinsic fairness 28. Intrinsic kindness 29. Intrinsic compassion 30. Intrinsic empathy 31. Intrinsic sympathy 32. Intrinsic altruism 33. Intrinsic generosity 34. Intrinsic helpfulness 35. Intrinsic cooperativeness 36. Intrinsic teamwork 37. Intrinsic leadership
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Administration of an in-depth assessment will:

- Provide a complete child profile
- Identify targeted goals and objectives
- Help with program planning
- Can be used for child or program evaluation

www.pakeys.org/getting-started/ocdel-programs/early-learning-outcomes-reporting/



Diagnostic Evaluation (Professional Evaluation)

A diagnostic evaluation is:

- A complex process that may identify specific developmental disabilities
- Administered by evaluation professional
- Determining if there is a delay and the extent of the delay



Answers the question: "Is this child eligible for services?"

Keep in mind

Results of screening will inform you that....

- **Most** children are on-schedule and doing great!
- **Some** children will benefit from practice in specific areas (e.g., Fine Motor) or other family supports
- **A Few** children will need referral for evaluation



Keep in mind

- Screening **does not** diagnose delays or disabilities
- Screening **does not** identify specific child goals to target
- Screening **does** give us information on general areas of a child's development



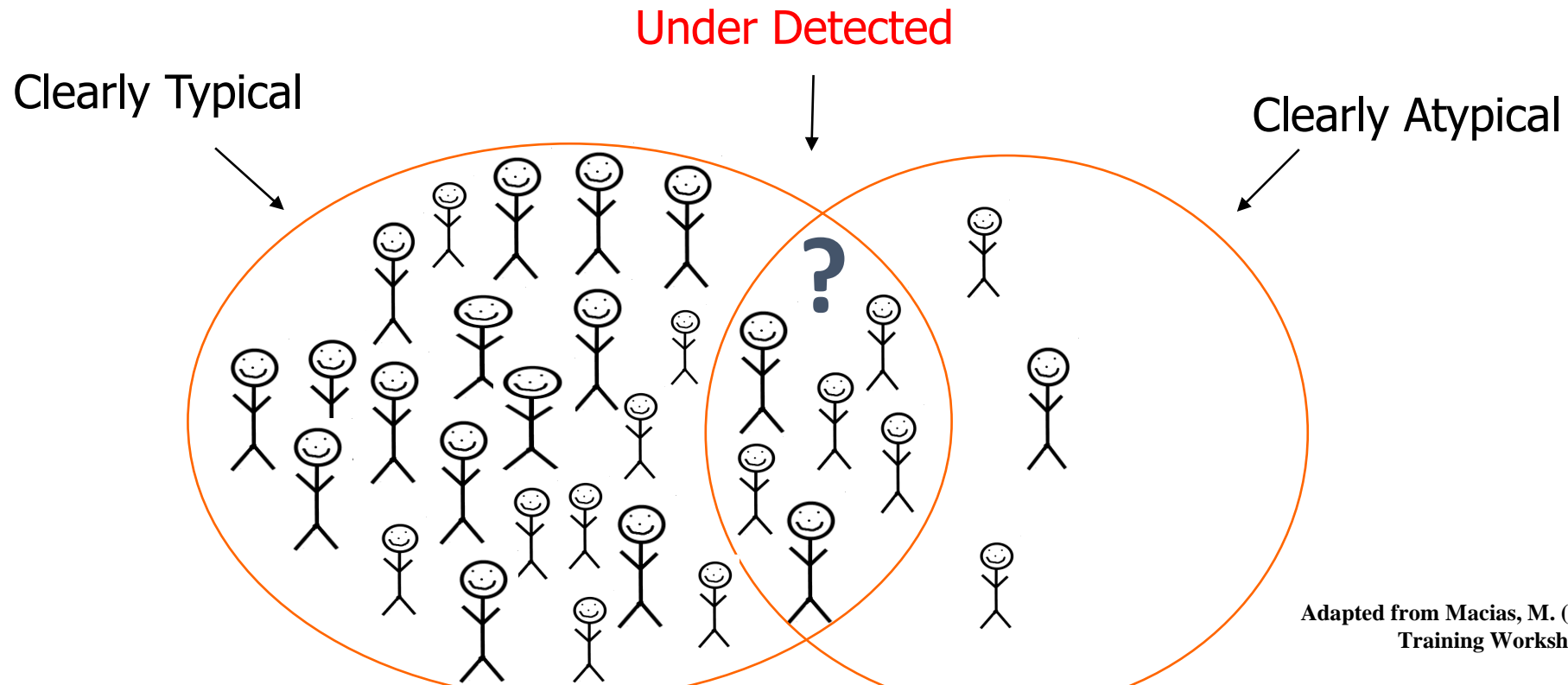
Why Screen?

Early Detection is Critical!

“Compensating for missed opportunities, such as the failure to detect early difficulties...often requires extensive intervention, if not heroic efforts, later in life.” —*From Neurons to Neighborhoods*



Why Screen?



Why the ASQ System?

- Is quick and easy to use
- Sound research base
- Requires little training
- Fits well with Pennsylvania's Standards
- Flexible and can be used in various types of programs



Features of the



Features: ASQ-3 Intervals



21 questionnaire intervals:

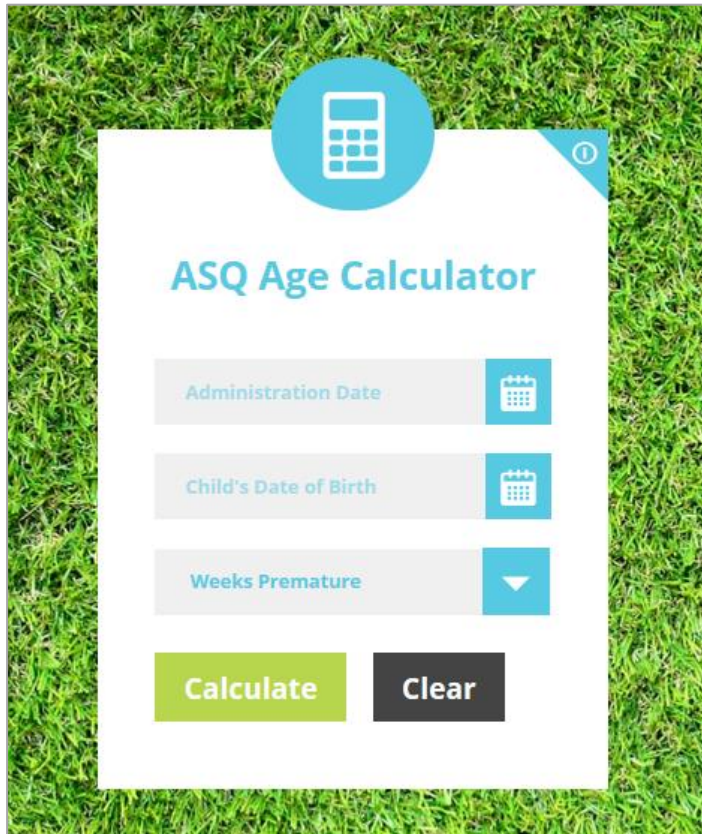
2, 4, 6, 8, **9***, 10, 12, 14, 16, 18, 20, 22, 24

27, 30, 33, 36 (spaced 3 months apart)

42, 48, 54, 60 (spaced 6 months apart)

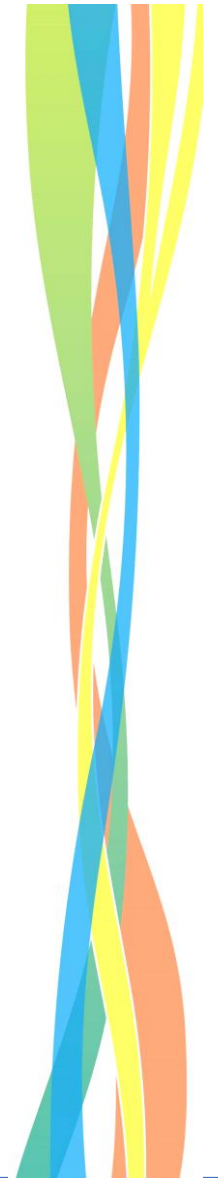
*9 Month questionnaire used in medical settings

www.agesandstages.com



The image shows a mobile application interface for the ASQ Age Calculator. At the top, there is a blue circular icon with a white calculator symbol. Below this, the title "ASQ Age Calculator" is displayed in blue. The interface includes three input fields: "Administration Date" with a calendar icon, "Child's Date of Birth" with a calendar icon, and "Weeks Premature" with a dropdown arrow. At the bottom, there are two buttons: a green "Calculate" button and a dark grey "Clear" button. The entire interface is set against a background of green grass.

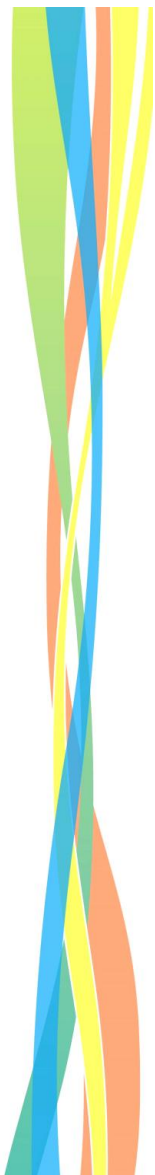
<https://agesandstages.com/free-resources/asq-calculator/>




Features: ASQ-3 Cover Page



- Administration window indicated on ASQ-3 cover page
- 48-month window is for children ages 45 months 0 days through 50 months 30 days
- Programs can personalize the cover page by replacing the logo of the mother and child (on the top right)



Features: Important Points to Remember

 **48 Month Questionnaire** *45 months 0 days through 50 months 30 days*

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:	Notes:
<input checked="" type="checkbox"/> Try each activity with your baby before marking a response.	_____
<input checked="" type="checkbox"/> Make completing this questionnaire a game that is fun for you and your child.	_____
<input checked="" type="checkbox"/> Make sure your child is rested and fed.	_____
<input checked="" type="checkbox"/> Please return this questionnaire by _____.	_____

Features: ASQ-3 Areas & Questions

Five Developmental Areas:

1. Communication
2. Gross Motor
3. Fine Motor
4. Problem Solving
5. Personal-Social

Areas on ASQ-3

The ASQ[®]-3 screens five key areas of development in young children to create a well-rounded snapshot of the child's skills and abilities. This handout lists the areas of development and briefly explains each.

Communication Assesses language, both what a child understands and how they follow directions (receptive) and how they vocalize, use words, and start to make sentences (expressive).	Gross Motor Assesses large muscle (body, arms, and legs) movement and coordination.
Fine Motor Assesses eye/hand and hand/finger movements and coordination, pre-writing skills.	Problem Solving Assesses skills of thinking and learning, how child solves problems, pre-academic skills.
Personal-Social Assesses self-help skills (e.g., feeding, dressing, toileting) and social interactions with others.	

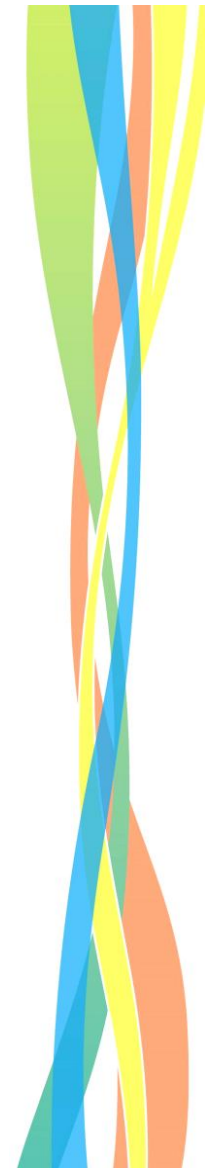
Age 6 Stage Questionnaire Third Edition and ASQ-3 are registered trademarks of and ASQ-3 are owned by Paul H. Brookes Publishing Co., Inc. All rights reserved.

Features: ASQ-3 Areas & Questions

Six questions in each developmental area

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child catch a large ball with both hands? <i>(You should stand about 5 feet away and give your child two or three tries before you mark the answer.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. Does your child climb the rungs of a ladder of a playground slide and slide down without help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. While standing, does your child throw a ball <i>overhand</i> in the direction of a person standing at least 6 feet away? To throw <i>overhand</i> , your child must raise his arm to shoulder height and throw the ball forward. <i>(Dropping the ball or throwing the ball underhand should be scored as "not yet.")</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. Does your child hop up and down on either the right or left foot at least one time without losing her balance or falling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Does your child jump forward a distance of 20 inches from a standing position, starting with his feet together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? <i>(You may give your child two or three tries before you mark the answer.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
	GROSS MOTOR TOTAL			—






Features: ASQ-3 Areas & Questions

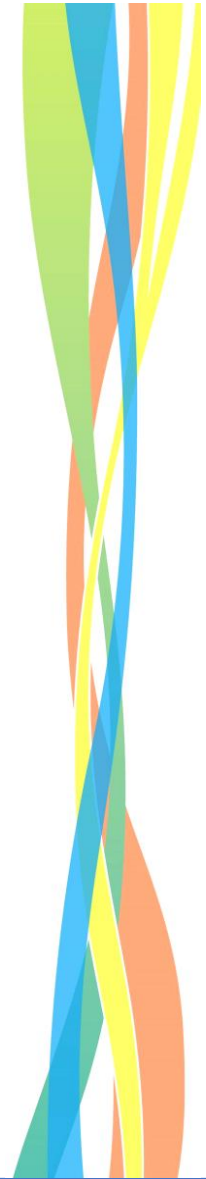
- Questions ordered in a hierarchy
- Questions #5 and #6 are average skills for child of that age
(i.e., a 48-month skill for a 48-month child)

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GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child catch a large ball with both hands? (You should stand about 5 feet away and give your child two or three tries before you mark the answer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Does your child climb the rungs of a ladder of a playground slide and slide down without help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. While standing, does your child throw a ball overhand in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise the arm to shoulder height and throw the ball forward. (Dropping the ball or throwing the ball underhand should be scored as "not yet.")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Does your child hop up and down on either the right or left foot at least one time without losing her balance or falling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Does your child jump forward a distance of 20 inches from a standing position, starting with his feet together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? (You should give your child two or three tries before you mark the answer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				GROSS MOTOR TOTAL

More
Difficult



Features: ASQ-3 Overall Section

Unscored Section

- Looks at quality of skills
 - Ex: "Can you understand most of what your child says?"
- A "No" response may indicate possible issue
- Parent concerns are very predictive

ASQ-3 48 Month Questionnaire page 6 of 7

OVERALL (continued)

2. Do you think your child talks like other children her age? If no, explain: YES NO

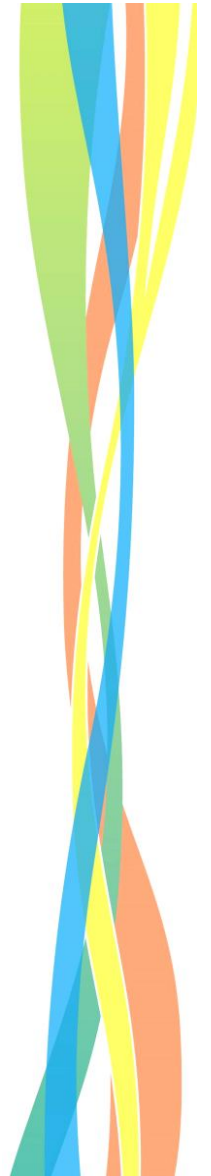
3. Can you understand most of what your child says? If no, explain: YES NO

4. Can other people understand most of what your child says? If no, explain: YES NO

5. Do you think your child walks, runs, and climbs like other children his age? If no, explain: YES NO

6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: YES NO

7. Do you have any concerns about your child's vision? If yes, explain: YES NO



Features: ASQ-3 Summary Sheet

Each ASQ-3 interval has unique summary sheets

Child/Family Information



Bar Graph with Cutoffs



Overall Section



Follow-up Section
 (New to ASQ-3)



ASQ-3 48 Month ASQ-3 Information Summary 45 months 0 days through 50 months 30 days

Child's name: _____ Date ASQ completed: _____
 Child's ID #: _____ Date of birth: _____
 Administering program/provider: _____

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

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	30.72														
Gross Motor	32.78														
Fine Motor	15.81														
Problem Solving	31.30														
Personal-Social	26.60														

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

1. Hears well? Comments:	Yes NO	6. Family history of hearing impairment? Comments:	YES No
2. Talks like other children his age? Comments:	Yes NO	7. Concerns about vision? Comments:	YES No
3. Understand most of what your child says? Comments:	Yes NO	8. Any medical problems? Comments:	YES No
4. Others understand most of what your child says? Comments:	Yes NO	9. Concerns about behavior? Comments:	YES No
5. Walks, runs, and climbs like other children? Comments:	Yes NO	10. Other concerns? Comments:	YES No

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.
 If the child's total score is in the area, it is above the cutoff, and the child's development appears to be on schedule.
 If the child's total score is in the area, it is close to the cutoff. Provide learning activities and monitor.
 If the child's total score is in the area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.
 _____ Provide activities and rescreen in _____ months.
 _____ Share results with primary health care provider.
 _____ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
 _____ Refer to primary health care provider or other community agency (specify reason): _____
 _____ Refer to early intervention/early childhood special education.
 _____ No further action taken at this time
 _____ Other (specify): _____

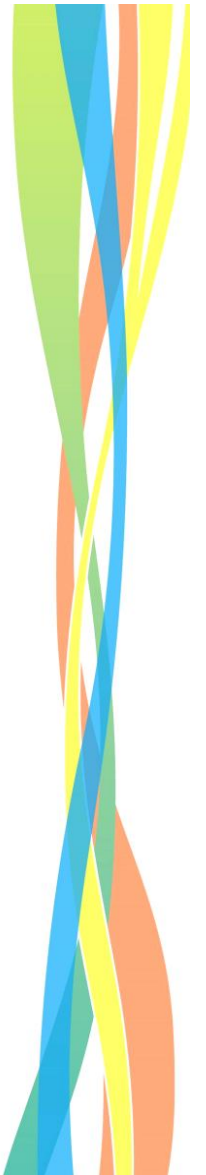
5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

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Summary Sheets
 have 5 Sections

Optional Section:
 Individual Item
 Responses



Features: ASQ-3 Summary Section

Any concerns or questionable responses require follow-up

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48 Month ASQ-3 Information Summary
45 months 0 days through
50 months 30 days

Child's name: _____ Date ASQ completed: _____
 Child's ID #: _____ Date of birth: _____
 Administering program/provider: _____

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

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Communication	30.72		●	●	●	●	●	●	●	●	●	○	○	○	○
Gross Motor	32.78		●	●	●	●	●	●	●	●	●	○	○	○	○
Fine Motor	15.81		●	●	●	●	●	●	●	●	○	○	○	○	○
Problem Solving	31.30		●	●	●	●	●	●	●	●	○	○	○	○	○
Personal-Social	26.60		●	●	●	●	●	●	●	○	○	○	○	○	○

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

<p>1. Hears well? Yes NO Comments: _____</p> <p>2. Talks like other children his age? Yes NO Comments: _____</p> <p>3. Understand most of what your child says? Yes NO Comments: _____</p> <p>4. Others understand most of what your child says? Yes NO Comments: _____</p> <p>5. Walks, runs, and climbs like other children? Yes NO Comments: _____</p>	<p>6. Family history of hearing impairment? Yes No Comments: _____</p> <p>7. Concerns about vision? YES No Comments: _____</p> <p>8. Any medical problems? YES No Comments: _____</p> <p>9. Concerns about behavior? YES No Comments: _____</p> <p>10. Other concerns? YES No Comments: _____</p>
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3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the area, it is above _____, and the child's development appears to be on schedule.
 If the child's total score is in the area, it is close to _____, provide learning activities and monitor.
 If the child's total score is in the area, it is below _____, 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 behavioral screening.

_____ Refer to primary health care provider or other _____ agency (specify reason): _____

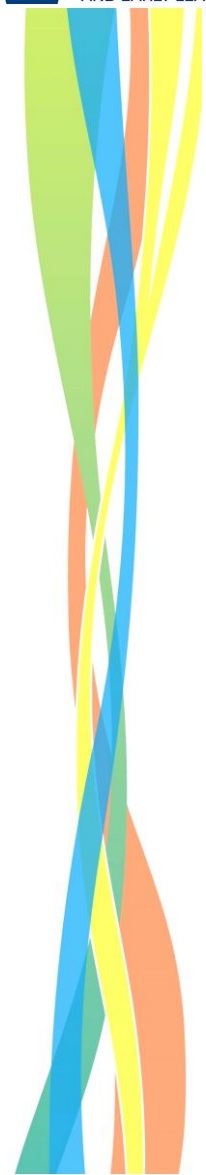
_____ Refer to early intervention/early childhood special education.

_____ No further action taken at this time

_____ Other (specify): _____

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



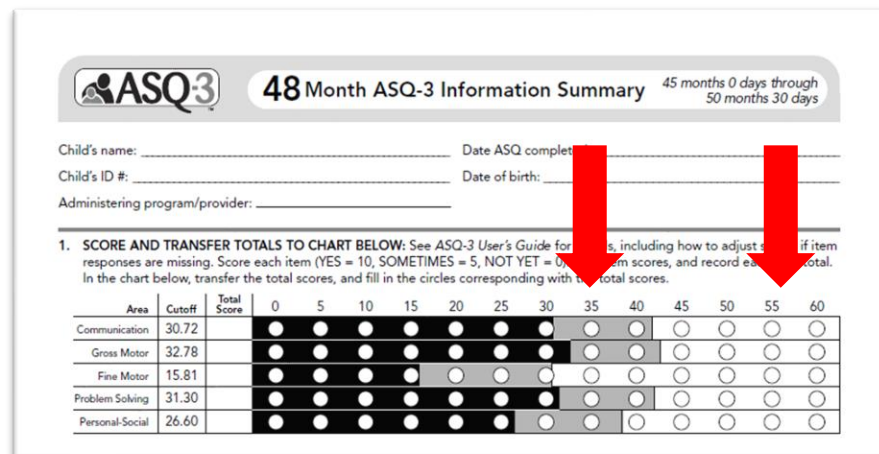
ASQ-3 Score Interpretation

Above monitoring zone

- Continue to provide developmentally appropriate learning opportunities and environment
- Rescreen in 4-12 months

Monitoring zone

- Provide follow-up activities to practice skills in specific developmental areas
- Rescreen within 2 months in areas of concern
- Make referrals as appropriate



ASQ-3 Score Interpretation

Below cutoff in one or more areas

- Refer for further assessment
- Rescreen within two months if not eligible for EI or ECSE

Parent Concern

- Respond to all concerns
- Refer if necessary

ASQ-3 48 Month ASQ-3 Information Summary 45 months 0 days through 50 months 30 days

Child's name: _____ Date ASQ completed: _____
Child's ID #: _____ Date of birth: _____
Administering program/provider: _____

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

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Gross Motor	32.78		●	●	●	●	●	●	●	●	●	●	●	○	○
Fine Motor	15.81		●	●	●	●	●	●	●	●	●	●	●	○	○
Problem Solving	31.30		●	●	●	●	●	●	●	●	●	●	●	○	○
Personal-Social	26.60		●	●	●	●	●	●	●	●	●	●	●	○	○

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

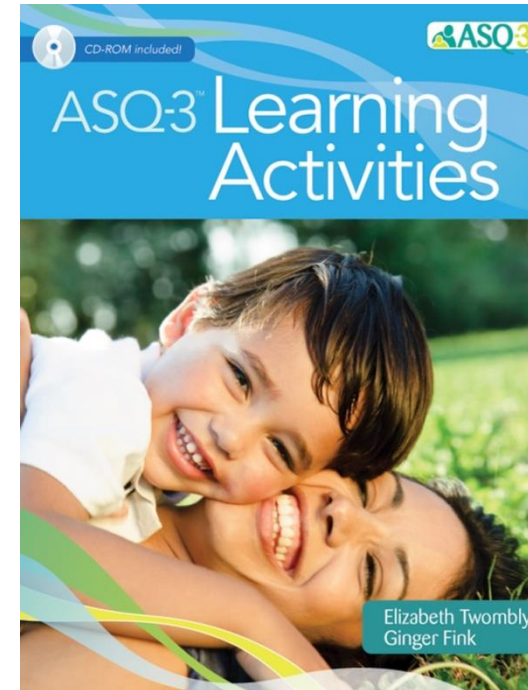
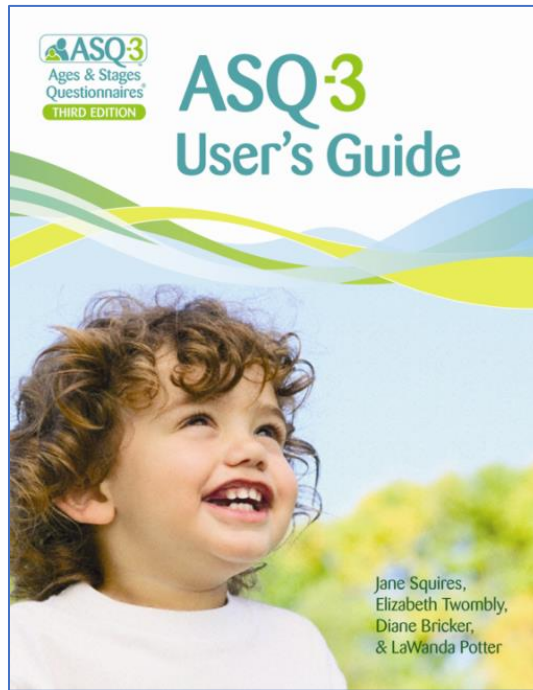
1. Hears well? Comments:	Yes	NO	6. Family history of hearing impairment? Comments:	YES	No
2. Talks like other children his age? Comments:	Yes	NO	7. Concerns about vision? Comments:	YES	No
3. Understand most of what your child says? Comments:	Yes	NO	8. Any medical problems? Comments:	YES	No
4. Others understand most of what your child says? Comments:	Yes	NO	9. Concerns about behavior? Comments:	YES	No
5. Walks, runs, and climbs like other children? Comments:	Yes	NO	10. Other concerns? Comments:	YES	No

ASQ-3 Score Interpretation Additional Considerations

- Biological / Health factors
- Family and cultural context
 - Stressful life events
 - Caregiving environment
- Environmental factors
 - Opportunity to practice skills
- Developmental history
- Extent and frequency of contact
- Availability of resources



Follow-Up to Screening: *Intervention and Learning Activities*





ASQ:SE2 Focuses on:

Social competence

- The ability to engage in positive interactions with peers, siblings, parents and other adults

Emotional competence

- The ability to effectively regulate emotions to accomplish one's goals

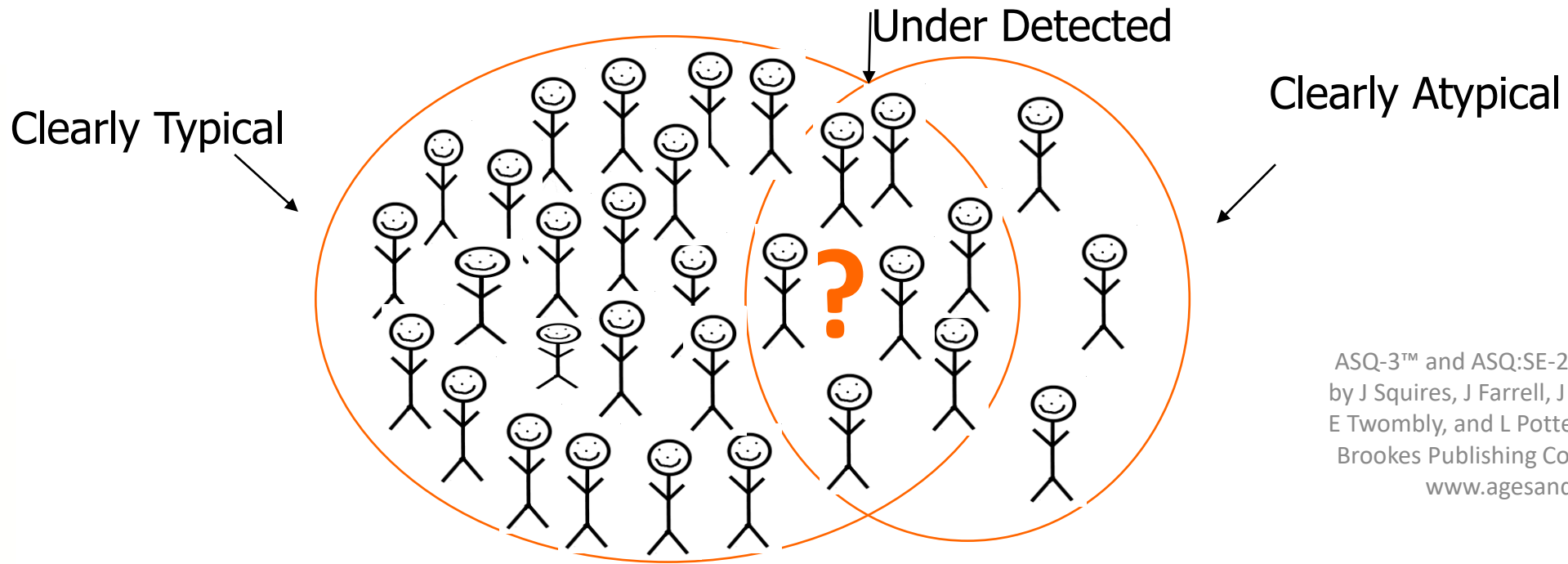


Research Shows...

- Prevalence rates of social-emotional behavioral problems in young children are estimated to approach **13%**
- **One in five (20%)** children in the U.S. has a diagnosable mental health problem that goes untreated
- Only **30%** of pediatricians use formal developmental screening instruments

Why Screen?

To prevent us from missing children



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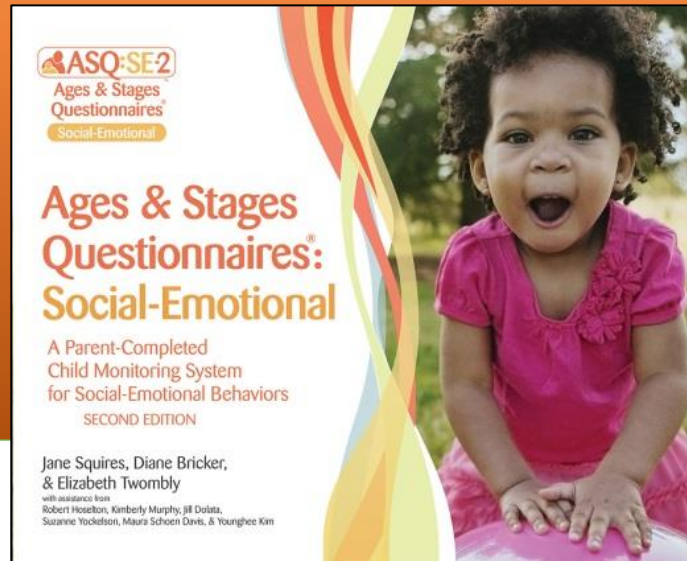
Adapted from Macias, M. (2006) D-PIP Training Workshop

Complexities of Screening Social-Emotional Development

- Challenging behavior is part of normal development
- Typically developing toddlers could have conflicts every three minutes and major conflicts **three times an hour**, conflicts decrease with age
- It is important to remember typical social-emotional development to determine what is age-appropriate and what is out of the norm

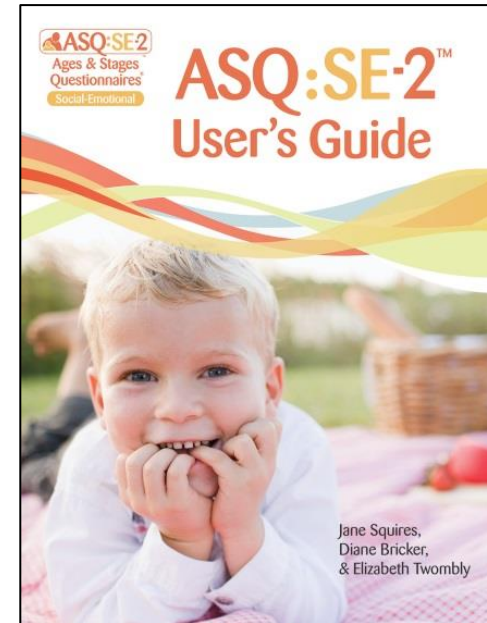


Features of the ASQ:SE-2



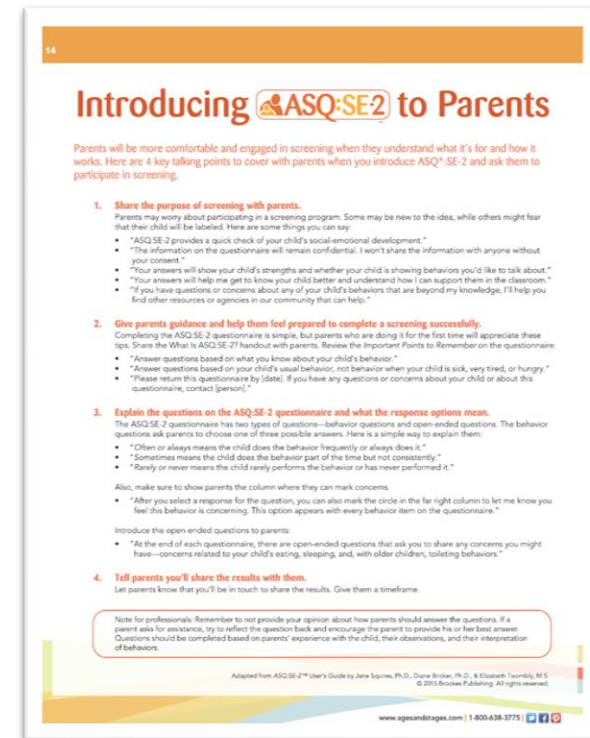
What is ASQ:SE-2?

- Parent-completed questionnaires that accurately identify young children at risk for social or emotional difficulties
- 7 key behavioral areas:
 - Self-regulation
 - Compliance
 - Adaptive Functioning
 - Autonomy
 - Affect
 - Social Communication
 - Interaction with People



Introducing ASQ:SE-2 to Parents

- Provides a quick check of a child's social-emotional development
- Information shared is confidential
- Answers show child's social-emotional strengths and if there is information or resources in the community.



Features of ASQ:SE-2

- Age Range: 1–72 months
- 4–12-month administration windows
- Uses adjusted age for children born three weeks or more premature until the child is 2 years old

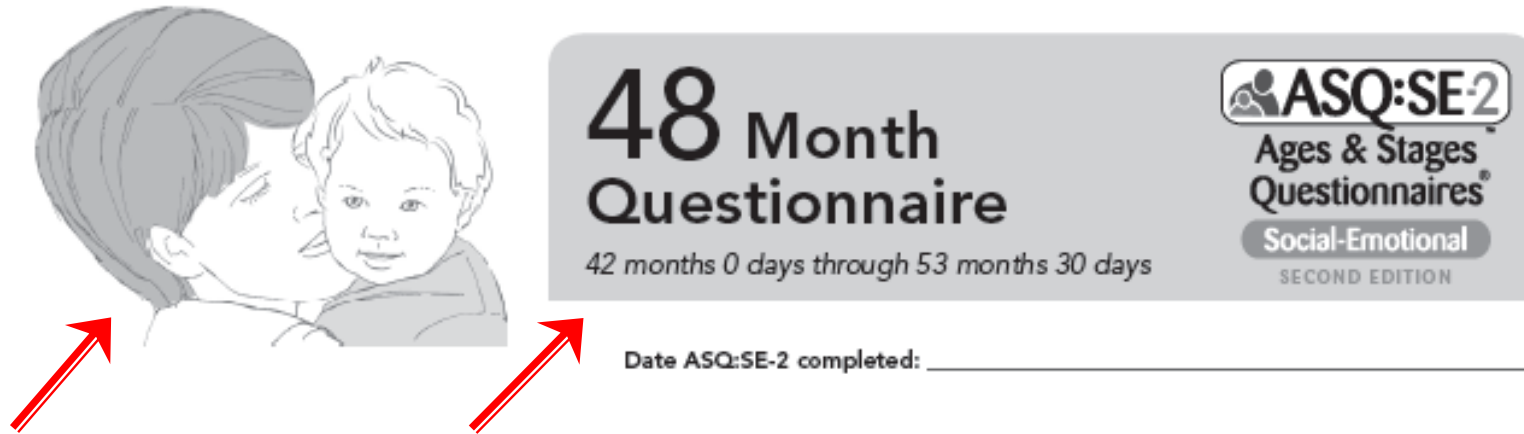
2 months	6 months	12 months
18 months	24 months	30 months
36 months	48 months	60 months

Features of ASQ:SE-2



- Between 19 to 39 scored questions
- Revised Spanish translation
- Parent Engagement Materials
- Monitoring zone

Features of ASQ:SE-2- Cover Page



- Administration window indicated on ASQ:SE-2 cover page
- 48-month "window" is for children ages 42 months 0 days through 53 months 30 days
- Programs can personalize the cover page by replacing the logo of the mother and child (on the top left)

48 Month Questionnaire 42 months 0 days through 53 months 30 days **ASQ:SE-2**

Questions about behaviors children may have are listed on the following pages. Please read each question carefully and check the box that best describes your child's behavior. Also, check the circle if the behavior is a concern.

Important Points to Remember:

- Answer questions based on what you know about your child's behavior.
- Please return this questionnaire by: _____
- Answer questions based on your child's usual behavior, not behavior when your child is sick, very tired, or hungry.
- If you have any questions or concerns about your child or about this questionnaire, contact: _____
- Caregivers who know the child well and spend more than 15-20 hours per week with the child should complete ASQ:SE-2.
- Thank you and please look forward to filling out another ASQ:SE-2 in _____ months.



	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
1. Does your child look at you when you talk to him?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	—
2. Does your child cling to you more than you expect?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	—
3. Does your child talk or play with adults she knows well?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	—
4. When upset, can your child calm down within 15 minutes?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	—
5. Does your child like to be hugged or cuddled?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	—



Features of ASQ-SE2- Overall Question Section

48 Month Questionnaire



OVERALL Use the space below for additional comments.

37. Do you have concerns about your child's eating, sleeping, or toileting habits?
If yes, please explain:

YES NO

38. Does anything about your child worry you? If yes, please explain:

YES NO

39. What do you enjoy about your child?

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Features of ASQ-SE2- Summary Sheet

48 Month Information Summary 42 months 0 days through 53 months 30 days **ASQ:SE-2**

Child's name: _____ Date ASQ:SE-2 completed: _____
Child's ID #: _____ Child's date of birth: _____
Person who completed ASQ:SE-2: _____ Child's age in months and days: _____
Administering program/provider: _____ Child's gender: Male Female

1. ASQ:SE-2 SCORING CHART:

- Score items (Z = 0, V = 5, X = 10, Concern = 5).
- Transfer the page totals and add them for the total score.
- Record the child's total score next to the cutoff.

TOTAL POINTS ON PAGE 1		Cutoff	Total score
TOTAL POINTS ON PAGE 2			
TOTAL POINTS ON PAGE 3			
TOTAL POINTS ON PAGE 4			
Total score		85	

2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.

no or low risk | 70 | monitor | 85 | refer | 100+ (95%ile)

___ The child's total score is in the area. It is below the cutoff. Social-emotional development appears to be on schedule.
___ The child's total score is in the area. It is close to the cutoff. Review behaviors of concern and monitor.
___ The child's total score is in the area. It is above the cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer parent/caregiver comments. YES responses require follow-up.

1-36. Any Concerns marked on scored items? **YES** no Comments: _____

37. Eating/sleeping/toileting concerns? **YES** no Comments: _____

38. Other worries? **YES** no Comments: _____

4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 98-103 in the ASQ:SE-2 User's Guide.

___ **Setting/time factors** (e.g., Is the child's behavior the same at home as at school?)
___ **Developmental factors** (e.g., Is the child's behavior related to a developmental stage or delay?)
___ **Health factors** (e.g., Is the child's behavior related to health or biological factors?)
___ **Family/cultural factors** (e.g., Is the child's behavior acceptable given the child's cultural or family context? Have there been any stressful events in the child's life recently?)
___ **Parent concerns** (e.g., Did the parent/caregiver express any concerns about the child's behavior?)

5. FOLLOW-UP ACTION: Check all that apply.

___ Provide activities and rescreen in ___ months.
___ Share results with primary health care provider.
___ Provide parent education materials.
___ Provide information about available parenting classes or support groups.
___ Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): _____
___ Administer developmental screening (e.g., ASQ-3).
___ Refer to early intervention/early childhood special education.
___ Refer for social-emotional, behavioral, or mental health evaluation.
___ Other: _____

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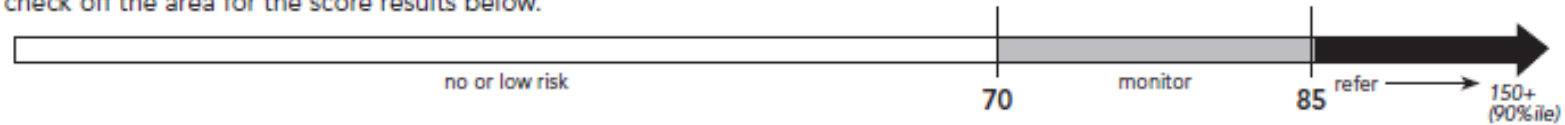
ASQ:SE-2 and Cultural Sensitivity

- Adaptations in multiple languages
- Flexible administration
- Ability to reframe/omit items
- Balance of strengths as well as problem behaviors
- **Subjectivity** is a critical part of assessment data



48 Month ASQ:SE-2 Cutoff Chart

2. **ASQ:SE-2 SCORE INTERPRETATION:** Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.



Monitor area
65th Percentile

Cutoff

End of Chart
90th Percentile

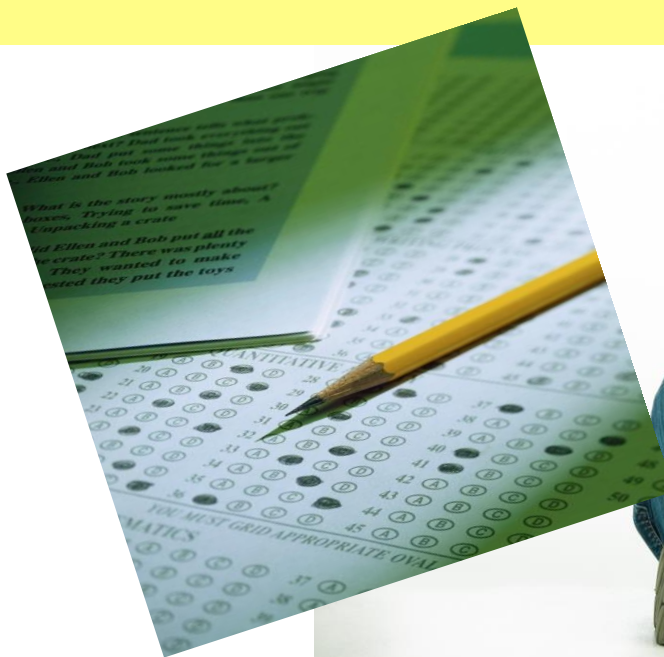
Discussing Screening Results

What are the most important things to keep in mind?



"Tests don't make decisions.
People do."

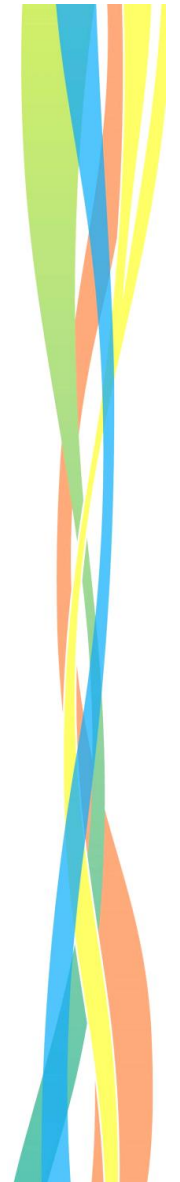
(Neisworth and Bagnato)



Discussing Results

with all families....

- Be timely
- Show you value confidentiality
- Consider cultural or language issues
- Begin the meeting by celebrating the child
- Review the purpose of screening
- **Start with Strengths (Yes's; "Z" Items)**
- Review "Not Yet" items and Concerns

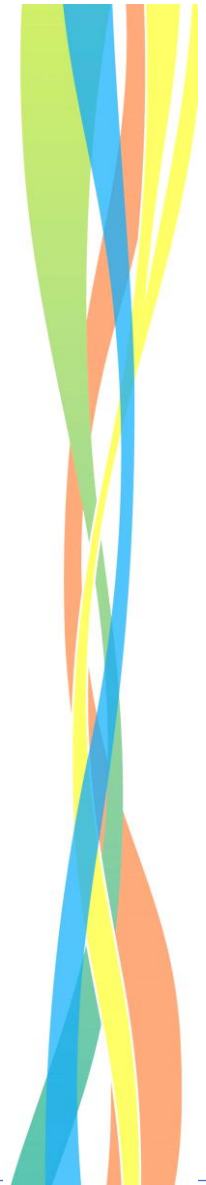


Discussing Results

with all families....



- Review information summary page
- Review scoring chart
 - *Remember that cutoffs on ASQ:SE-2 are very different from those on ASQ-3!*
- Discuss answers to open-ended questions
- Discuss follow-up options and referral considerations



Discussing Results

with all families....

Remember—the parent was the one who completed the tool.

Reflect back and interpret what they have reported.

“Based on the information you shared it looks like it would be good to have a specialist look at Jimmy’s communication.”



Discussing Results

When concerns arise...

Listen and discuss parent concerns

- Read subtle cues. Reflect back.
- If you share concerns, be specific

Restate factors to consider (e.g., health)

Know your community resources

- Support, guide, inform parents about resources.

Think about where parent is in the process

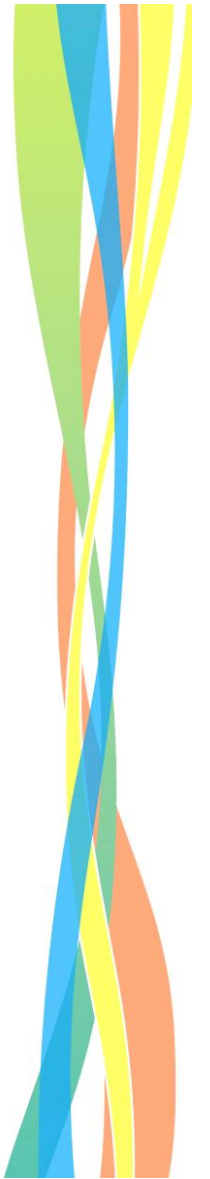
- Parents may be upset, disagree or not ready to accept results.
- ***You do not need to convince parents to refer.***
- Support parent in referrals, when they are ready



Discussing Results *with all families....*

Together, decide follow-up:

- Share fun learning activities for home/school
- Share results with child's health care provider
- Share community resources (Early Intervention, parenting supports)



Referral Considerations



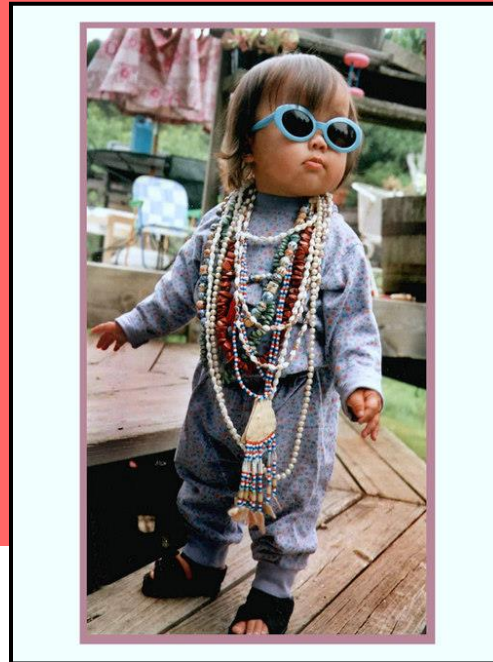
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Referral Considerations

- Time/Setting Factors
- Developmental Factors
- Health Factors
- Culture/Family Factors



Cross-Cultural Considerations: Assessment and Intervention



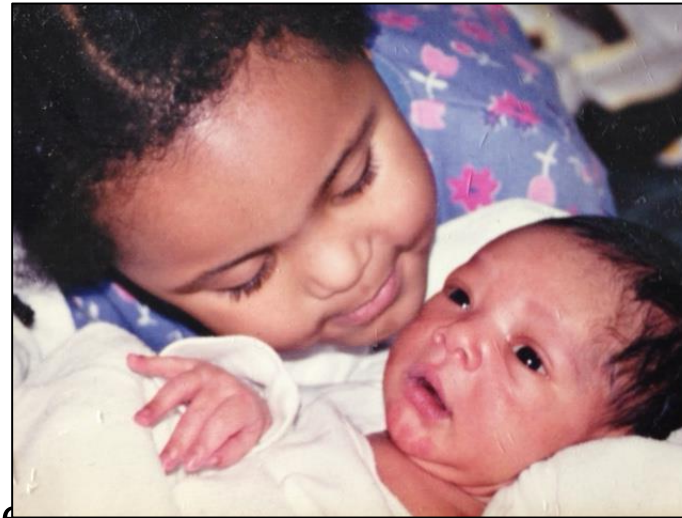
Cross-Cultural Considerations

What issues may arise when:

- Meeting with parents and introducing screening?
- Administering the screening tools?
- Communicating results or making follow-up suggestions in the home?
- Making community referrals?

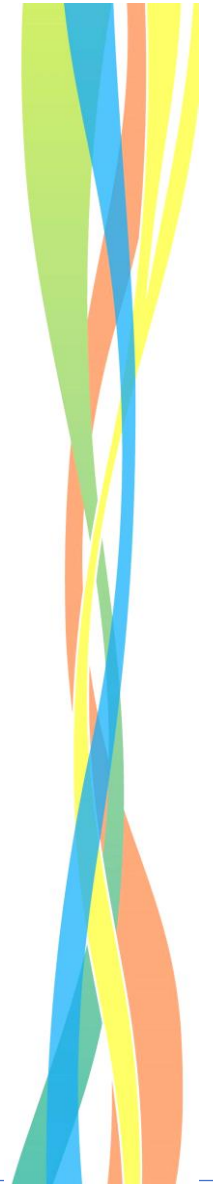
Families and Reluctance with Seeking Services

- It's super confusing
- Labels can be scary
- They may not trust "the system"
- There may be bigger things going on in their life
- They may not be ready to accept this information yet, but will with some time



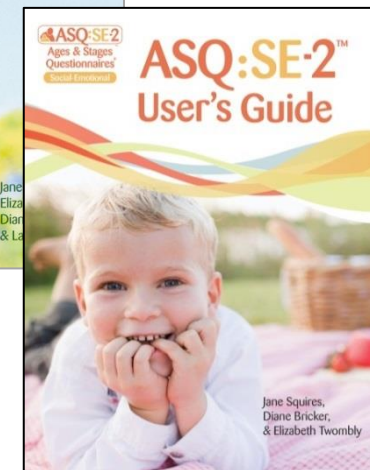
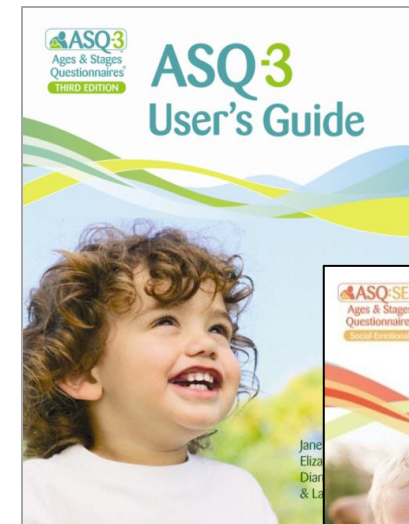
Follow Up to Screening: Referring a Child

- CONNECT- Early Intervention Helpline 1-800-692-7288
- Ask parent for permission to share information- complete consent forms
- Participate in referral process, with parent permission

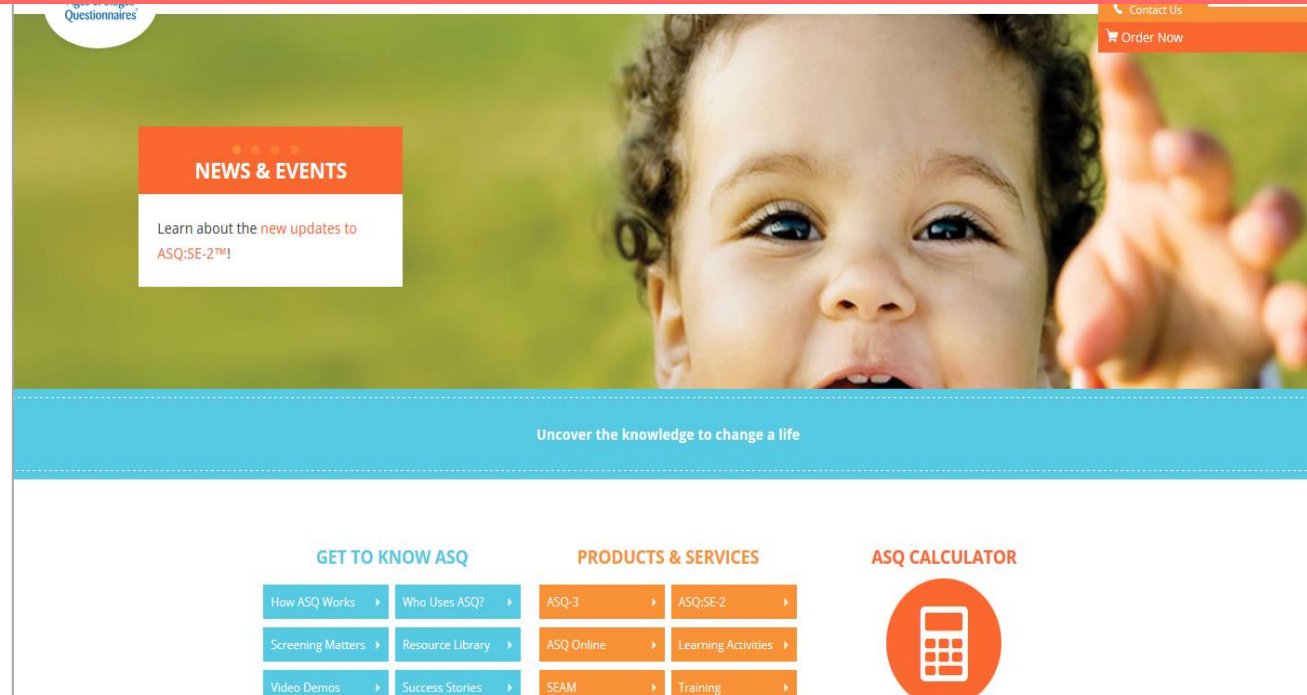


ASQ-3 and ASQ:SE-2 User's Guides

- Include information on planning screening systems and procedures
- Provide example letters, activities, and case studies
- Contain technical reports
- Cover all topics in depth



www.agesandstages.com



- FAQs
- Ask Jane
- Sample Questionnaires
- Age Calculator/Score Adjust

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Universal Screening Practices: Develop Procedures

Choose a format for administration

- ✓ In the home setting
- ✓ In the early learning setting
- ✓ In both home and early learning settings

Decide frequency

- ✓ STARS Standard EC 2.3 - A research-based developmental screening tool is used within 45 days of each child's enrollment to identify children who may need additional evaluation and/or intervention strategies. Additional screening is provided as needed and per protocol with the chosen screener.

Create policies for scoring, sharing results, and referring families

- ✓ Who scores and shares results?
- ✓ With whom do you share results?
- ✓ Who provides referrals to the family?

In Summary

- Screening tools can help bridge communication with families
- Screening tools can assist in making referrals to community agencies
- Referrals should be based on a variety of considerations in addition to scores
- Developmental and social-emotional issues are very complicated
- Use available resources to make decisions about what steps to take after screening



Accessing IECMHC Services

Providers can request IECMH services by completing the [Request for Service Form](#)

Completed forms can be submitted via email PAIECMH@pakeys.org or faxed to 717-213-3749





The Pennsylvania Key IECMHC Virtual Office Hours

The Pennsylvania Key Infant-Early Childhood Mental Health Consultation (IECMHC) Program is offering a new service: **IECMHC Virtual Office Hours**

Are you looking for support with:
Helping a child who is struggling with behavior, attachment, peer relationships or emotion regulation?
Helping teachers and families with self-care, stress, and coping, but not sure what to do next?

IECMHC Virtual Office Hours is now accepting appointments for office hours throughout Pennsylvania!

IECMHC Consultants are available by appointment to provide IECMH Virtual Office Hours consultation via telephone or video conference. IECMH Virtual Office Hours is a short-term, collaborative, problem-solving conversation to help you find next steps for:
Child Social-Emotional Concerns | Child Behavioral or Developmental Concerns
Emotional Well-being of Teachers and Caregivers | Partnering with Families

Who can request IECMH Virtual Office Hours?

Services are available at no cost to families, child care professionals and specialists supporting Keystone STARS child care programs. We invite:

- Teachers, directors, and staff in center, family, and group-based child care programs
- Families with children attending child care programs
- Early Intervention (Birth-5 & 5-5) professionals
- Keystone STARS Quality Coaches
- Mental Health/Behavioral Health agencies
- Home Visiting and Family Support Programs

How can IECMH Virtual Office Hours help your program?

IECMHC Consultation helps adults strengthen their relationships with young children and build capacity to respond to children's social-emotional needs. IECMH can help reduce caregiver stress, as well as increase caregivers' reflective practice skills.

- Figure out what's really going on when a child exhibits challenging behaviors
- Reflect and respond to problem behaviors with the power and impact of nurturing relationships
- Build partnerships with families
- Share community resources
- Consider your next steps and where to go from here

How can you request an IECMH Virtual Office Hours appointment?

Appointments are held on the first and third Fridays of the month, or other days/



Pennsylvania's Infant and Early Childhood Mental Health (IECMHC) Consultation is a free resource that supports children's social-emotional development through age five with early learning programs participating in Keystone STARS. [Learn more about Pennsylvania's Infant and Early Childhood Mental Health Consultation Program.](#)



Virtual Office Hours

IECMHC Consultants are **available by appointment** via telephone or video conference.

Find next steps for:

- Child Social-Emotional Concerns
- Child Behavioral or Developmental Concerns
- Emotional Well-being of Teachers and Caregivers
- Partnering with Families

Appointments held **twice per month.**

IECMHC Newsletter



Signup for ***Bright Start, Bright Kids, Bright Future--IECMHC*** here:

www.pakeys.org/getting-started/about-us/newsletter-signup/

