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- ◆ Ask your Senators and Representative to co-sponsor the Strong Start for America's Children Act.

Check it out: cdf.org

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Six Steps to Screening Success

Establishing Competent Developmental Screening Programs in Early Childhood Centers

Rollins College
Screen for Success Project

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introductions



Gramma Sharon



Sharon Carnahan, Ph.D.
Rollins College
Professor of Psychology

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Developmental Screening: Today's Plan

- ◆ Part 1:
 - ◆ The Big Picture
- ◆ Part 2:
 - ◆ Screen for Success
 - Model for Child Care Centers

Child Development Screening Initiative – Florida Help Me Grow Statewide Initiative

See [Snow Strategies.com](http://SnowStrategies.com)



The [Child Development Screening Initiative](#) is a three-year endeavor by the Florida Developmental Disabilities Council (FDDC) to

1. convene stakeholders and
2. develop a comprehensive statewide system of developmental screenings for children ages birth to five.

Details at http://www.snowstrategies.com/child_development_screening_initiative.php

Task Force has decided to continue as a part of
FLORIDA HELP ME GROW



Completed Project Reports include.....

- [Menu of Statewide Screening Tools REV SEP2012](#)
- [Florida's Current System of Developmental Screenings](#)
- [Developmental Screening: Other States](#)
- [Screening & Assessment Tools Report](#)

Where is developmental screening & referral happening now in FL?



Is your child developing on time?



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Where is developmental screening & referral happening **now** in FL?

- ◆ Pediatrician's offices
- ◆ Child care centers
- ◆ Specialized Sites (UCP, FDLRS, Early Steps)
- ◆ Community Screening Roundups
- ◆ Foster Care/State Care Facilities
- ◆ _____ ?



Is your child developing on time?



See Also: http://www.floridaearlylearning.com/Documents/Policy-FAQ/Developmental_Screening-FAQ.pdf

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The Future of Developmental Screening in FL

- ◆ **LEADERSHIP:**
 - States with good programs have leadership from the TOP and multi-agency buy-in.
- ◆ **MEDICAL COMMUNITY:**
 - Pediatrician involvement and leadership is crucial.
- ◆ **RESOURCES:**
 - It will take years and \$\$ to set up a good statewide system.
- ◆ **COMMUNICATION:**
 - Social media & multiple websites will be needed to steer parents to screenings.
 - Children will be reached in a variety of ways, not just one
- ◆ **MEDICAL HOME:**
 - States where a high % are screened have a "medical home" model.

Source: DD Council, Developmental Screening: Other States, and Children's Defense Fund.org

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Standing In the Gaps: Screen for Success Project

Grant from the Winter Park Health Foundation to the
Rollins College Child Development Center

PROJECT GOAL:

To help children enter school ready to learn by.....

- Increasing the frequency & quality of developmental screening
- Increasing the number of children who get needed services through early identification of problems, appropriate referrals, and follow through
- Increasing the awareness of Rollins College students about the needs of children in central Florida

Goals of This Workshop *We will...*



1. Review the benefits of a developmental screening & monitoring program
2. Learn definitions for the terms *screening*, *assessment*, & *curriculum*
3. Identify **Six Steps to Screening Success**

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The Benefits of

Developmental Screening Programs

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Child Trend Analysis of Kindergarteners

Source: ECLS-K Werthheimer, et al.

In the United States:

- ◆ 30% of children had at least one health challenge
- ◆ 20% lagged behind in cognitive development
- ◆ 30% lagged behind in social/emotional development
- ◆ About 5% in all areas

In Orange County (2001)

- ◆ 22% "failed" kindergarten readiness screening (about 2,300 children)
- ◆ Of these, 25% had problems that had never been identified before school entry
- ◆ Approx. 575 children in 1 county!

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Never Identified?

◆ Who probably knew about those special needs?

- Preschool teachers
- After school caregivers
- Mothers
- Pediatricians



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Never Identified?

◆ Why didn't they refer this child for assessment or therapy?

- Did not know how
- Wasn't their job
- Too little time with the child
- Trained to think it will get better in time
 - ◆ (maturational model)
- Didn't want to upset parents or lose a customer

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OUR GOAL: EARLY IDENTIFICATION

Early intervention

- ◆ *Family in charge*
- ◆ *Partner with family*
- ◆ *Building capacity in ECE*

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WHO FIRST FINDS CHILDREN'S SPECIAL NEEDS?

- ◆ **ECE and parents will be the first to identify...**
 - developmental delay, mild visual or hearing impairments, communication and auditory processing disorders, attention-related needs, and social or emotional needs
- ◆ **Pediatricians will be the first to identify...**
 - genetic anomalies, neurological damage, cerebral palsy, and major visual and hearing impairments

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WHY IS IT IMPORTANT TO IDENTIFY CHILDREN EARLY?

- ◆ Too many children arrive at school with problems that make learning very difficult for them.
- ◆ Screening leads to assessment & intervention.



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Biggest Barriers to School Readiness

1. Undiagnosed, untreated developmental issues, especially speech and language delays
2. Poverty, especially stress & nutrition
3. Lack of support for literacy in the child's home or school environment

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What We Can Do to Help Children Get Ready for School



1. Screen and refer children
2. Provide adequate nutrition and health care
3. Provide a high-quality preschool environment

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Why should Early Childhood Education Centers be sites for screening?

- ◆ There are Benefits for...
 - Children
 - Families
 - Teachers & Centers
 - Communities



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Why should Early Childhood Education Centers be sites for screening?

- Trained in developmental milestones
- Experienced with an age group
- Comfortable environment for children
- Has parent's trust
- Stable in the community
- Results help plan how to work with child
- Improves professional standing of teacher & center
- Improves school readiness of community

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Developmental Screening & Monitoring



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Screening Is....

- ◆ The process of identifying typical development & noting possible delays



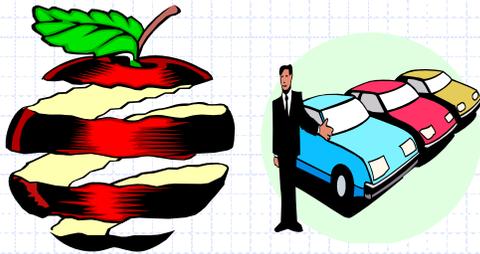
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Early Screening...

- ◆ Identifies real problems that fall outside the typical range of development
- ◆ To “fail” a domain on a typical screening test, child must be 1.5 to 2 standard deviations below the mean
 - Doing less than 90-97% of children of that age
 - Minimizes over-referrals for assessment
 - Identifies children most in need

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Screening Sorts Apples from Automobiles!



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Screening IS NOT....



- ◆ To keep children out of school
- ◆ An assessment in detail of a child's problem
- ◆ Intended to make a diagnosis or label a child

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Links to Curriculum



What is a Curriculum?

- everything a child encounters while in school;
- also, a set of activities designed to teach a particular content

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Screening Links to Curriculum

◆ UNIVERSAL

- for all children in a classroom
- Ex. ASQ says most children need help with cutting, writing; add more activities for all

◆ TARGETED

- For a group of children
- Ex. ASQ says 4 bilingual children need more help in communication; add daily activities for a small group

◆ SELECTED

- For one child
- Ex. George is receiving speech therapy; individual educational plan (IEP) sets up language tasks for George each week

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Summary: Part I

1. We reviewed the benefits of a developmental screening & monitoring program
2. We learned definitions for the terms screening, assessment, & curriculum, including universal, targeted & selected strategies.

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Part II:

The Screening Program

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Six Steps to Screening Success



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Six Steps to Screening Success:

Establishing Competent Developmental Screening at Community
Early Childhood Centers

1. Agreement to Establish a Developmental Screening Plan
2. Parent Permission Forms
3. Setting Up the Plan
4. Parent Conference for Areas of Concern
5. The Referral Process
6. The Monitoring Program



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STEP ONE: Agreement to Establish a Developmental Screening Plan



- Gather Stakeholders
- Baseline Assessment of Capacity
- Screening Readiness Assessment Tool
- Goal Setting
- Identify Important Partners: Pediatricians, Parents, Staff, Administrators
- Staff in-service
- Parent Information evening



GOAL:

- Commitment to establish a full scale screening & monitoring plan for ALL children in community; begin at center

Sample Resources for a Screening & Monitoring Plan

- ◆ Screening tools & toy kits
- ◆ Quiet place to screen
- ◆ Designated area for keeping materials, writing reports, meeting with parents
- ◆ Private telephone for referrals
- ◆ Other?



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Personnel Preparation

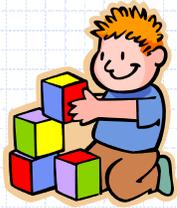
A. Personnel Preparation	
0	Staff are trained to do screening on a non-standardized instrument or BOSM only
1	One staff member is trained to do screening on a standardized instrument
2	Two or more staff are trained but not enough to screen all children
3	Sufficient trained staff to screen all children



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Children with Specific Concerns



B. Children with Specific Concerns

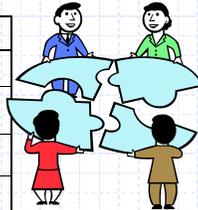
0	No plan - children with specific concerns are handled by the teacher alone.
1	School has a plan in place to handle some specific concerns.
2	School has a plan in place to handle most problems.
3	Plan in place for children with specific concerns.

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Screening & Monitoring Plan

C. Screening and Monitoring Using a standardized screening tool	
0	No screening & monitoring plan.
1	Screen children individually as needed.
2	Screening plan & monitoring schedule for some children.
3	Screening plan & monitoring schedule for all children.



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Parent Involvement

D. Parent Involvement	
0	Communication with parents about screening is informal.
1	Conferences for problems scheduled at the parents/teacher's request.
2	Parent conferences are held at least once a year to discuss child's progress and screening results.
3	Screening results are shared, in person and in writing, more than once a year with all parents.



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Screening to Curriculum



E. Screening to Curriculum	
0	No specific plan linking screening results with teaching/classroom.
1	Linking screening results to classroom is informal, not documented, and done by individual teacher.
2	Screening identifies general areas to work on with child.
3	Plan in place / Screening informs specific goals and activities for each child at school and home.

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Referral System

F. Referral System	
0	No referral system / System is used only for calling subsidized by school readiness dollars.
1	Handouts available of major local resources for parents.
2	In addition to handouts, staff help parents make referral contact / No records kept.
3	Referral and follow-up plan in place, and records kept.



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Screening Readiness Assessment Goals



Screening Readiness Assessment Goals

Date: _____ Rater: _____
 Early Childhood Care Facility: _____

Directions: To move to next level, center must accomplish everything in all previous levels.
 List goals and use of two steps to arrive at the next level. Please write target date.

A. Personnel Preparation

B. Children with Specific Concerns

C. Screening and Monitoring

D. Parent Involvement

E. Screening to Curriculum

F. Referral System

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Parent Information Evening




- ◆ The ASQ™ is a standardized developmental screening tool used to monitor children's development
- ◆ The tool identifies areas of strengths or concerns
- ◆ The ASQ™ summary sheet is scored by a trained professional
- ◆ Parents are informed of the screening results
- ◆ Your child will be able to do some, but not all, of the items
- ◆ Developmental screening is NOT a test!
- ◆ All screening results are confidential
- ◆ A conference may be scheduled to discuss any areas of concern

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WHY DEVELOPMENTAL SCREENING?

The use of developmental milestones for screening is based on child development theory

- ◆ What is TYPICAL:
A young child moves through a predictable set of behaviors at certain ages
- ◆ Every child is different.
- ◆ If these early milestones are not met on time, a child should be watched for any further concerns, helped through specific classroom activities, & possibly referred for assessment.
- ◆ *The earlier a developmental concern is identified and addressed, the greater the chance for school readiness for the young child.*



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STEP TWO: Parent Permission Forms



- ▶ Secure Parent Participation and Permission

Permission to Conduct Developmental Screening

This form can be included in your enrollment materials that parents sign as they enter your program



- ▶ Parent involvement is essential to the success of your screening program!

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Parent Permission Form



Permission to Conduct Developmental Screening

I, _____
(name of parent or guardian)

give permission for _____
(early childhood provider)

to conduct required screenings *ages 4 months – 60 months*

on _____
(child's name)

I also agree to participate in the developmental screening process by filling out the questionnaires sent home and will return them as soon as possible.

I understand that all information about my child is confidential.

Date: _____

Parent/Legal Guardian Signature: _____

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Parental Involvement



- ◆ Parent knows the child best, especially in new (emerging) skills
- ◆ Parent OWNS the child!
- ◆ All your written materials should be in family-friendly language & family's first language
- ◆ Strict confidentiality
- ◆ Developmental screening and monitoring is an ongoing school readiness activity

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Developmental Screening Guide for Families

Information
For Families
Your Own or
Web-based



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STEP THREE: Setting Up The Plan: WHO & WHEN

- ▶ Identify your population to be screened
 - ▶ 3's, 4's, all children...
- ▶ Gather child's birth date to set screening schedule
- ▶ Two screenings can be done in one school year – on child's birth date & six months later, or more often for ages 4 – 36 mo



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Sending home the Screening

Copy the appropriate Questionnaire – do NOT send the score sheet!

Send an information sheet – be specific about **when** you want the questionnaire back!

Collect & score the questionnaires

Complete a Family Feedback Letter to be sent home within 2 weeks

- ▶ A general feedback sheet or letter when all is well
- ▶ A request for a conference to discuss any concerns



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Celebrate with INCENTIVES



- ◆ First room to get 90% of ASQs back from parents gets....

◆ SUGGESTIONS?

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Sample feedback letter to parents



Thank you for participating in the developmental screening program here at our center. _____ responses to items on the *Ages and Stages Questionnaire* indicate that _____ is progressing well, and is doing what other children of his age can do in the areas of problem solving, gross motor skills, fine motor skills, and personal/social development.

We have attached a copy of the completed *Ages and Stages Questionnaire™* for your records. As you can see, the ASQ™ is not a test. It does not label children or provide a single "number" that is a score. Instead, it simply describes what a child can do, in comparison with others of that child's age.

The first 5 years of life are very important to _____ because this time sets the stage for success in school and later in life.

With this in mind, we have expanded our services in early childhood care and education to include this developmental screening process. With this screening plan, we will be able to:

- Assure parents that their child is at age level in important skills
- Identify children who might need extra help to meet developmental milestones
- Help parents to better understand their child's developmental level
- Assure greater kindergarten readiness for all children.

By participating in this screening, you have helped to make this center a better place for all children. If you have any questions, please feel free to talk with your child's teacher at any time. Thank you again for your participation.

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STEP FOUR: Parent Conference for Areas of Concern



If there was an area of concern, document steps taken to review this with parents on the Parent Communication form

- ◆ Areas of concern may be addressed in classroom and monitored via further screening, in which case an Individual Education Plan (IEP) should be created
- ◆ A referral may be initiated for further evaluation



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How do we define Areas of Concern?

- ◆ On the ASQ-3™, any score that falls at or beneath the cutoff is considered an "area of concern" where further action may be required.
- ◆ Further action may include re-screening, addressing the concern in the classroom, or referral.
- ◆ The family should **always** be informed of any areas of concern!

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Policy on Screening Results & Follow-up

1. A follow-up letter to parents should be sent immediately after any screening.
2. When screening results are beneath a cutoff in any domain, the family needs to be informed that a referral for further evaluation is recommended.
3. An Individual Learning Plan can be created for use at home/classroom.
4. Re-screening may be an option to verify results.

Parent Communication Form

Date: _____ Time: _____
 Child's Name: _____
 Name of Parent: _____
 Form of Communication (Check one):
 Telephone
 School Conference
 Written
 Other (please explain) _____
 Name of School/Staff Member: _____
 Contact Reason: _____
 Summary of Communication: _____
 Follow-up Plan: _____
 Signature of School Staff Member: _____

STEP FIVE: The Referral Process



When a child is identified with an area of concern, all steps on the checklist should be documented

During the parent conference be sure to have parents sign

Parent Permission to Release Information form

& document referral on "Referral form for Child Intervention Services"

Checklist of Steps from Screening to Referral:	
Child's Name:	Date:
Check when completed:	
Completed:	
_____ Administration of Standardized Screening Tool	
_____ Identification of Concerns	
_____ Parent Communication	
_____ Curriculum Accommodations	
_____ Monitoring Accommodations	
_____ Referral to Outside Resources	
_____ Develop Follow-up Plan	

Where Do You Go in Your Town for Evidence-Based Early Intervention??



► The earlier the intervention, the better!



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Where Do You Go?

For children three and older –




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Permission to Release Information

I, (parent guardian) give permission for _____ to release information on (my child's) treatment, diagnosis, and prognosis to (early childhood provider).

This release is valid for one year from date of signature.

This permission specifically includes (Check all that apply):

<input type="checkbox"/> Clinical Report	<input type="checkbox"/> Verbal Communication
<input type="checkbox"/> Social History	<input type="checkbox"/> Educational Recommendations
<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Other (please explain) _____

Date: _____
 Parent/Legal Guardian Signature: _____

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Referral for Child Intervention Services

Referral Date: _____

Referred By: _____ (name and title)

Child's Name: _____ Date of Birth: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Teachers' Names: _____ Class: _____

Date of Screening: _____

Reason for Referral (Areas of Concern): _____

Interventions Attempted/Implemented: _____

Parent Contact (Dates, Contact Person): _____

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STEP SIX: Monitoring and Tracking Screening

- ▶ An ongoing service provided to ALL children and their families throughout the course of the child's time in the center
- ▶ Periodic scheduled screenings
- ▶ Screening benefits more than identification of children who might have special needs:
 - ▶ Informs classroom teacher
 - ▶ Links Screening to Curriculum
 - ▶ Educates the parent on child development
 - ▶ Parent/Teacher conference tool



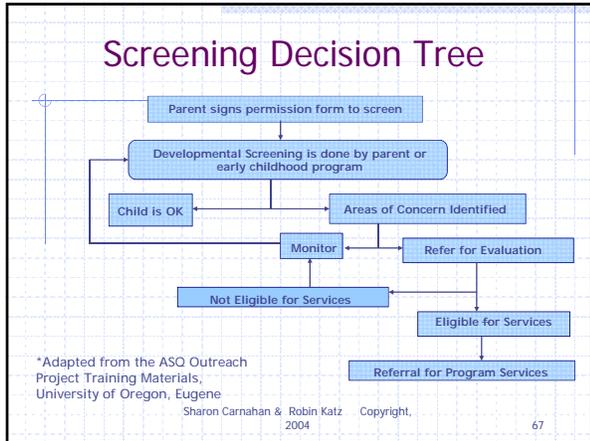
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Developmental Monitoring: Surveillance

- Repeated screening of children over time
- Center keeps confidential records and tracks screening history
- Organize information to track children scoring "At risk" or needing follow-up



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Review:

Looking at Screening Results

- Intervene and Re-screen
- Make Universal Classroom Changes
- Refer



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CALL YOUR ELECTED OFFICIALS!

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Links to Curriculum

UNIVERSAL

for all children in a classroom

Ex. ASQ says most children need help with cutting, writing; add more structured, age-appropriate fine motor activities for all



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Links to Curriculum

TARGETED

For a group of children

- Ex. ASQ says 4 bilingual children need more help in communication;
- Add daily activities for a small group with a teacher or volunteer.



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Links to Curriculum

SELECTED

For one child

Ex. N'kia is receiving speech therapy; individual educational plan (IFSP) sets up language tasks for N'kia each week



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Measuring the Accuracy of Screening & the Success of "CHILD FIND"

◆ POSITIVE PREDICTIVE VALUE =

- If you identify and refer a child, does the assessment (at another site) show that the child was delayed in development, and did need services?

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*Do screening results match assessment results?
Are we finding children in need of services?*

55 "really" delayed
60 were referred = 91%
on target rate

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Evaluating Your Screening & Monitoring Program

◆ DOING WELL IF...

- Parent Opinion is Positive
- Teachers are Empowered
- Resource & Referral are Working
- Positive Predictive Value is over 80%
- Children are Getting the Help Needed



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In conclusion

- ◆ ASQ questionnaires comprise a valid and reliable screening tool
- ◆ Screening structures observations, reports and communications about child development
- ◆ Parent involvement is essential
- ◆ Screening results can identify needed interventions

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Celebrate!



*A Developmental
Screening
&
Monitoring Program,
FOR ALL CHILDREN
Makes a Better Place for
Families, Children
& Staff*

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Wrapping Up...

- ◆ Questions
- ◆ Concerns
- ◆ Ideas
- ◆ Discussion
- ◆ Evaluation



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