

PA's Developmental Screening Project

Data Entry Form Guidelines:

- The following forms are for data entry purposes. Staff can complete these hard copies and send them to the staff in charge of data entry.
- Completion of the forms is not required; however, they are available for convenience.
- If more than one child from the same family is being screened, staff should complete a packet for each child but submit them together for data entry purposes. For example, you may want to staple Sara Smith's packet with her brother Steve Smith's packet.
- The database can accommodate more than one caregiver, so additional caregiver forms need to be completed on subsequent caregivers. We are looking for the child's current caregiver(s)- that is the adult(s) with whom they currently reside. Additional caregiver forms are included at the end of the packet.
- * Indicates that a field is required.
- If screening dates are not known, enter the month of the screening, 15 for the day, and the year of the screening. For example, if I know Steve Smith received a screening in April of 2010, I would enter the date of 4/15/2010 for the ASQ & ASQ:SE.

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Child Form (* indicate that the information is required)

1. *Child Case Number: _____ (Use the code that the county uses to identify the child).
2. *Child's First Name _____ 3. *Child's Last Name _____
4. *Date of most recent case opening _____ (mm/dd/yyyy) **If unknown/blank, use 12/31/9999**
5. *Child's date of birth _____ (mm/dd/yyyy) **If unknown/blank, use 12/31/9999**
6. Child's **due date** of birth _____ (mm/dd/yyyy) **If unknown/blank, use 12/31/9999**
7. Master Client Index (MCI) Number _____ 8. Caseworker Name _____
9. *Child's sex MALE FEMALE Unknown
10. *Child's Race (Circle all that apply)
- | | | | |
|---------------------------|---|-------|---------|
| Black or African American | Native American or Alaskan Native | Asian | Unknown |
| White or Caucasian | Native Hawaiian or Other Pacific Islander | Other | |
11. Is this Child of Hispanic or Latino origin? Don't Know Missing Hispanic or Latino Not Hispanic or Latino
12. Child's birth weight _____ lbs _____ oz
13. Was the child in the Neonatal Intensive Care Unit (NICU)? YES NO DON'T KNOW MISSING
14. At the time of screening, did the child already have a diagnosed developmental condition, delay or medical condition?
YES NO DONT KNOW MISSING
IF YES, Please Explain

15. *Is the child the subject or target child of a current referral to child welfare? Yes No Don't Know Missing On Going
- If yes, was the referral or report indicated? YES NO DON'T KNOW MISSING ONGOING

16. *Type(s) of maltreatment for which child was referred or substantiated/indicated. (Circle all that apply)

- | | | | |
|-------------------------|---------------------------|--------------------------------|-------------------------------|
| Physical Abuse | Sexual Abuse | Physical Neglect | Supervisory Neglect |
| Other | Missing | Serious Mental/Emotional Abuse | Don't Know |
| Parenting Concerns | Caregiver Substance Abuse | Lacking Basic Needs | Failure to Protect |
| Child Behavior Concerns | Physical Maltreatment | Caregiver's Mental Health | Domestic Violence in the home |
| Homeless | | | |

If other, please explain...

17. *Is this a CPS or GPS referral? NO CPS GPS Other
18. *If "other", please explain _____

Case is closed, close case in database

PA's Developmental Screening Project

Caregiver Form

(* indicate that the information is required)

1. *Current Caregiver First Name: _____

2. *Current Caregiver Last Name: _____

3. *Relationship to Child: (Please select one)

- | | |
|-----------------|-------------------------------|
| Adoptive Father | Foster Mother |
| Adoptive Mother | Grandfather |
| Aunt | Grandmother |
| Birth Father | Other |
| Birth Mother | Parent/Caregiver's boyfriend |
| Brother | Parent/Caregiver's girlfriend |
| Cousin | Sister |
| Don't Know | Stepfather |
| Family Friend | Stepmother |
| Foster Father | Uncle |

4. *Current Caregiver's Date of Birth: _____(mm/dd/yyyy) **If unknown/blank, use 12/31/9999**

5. *Is the caregiver of Hispanic or Latino origin? Don't Know Missing Hispanic or Latino Not Hispanic or Latino

6. *Caregiver's race: (Please circle all that apply)

- | | |
|---------------------------|---|
| Black or African American | Native American or Alaskan Native |
| Asian | White or Caucasian |
| Other | Native Hawaiian or Other Pacific Islander |
| Unknown | |

7. *Caregiver's highest level of education?

- | | |
|--|---------------------|
| Did not complete high school | High school diploma |
| GED or alternative credential | Some college credit |
| Trade School | Associate's degree |
| Bachelor's degree | Master's degree |
| Professional degree beyond a bachelor's degree | Doctoral degree |
| Missing | Don't Know |

If there are additional caregivers, please fill-out additional caregiver forms. Extra's are included at the end of the packet.

Case is closed, close case in database

PA's Developmental Screening Project

ASQ Screening Results

1. *Date of Screening _____(mm/dd/yyyy) **If unknown/blank, use month/15/year**

2. *Which screening tool was used in this screening?

2 month questionnaire 4 month questionnaire 6 month questionnaire 8 month questionnaire 9 month questionnaire
10 month questionnaire 12 month questionnaire 14 month questionnaire 16 month questionnaire 18 month questionnaire
20 month questionnaire 22 month questionnaire 24 month questionnaire 27 month questionnaire 30 month questionnaire
33 month questionnaire 36 month questionnaire 42 month questionnaire 48 month questionnaire 54 month questionnaire
60 month questionnaire

3. *Screening administered by: (circle all that apply)

Child Welfare Staff County MH/MR DON'T KNOW Early Intervention Provider Missing Other

4. *Person(s) interviewed (circle all that apply)

Adoptive Father Adoptive Mother Aunt Birth Father
Birth Mother Brother Cousin Don't Know
Family Friend Foster Father Foster Mother Grandfather
Grandmother Missing Other Parent/Caregiver's boyfriend
Parent/Caregiver's girlfriend Sister Stepfather Stepmother
Uncle

5.*Screening method(s) (check boxes, can select multiple)

a. Don't Know d. Observation
b. Interview e. Test
c. Missing

6. *Areas of concern (check boxes, can select multiple)

a. Communication e. Missing
b. Don't Know f. None
c. Fine Motor g. Personal-social
d. Gross motor h. Problem solving

Other:

7. Domain Scores

Communication _____ Fine Motor _____ Gross Motor _____
Personal-Social _____ Problem-Solving _____

8. Was the child referred to Early Intervention/Education/Mental Health services YES

9. If yes, what was the date of the referral _____(mm/dd/yyyy)

If no referral was made, then please leave blank. This is the date that the child was referred for a full evaluation or a multi-disciplinary evaluation beyond the initial ASQ™ evaluation.

PA's Developmental Screening Project

ASQ:Social-Emotional SCREENING RESULTS

1. *Date of Screening _____ (mm/dd/yyyy) **If unknown/blank, use month/15/year**
2. *Which screening tool was used in this screening?
2 month questionnaire 6 month questionnaire 12 month questionnaire 18 month questionnaire 24 month questionnaire
30 month questionnaire 36 month questionnaire 48 month questionnaire 60 month questionnaire
3. *Screening administered by: (circle all that apply)
Child Welfare Staff County MH/MR DON'T KNOW Early Intervention Provider Missing Other
4. *Person(s) interviewed (circle all that apply)

| | | |
|-----------------|---------------|-------------------------------|
| Adoptive Father | Don't Know | Other |
| Adoptive Mother | Family Friend | Parent/Caregiver's boyfriend |
| Aunt | Foster Father | Parent/Caregiver's girlfriend |
| Birth Father | Foster Mother | Sister |
| Birth Mother | Grandfather | Stepfather |
| Brother | Grandmother | Stepmother |
| Cousin | Missing | Uncle |
5. *Screening method(s) (check boxes, can select multiple)
 - a. DON'T KNOW
 - b. Interview
 - c. Missing
 - d. Observation
 - e. Test
6. *Areas of concern (check boxes, can select multiple)
 - a. Did not meet the threshold (NO Referral Indicated)
 - b. DON'T KNOW
 - c. Met the threshold (Referral Indicated)
 - d. Missing

8. Domain Score _____

Other:

9. Was the child referred to Early Intervention/Education/Mental Health services YES

10. If yes, what was the date of the referral _____ (mm/dd/yyyy)

If no referral was made, then please leave blank. This is the date that the child was referred for a full evaluation or a multi-disciplinary evaluation beyond the initial ASQ™ evaluation.

PA's Developmental Screening Project

Additional Caregiver Information (if needed)

(* indicate that the information is required)

1. *Current Caregiver First Name: _____

2. *Current Caregiver Last Name: _____

3. *Relationship to Child: (Please select one)

- | | |
|-----------------|-------------------------------|
| Adoptive Father | Foster Mother |
| Adoptive Mother | Grandfather |
| Aunt | Grandmother |
| Birth Father | Other |
| Birth Mother | Parent/Caregiver's boyfriend |
| Brother | Parent/Caregiver's girlfriend |
| Cousin | Sister |
| Don't Know | Stepfather |
| Family Friend | Stepmother |
| Foster Father | Uncle |

4. *Current Caregiver's Date of Birth: _____ (mm/dd/yyyy) **If unknown/blank, use 12/31/9999**

5. *Is the caregiver of Hispanic or Latino origin? Don't Know Missing Hispanic or Latino Not Hispanic or Latino

6. *Caregiver's race: (Please circle all that apply)

- | | |
|---------------------------|---|
| Black or African American | Native American or Alaskan Native |
| Asian | White or Caucasian |
| Other | Native Hawaiian or Other Pacific Islander |
| Unknown | |

7. *Caregiver's highest level of education?

- | | |
|--|---------------------|
| Did not complete high school | High school diploma |
| GED or alternative credential | Some college credit |
| Trade School | Associate's degree |
| Bachelor's degree | Master's degree |
| Professional degree beyond a bachelor's degree | Doctoral degree |
| Missing | Don't Know |

Case is closed, close case in database

PA's Developmental Screening Project

Additional Caregiver Information (if needed)

(* indicate that the information is required)

1. *Current Caregiver First Name: _____

2. *Current Caregiver Last Name: _____

3. *Relationship to Child: (Please select one)

Adoptive Father

Foster Mother

Adoptive Mother

Grandfather

Aunt

Grandmother

Birth Father

Other

Birth Mother

Parent/Caregiver's boyfriend

Brother

Parent/Caregiver's girlfriend

Cousin

Sister

Don't Know

Stepfather

Family Friend

Stepmother

Foster Father

Uncle

4. *Current Caregiver's Date of Birth: _____ (mm/dd/yyyy) **If unknown/blank, use 12/31/9999**

5. *Is the caregiver of Hispanic or Latino origin? Don't Know Missing Hispanic or Latino Not Hispanic or Latino

6. *Caregiver's race: (Please circle all that apply)

Black or African American

Native American or Alaskan Native

Asian

White or Caucasian

Other

Native Hawaiian or Other Pacific Islander

Unknown

7. *Caregiver's highest level of education?

Did not complete high school

High school diploma

GED or alternative credential

Some college credit

Trade School

Associate's degree

Bachelor's degree

Master's degree

Professional degree beyond a bachelor's degree

Doctoral degree

Missing

Don't Know

Case is closed, close case in database