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.


Child Form (* indicate that the information is required)

1. *Child Case Number:_____________________(Use the code that the county uses to identify the child).
2. *Childs 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. *Childs 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. Childs 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  DON’T 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 __________________________

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

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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)
   - DON’T KNOW
   - Interview
   - Missing
   - Observation
   - Test

6. *Areas of concern (check boxes, can select multiple)
   - Did not meet the threshold (NO Referral Indicated)
   - DON’T KNOW
   - Met the threshold (Referral Indicated)
   - 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.

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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
   - Adoptive Mother
   - Aunt
   - Birth Father
   - Birth Mother
   - Brother
   - Cousin
   - Don’t Know
   - Family Friend
   - Foster Father
   - Foster Mother
   - Grandfather
   - Grandmother
   - Parent/Caregiver’s boyfriend
   - Parent/Caregiver’s girlfriend
   - Sister
   - Stepfather
   - Stepmother
   - 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
   - Asian
   - Other
   - Native American or Alaskan Native
   - White or Caucasian
   - Native Hawaiian or Other Pacific Islander
   - Unknown

7. *Caregiver’s highest level of education?
   - Did not complete high school
   - GED or alternative credential
   - Trade School
   - Bachelor’s degree
   - Professional degree beyond a bachelor’s degree
   - Missing
   - High school diploma
   - Some college credit
   - Associate’s degree
   - Master’s degree
   - Doctoral degree
   - Don’t Know

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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
   - Adoptive Mother
   - Aunt
   - Birth Father
   - Birth Mother
   - Brother
   - Cousin
   - Don’t Know
   - Family Friend
   - Foster Father
   - Foster Mother
   - Grandfather
   - Grandmother
   - Parent/Caregiver’s boyfriend
   - Parent/Caregiver’s girlfriend
   - Sister
   - Stepfather
   - Stepmother
   - 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 Asian Other Unknown
   - Native American or Alaskan Native
   - White or Caucasian
   - Native Hawaiian or Other Pacific Islander

7. *Caregiver’s highest level of education? Did not complete high school GED or alternative credential Trade School Bachelor’s degree Professional degree beyond a bachelor’s degree Missing
   - High school diploma
   - Some college credit
   - Associate’s degree
   - Master’s degree
   - Doctoral degree

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