

## 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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### PA's Developmental Screening Project

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. Childs birth weight \_\_\_\_\_lbs \_\_\_\_\_oz

12. Was the child in the Neonatal Intensive Care Unit (NICU)? YES NO DON'T KNOW MISSING

13. 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**

14.\*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

15. \*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...

15. \*Is this a CPS or GPS referral? NO CPS GPS Other

16. \*If "other", please explain \_\_\_\_\_

## PA's Developmental Screening Project

### Caregiver Form

(\* indicate that the information is required)

1. \*Current Caregiver First Name: \_\_\_\_\_
2. \*Current Caregiver Last Name: \_\_\_\_\_
3. \*Current Caregiver's Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) **If unknown/blank, use 12/31/9999**
4. \*Is the caregiver of Hispanic or Latino origin?    Don't Know    Missing    Hispanic or Latino    Not Hispanic or Latino
5. \*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	
6. \*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.

## 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
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	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	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?  
6 month questionnaire    12 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)

- \*Current Caregiver First Name:\_\_\_\_\_
- \*Current Caregiver Last Name:\_\_\_\_\_
- \*Current Caregiver's Date of Birth:\_\_\_\_\_ (mm/dd/yyyy) **If unknown/blank, use 12/31/9999**
- \*Is the caregiver of Hispanic or Latino origin?    Don't Know    Missing    Hispanic or Latino    Not Hispanic or Latino
- \*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
- \*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

## PA's Developmental Screening Project

### Additional Caregiver Information (if needed)

(\* indicate that the information is required)

1. \*Current Caregiver First Name: \_\_\_\_\_
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Professional degree beyond a bachelor's degree	Doctoral degree
Missing	Don't Know