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. Child’s 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 ____________________________

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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
Asian
Other
Unknown
Native American or Alaskan Native
White or Caucasian
Native Hawaiian or Other Pacific Islander

6. *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

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
   - 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)
   - Don’t Know
   - Interview
   - Observation
   - Test
   - Missing

6. *Areas of concern (check boxes, can select multiple)
   - Communication
   - Don’t Know
   - Fine Motor
   - Gross motor
   - Personal-social
   - Problem solving
   - Missing
   - None
   - 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.

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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)
   - 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. *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
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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. *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
   Asian
   Other
   Unknown
   Native American or Alaskan Native
   White or Caucasian
   Native Hawaiian or Other Pacific Islander

6. *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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