Screening infants and toddlers is an effective, efficient way to catch problems and intervene when it does the most good - during the crucial early years when the child’s brain and body are developing rapidly. Because developmental and social-emotional delays can be subtle and can occur in children who appear to be developing typically, most children who would benefit from early intervention are not identified until after they start school.

Research underscores the importance of early intervention:

* Developmental delays, learning disorders, and behavioral and social-emotional problems are estimated to affect anywhere from 5-18% of all children and that less than 20-30% are detected prior to school entry (Glascoe, 2000; American Academy of Pediatrics, 2001)
* Studies show that when professionals use reliable and valid screening instruments, they are able to identify 70% to 80% of children with developmental delays (Squires et al., 1996; Velikonja et al., 2017)
* Studies have shown that intervention prior to kindergarten has huge academic, social, and economic benefits, including substantive savings to society (Shonkoff & Philips, 2000)
* By involving parents in assessing their child’s development, they will gain insight into their child's abilities and if any concerns become apparent, they will likely be more willing to accept referrals for early intervention (McKnight, 2014)

**PART A: Screening, Monitoring and Referral; Questions and Answers (Q&A)**

**Q: What is the role of developmental screening, monitoring and referral in NFP?**

**A:** Because of the long-term relationship NFP nurses establish with the families they serve, they are in a unique position to observe/screen infants and toddlers at risk for developmental problems and refer them for further evaluation when indicated. The developmental screening process empowers families by giving them anticipatory guidance on developmental tasks and allowing them to appreciate their child’s unique way of accomplishing developmental milestones.

**Q: What are the developmental screening tools available to me as an NFP nurse?**

**A:** There are many screening tools in common usage nationally but the NFP recommends these two tools be used:

1. ***Ages and Stages (ASQ) -*** screens general development.
2. ***Ages and Stages: Social-Emotional (ASQ:SE) -*** screens social-emotional development.

These tools all valid and reliable. They have the added advantages of brevity and a high level of parent involvement in screening of their own child (Flamant et al., 2011; Hornman et al., 2013;Velikonja et al., 2014).

**Q: Has the use of ASQ and ASQ:SE been evaluated with diverse cultures?**

**A:** These tools have been translated and evaluated in many different countries and cultural contexts:

* Asia (Saihong, 2010; Bian et al., 2012; Heo & Squires, 2012; Juneja et al., 2012)
* Australia (D'Aprano et al., 2016)
* Europe (Kerstjens et al., 2009; Campos et al., 2011; Troude et al., 2011; Østergaard et al., 2012)
* Middle East (Charafeddine et al., 2013)
* South America (Filgueiras et al., 2013; Schonhaut et al., 2013)

**Q: What are the criteria for referral for evaluation for further services?**

**A:** Guidelines for monitoring and referral for each of these three tools are provided later in this document. However, no screening tool is a substitute for professional nursing judgment based on observation of a child, parental concern, or even a ‘hunch’.

* ***A good rule of thumb is, “If there is a concern, refer.”***

**Q: How does the referral process proceed?**

**A:** All NFP sites maintain a directory of programs and services for which their clients may be eligible. It is important that NFP nurses become familiar with the guidelines and processes for referral for services both within their organization and in the community. NFP staff are encouraged to meet with these service providers to explain the NFP program to them and to describe the developmental screening information the NFP nurse can provide. Establishing and maintaining these relationships creates a ‘protective net’ for the high risk NFP families served.

**Q: What is the role of the NFP nurse during the referral process?**

**A:** Because of the unique relationship the NFP nurse has with families, it is important that she make herself available for the subsequent evaluation and planning process. With client consent, information related to such things as maternal depression, DANCE scores, substance abuse, and/or intimate partner violence will enhance the multidisciplinary evaluation process. One of the most important roles of the NFP nurse is to serve as an ‘interpreter’ and advocate for families moving through the stressful process of assessment and intervention of their child for possible developmental problems. The NFP nurse will also follow up to find out if the child was determined eligible and to coordinate any new services with what the family is already receiving.

**Q: How long does it take to complete the assessments?**

**A:** Each questionnaire takes approximately 10–15 minutes for parents to complete and just 2–3 minutes for the NFP nurse to score

**PART B: Using Ages & Stages-3® and Ages & Stages: Social- Emotional Version-2®**

The Ages & Stages Questionnaires®, Third Edition (ASQ-3™) screens infants and young children from 1 month to 66 months for developmental delays in five areas. The *ASQ* and *ASQ:SE* tools actively involve parents in the screening process. ASQ-3 questionnaires reveal a child's strengths as well as areas of concern. Since parents complete these straightforward questionnaires either on their own or with NFP nurse assistance, their confidence is strengthened. If their child isn’t yet performing in a certain area, they are alerted to behaviors to anticipate in the near future. It will take parents approximately 10-15 minutes to complete the assessment, and 2-3 minutes for the NFP nurse to score it. Questions are written at a grade 4-5 reading level.

* Age range: 1–66 months for ASQ-3, 3–66 months for ASQ:SE
* Number of questionnaires: 21 for ASQ-3, 8 for ASQ:SE

These tools are copyrighted and must be purchased for use. ASQ-3 questionnaires are a one-time purchase. A single site can photocopy or print them as needed from the paper and PDF masters.

<http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/>

# AREAS EVALUATED

### Ages & Stages

Each *ASQ* questionnaire contains 30 items divided into five areas of development. The items in each area are arranged from easy to more difficult. The 30 items that pertain to specific areas of development are followed by a section of overall questions that ask about general parental concerns. Table 1 specifies the five developmental areas covered in each *ASQ* questionnaire and their associated content.

**Table 1: *ASQ* developmental areas**

|  |  |
| --- | --- |
| **Developmental areas** | **Content** |
| Communication | Babbling, vocalizing, listening and understanding |
| Gross Motor | Arm, body and leg movements |
| Fine motor | Hand and finger movements |
| Problem solving | Learning and playing with toys |
| Personal-social | Solitary social play and play with toys and other children |

### Ages & Stages: Social-Emotional

The *ASQ: SE* questionnaires contain a variable number of total items pertaining to competencies and problems in seven behavioral areas. In the *ASQ:* SE the items pertaining to each area are not grouped as they are in the *ASQ* but are interspersed throughout the questions. Every *ASQ: SE* questionnaire ends with the same four questions which give the parent an opportunity to communicate if they or anyone else have concerns about their baby’s behaviors and a chance to describe what things they enjoy about their baby. Table 2 specifies the seven behavioral areas covered in each *ASQ:* SE and their associated definitions.

**Table 2: *ASQ:SE* behavioural areas**

|  |  |
| --- | --- |
| **Behavioural areas** | **Definitions** |
| 1. **Self-regulation** | Ability or willingness to calm or settle down or adjust to physiological |
| 2. **Compliance** | Ability or willingness to conform to the direction of others and follow rules |
| 3. **Communication** | Ability or willingness to respond to or initiate verbal or nonverbal signals |
| 4. **Adaptive behaviors** | Success or ability to cope with physiological needs (e.g. sleeping, eating, elimination, safety) |
| 5. **Autonomy** | Ability or willingness to self-initiate or respond without guidance (i.e., moving to independence) |
| 6. **Affect** | Ability or willingness to demonstrate his or her own feelings and empathy for others |
| 7. **Interactions with people** | Ability or willingness to respond to or initiate social responses to parents, other adults, and peers |

# AGE INTERVALS FOR WHICH QUESTIONNAIRES ARE AVAILABLE

**Table 3: *ASQ* and *ASQ:SE* questionnaires with age range**

|  |  |
| --- | --- |
| ***ASQ*** | ***ASQ:SE*** |
| **Questionnaire**  | **Valid age range** | **Questionnaire**  | **Valid age range** |
| 2 months | 1 through 2 months | 2 months | 1 through 2 months |
| 4 months | 3 through 4 months |  |  |
| 6 months | 5 through 6 months | 6 months | 3 through 8 months |
| 8 months | 7 through 8 months |  |  |
| 9 months | 8 through 9 months |  |  |
| 10 months | 9 through 10 months |  |  |
| 12 months | 11 through 12 months | 12 months | 9 through 14 moths |
| 14 months | 13 through 14 months |  |  |
| 16 months | 15 through 16 months |  |  |
| 18 months | 17 through 18 months | 18 months | 15 through 20 moths |
| 20 months | 19 through 20 months |  |  |
| 22 months | 21 through 22 months |  |  |
| 24 months | 23 through 24 months | 24 months | 21 through 26 months |

# RECOMMENDED ROUTINE SCREENING SCHEDULE FOR NFP CLIENTS:

# 5-6 months

# 11-12 months

# 17-18 months

# 23 months

If missed visits or other circumstances prevent doing screenings at the recommended time the NFP nurse’s discretion is required for re-establishing a screening routine for the client. Use Table 3 to determine the appropriate questionnaire for the child’s age at the time of screening. The general rule is that *ASQ* questionnaires valid are valid for 1 month before and after the indicated age. The age for which the *ASQ:SE* questionnaires are valid appears on the first page of each *ASQ:SE* questionnaire. When attempting to re-establish a routine screening schedule it is advisable to space out the *ASQ* and the *ASQ: SE* over different months.

# “Self-administered” versus “nurse-assisted”

Although the questionnaires are designed to be self-administered it is best do it *with* the client the first time. After administering *Ages & Stages* and *Ages & Stages: Social-* Emotional for the first time the NFP nurse can judge whether or not the client will be able to self-administer the questionnaires in the future.

# INTRODUCING THE TOOLS TO PARENTS

### Ages and Stages

When **Ages and Stages** is done for the first time it is important to offer a general introduction. Here is an example of how the NFP nurse might introduce developmental screening to the client:

* “In order to help you follow your baby’s growth and development we’ll be doing some questionnaires from time to time. Information in the questionnaires will be kept confidential. This will help me know what type of information and activities I can bring to visits. If there are concerns I can, with your permission, help you communicate with your family physician/pediatrician and connect you with services your baby might need.”

Then the NFP nurse will let the client know about the process for completing the questionnaire: “You’ll answer questions about some things your baby can and can’t do. Your baby may not be able to do everything in the questionnaire and that’s ok.”

Explain how to answer the questions:

1. Discuss the scoring options in the first five sections
	* *‘Yes’* means her baby is doing the activity now. ‘*Yes’* is also an appropriate in the case of an activity her baby did earlier but now doesn’t do very often, like crawl after she has learned to walk.
	* *‘Sometimes’* means her baby is just beginning to do this activity
	* *‘Not yet’* means her baby hasn’t started to do this activity yet
2. The ‘Overall’ section has questions to answer by checking ‘*Yes’* or ‘*No’*

### Ages and Stages: Social-Emotional

Here is an example of how the NFP nurse might introduce the ASQ:SE to the client for the first time:

* “Do you remember several months ago when we did a questionnaire about your baby’s development? Now we’re going to do one that’s a little different. This one asks about your baby’s social and emotional development and your feelings and concerns about your baby’s behaviors.”
* “All this information about your baby will be kept confidential. This will help me know what type of information and activities I can bring to visits.
* If there are concerns identified, with your permission, I can help you communicate with your family physician/pediatrician and connect you with services your baby might need.”

Explain how to answer the questions:

1. Discuss the scoring options:
* *‘Most of the time’* means her baby is doing the behavior most of the time, too much, or too often
* *‘Sometimes’* means her baby is doing the behavior occasionally but not consistently
* *‘Rarely or never’* means her baby hardly ever or never does the behaviour
1. Explain that she should check the circle in the far-right column next to each question if she has a concern about that behavior.
2. Throughout the ASQ:SE there are questions that provide space for parent comments.
* Encourage the client to use them.
1. The 18 and 24 month questionnaires ask “Does your child do things over and over and can’t seem to stop?” This is meant to identify perseverative behaviours.
* Explain to the client that this doesn’t apply to favorite activities like singing a certain song over and over again.

# SCORING

The scoring instructions provided at the end of each *ASQ* and *ASQ: SE* questionnaire should be followed. Be aware that the *ASQ* provides a score in each developmental area, whereas the *ASQ: SE* combines all behavioural areas to provide a total score.

Another important difference is that *the scoring patterns for the ASQ and the ASQ: SE are the opposite:*

## Low scores on the *ASQ* are an indication for concern

* **High scores on the *ASQ: SE* are an indication for concern**

Reviewing Questionnaire with Parent:

* + Discuss child’s strengths and reinforce positive parent/child interactions.
	+ Discuss items that individually score 10 or 15 points
	+ Discuss answers to open-ended questions
	+ Review score and compare to cutoffs
	+ Remember that cutoffs on ASQ:SE are very different from ASQ
	+ Discuss (consider) need for referral/further assessment if indicated

# MONITORING, CONSULTATION, AND REFERRAL

### Ages & Stages

“Monitoring” NFP clients includes repeating ASQ screenings every other month using the age- appropriate questionnaire. Refer to table 5 for cut-off scores for seeking consultation and monitoring. Referral means sharing concerns with existing relevant service providers and/or initiating referrals for further assessment or intervention.

***Monitoring:*** These are the guidelines for monitoring:

1. NFP has established the cutoff scores for monitoring at 1.5 standard deviations below the mean.
2. Monitor the child whose score in one or more areas is at or below the established monitoring cutoffs.
3. Monitor the child whose parent has indicated a concern in the ‘Overall’ section of the questionnaire even if scores are above the cutoffs.
4. ASQ-3 provides a Child Monitoring Sheet which you can use to track a child’s ASQ scores over time.
5. Monitoring NFP clients includes **repeating ASQ screenings every other month** using the age appropriate questionnaire.

***Referral:*** These are the guidelines for referral:

1. The ASQ scoring sheet is designed so that the child whose score in one or more areas falls in the darkened area on the score sheet (2.0 standard deviations below the mean) should be referred.
2. Consider referral for the child whose scores in several areas are between 1.5 and 2.0 standard deviations from the mean particularly if you or the parent have other concerns that support a referral.
3. Consider referral if a child’s score in one or more areas remains between 1.5 and 2.0 standard deviations below the mean for more than two or three consecutive assessments and/or if you or the parents have other concerns that support seeking consultation.



**Table 4: ASQ-3 cut-off scores for seeking consultation and monitoring/referral zones**

| **Age**  | **Area** | **Seek Consultation** | **Monitor/Referral zone** |
| --- | --- | --- | --- |
| 4 months | Communication | 34.60 | 43.44-34.60 |
| Gross motor | 38.41 | 46.52-38.41 |
| Fine motor | 29.62 | 40.60-29.62 |
| Problem-solving | 34.98 | 44.38-34.98 |
| Personal-social | 33.16 | 42.54-33.16 |
| 6 months | Communication | 29.65 | 39.27-29.65 |
| Gross motor | 22.25 | 33.95-22.25 |
| Fine motor | 25.14 | 37.04-25.14 |
| Problem-solving | 27.72 | 39.06-27.72 |
| Personal-social | 25.34 | 36.83-25.34 |
| 8 months | Communication | 36.06 | 42.73-33.06 |
| Gross motor | 30.61 | 41.35-30.61 |
| Fine motor | 40.15 | 47.95-40.15 |
| Problem-solving | 36.17 | 45.05-36.17 |
| Personal-social | 35.84 | 44.60-35.84 |
| 10 months | Communication | 22.87 | 35.52-22.87 |
| Gross motor | 30.07 | 41.54-30.07 |
| Fine motor | 37.97 | 46.36-37.97 |
| Problem-solving | 32.51 | 42.35-32.51 |
| Personal-social | 27.25 | 38.37-27.25 |
| 12 months | Communication | 15.64 | 30.00-15.94 |
| Gross motor | 21.49 | 35.71-21.49 |
| Fine motor | 34.50 | 43.36-34.50 |
| Problem-solving | 27.32 | 38.16-27.32 |
| Personal-social | 21.73 | 33.73-21.73 |
| 14 months | Communication | 17.40 | 31.63-17.40 |
| Gross motor | 25.80 | 39.44-25.80 |
| Fine motor | 23.06 | 34.97-23.06 |
| Problem-solving | 22.56 | 34.82-22.56 |
| Personal-social | 23.18 | 35.76-23.18 |
| 16 months | Communication | 16.81 | 30.45-16.81 |
| Gross motor | 37.91 | 47.11-37.91 |
| Fine motor | 31.98 | 41.97-31.98 |
| Problem-solving | 30.51 | 40.95-30.51 |
| Personal-social | 26.43 | 37.22-26.43 |
| 18 months | Communication | 13.06 | 30.00-13.06 |
| Gross motor | 37.38 | 46.42-37.38 |
| Fine motor | 34.32 | 43.38-34.32 |
| Problem-solving | 25.74 | 35.86-25.74 |
| Personal-social | 27.19 | 37.55-27.19 |

| **Age**  | **Area** | **Seek Consultation** | **Monitor/Referral zone** |
| --- | --- | --- | --- |
| 20 months | Communication | 20.50 | 34.32-20.50 |
| Gross motor | 39.89 | 47.85-39.89 |
| Fine motor | 36.05 | 44.39-36.05 |
| Problem-solving | 28.84 | 38.54-28.84 |
| Personal-social | 33.36 | 42.70-33.36 |
| 22 months | Communication | 13.04 | 30.00-13.04 |
| Gross motor | 27.75 | 39.11-27.75 |
| Fine motor | 29.61 | 39.09-29.61 |
| Problem-solving | 29.30 | 39.16-29.30 |
| Personal-social | 30.07 | 40.21-30.07 |
| 24 months | Communication | 25.17 | 38.20-25.17 |
| Gross motor | 38.07 | 46.40-38.07 |
| Fine motor | 35.16 | 43.43-35.16 |
| Problem-solving | 29.78 | 39.58-29.78 |
| Personal-social | 31.54 | 41.34-31.54 |

Adapted from: Squires J, Twombly E, Bricker D, Potter L. (2009). The ASQ -3 User’s Guide: The Ages & Stages Questionnaires 3rd Ed. (pp. 42). Baltimore, MD: Paul H. Brookes Publishing Co, Inc.

***Ages & Stages: Social Emotional***

The cut-off scores for monitoring and referring using the *ASQ: SE* appear in Table 5 (next page).

* Remember that high scores on the ASQ: SE are an indication for concern.

Guidelines for monitoring:

1. Below cutoff:
* Provide ASQ:SE Activities for current development stage
* Reassess in six months as per NFP schedule
1. Close to cutoff:
	* Follow-up on any areas of concern identified by client in the concerns column or open-ended questions
	* Provide ASQ:SE Activities for current development stage and any relevant education and support.
	* Repeat the ASQ: SE screenings every three months using the age appropriate questionnaire until the issue/concern is resolved.
	* Make referrals as appropriate.

Guidelines for referral when above cutoff:

1. Refer to primary health care provider for further assessment
2. Refer to other relevant programs/services
3. Repeat the ASQ: SE screenings every three months using the age appropriate questionnaire until the issue/concern is resolved.

**Table 5: Cut-off scores for monitoring and referring using the *ASQ: SE***

|  |  |  |
| --- | --- | --- |
| **Age Interval (months)** | **Monitor** | **Cut-off 🡪 Refer** |
| 2 | 25-34 | 35 |
| 6 | 30-44 | 45 |
| 12 | 40-49 | 50 |
| 18 | 50-64 | 65 |
| 24 | 50-64 | 65 |

Adapted from Squires J, Bricker D, & Twombly E (2015). *The ASQ:SE User’s Guide for the Ages & Stages Questionnaires: Social-Emotional (Second Edition). A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors*. Baltimore, MD: Paul H. Brookes Publishing Co.

**INTERVENTION FOR THOSE BEING MONITORED OR REFERRED**

For clients whose children are being monitored or referred be particularly conscientious about the Assessment and Planned Guidance in the Behavioural and Emotional Care subdomain in the NFP Visit Guidelines. As part of planning consider supplemental interventions related to the *ASQ* developmental areas and *ASQ: SE* behavioral areas using PIPE as listed in Tables 6 and 7 below. The NFP nurse can also plan related interventions with the parent(s) in consultation with multi-disciplinary service providers if available. DANCE is another resource that is available to the NFP nurse.

**Table 6: Examples of supplemental interventions related to *ASQ* developmental areas**

| **Developmental Area** | **PIPE Lesson** |
| --- | --- |
| **Communication**: babbling, vocalizing, listening and understanding | LISTEN | * Music and Rhythm
* Learning Language
* Tune In/Tune Out
* Baby Cues
* Reading to Baby
* Small Talk (Appendix)
 |
| PLAY | * Imitation and Turn Taking
* Playing is Communication
* Playing is Learning
 |
| **Gross Motor**: arm, body and leg movements | LISTEN | * Floortime
* Music and Rhythm
 |
| **Fine motor**: hand and finger movements | LISTEN | * Floortime
* Music and Rhythm
 |
| **Problem solving**: learning and playing with toys | LISTEN | * Floortime
* Music and Rhythm
* Reading to Baby
* Tune In/Tune Out
 |
| LOVE | * Each Child Is Different
 |
| PLAY | * Playing Is Problem Solving
 |
| **Personal-social**: solitary social play and play with toys and other children | LOVE | * Love and Limits
 |
| PLAY | * Playing is Learning About Differences
* Playing is Imitation and Turn Taking
* Playing Stimulates the Senses
* Roadblocks to Learning
 |

**Table 7: Examples of PIPE Lessons related to *ASQ: SE* behavioural areas**

|  |  |  |  |
| --- | --- | --- | --- |
| **Behavioral Area** | **Age****Interval****(months)** | **If child scores positively on these questions** | **PIPE Lessons** |
| **Self-regulation**: Ability or willingness to calm or settle down or adjust to physiological or environmentalconditions or stimulation | 6 | 1,8, 9, 10, 16 | LISTEN:LOVE:  | * Cribside Communication
* Patterns and Expectations
* Music and Rhythm
* Each Child Is Different
* Love Needs a Safe Base
 |
| 12 | 5, 8, 9, 10, 15, 21 |
| 18 | 5, 7, 9, 11, 13, 25 |
| 24 | 4, 8, 11, 16, 21, 25 |
| **Compliance:** Ability or willingness to conform to the direction of others and follow rules | 6 | N/A | LISTEN: LOVE: PLAY:  | * Floortime
* Love and Limits
* Love is Letting Go
* Learning the Do’s
* Roadblocks to Learning
 |
| 12 | N/A |
| 18 | 19 |
| 24 | 18 |
| **Communication:** Ability or willingness to respond to or initiate verbal or nonverbal signals to indicate feelings, affective, or internal states. | 6 | 5, 6 | LISTEN: LOVE: PLAY: | * Baby Cues
* Learning Language
* Tune In/Tune Out
* Love Needs a Safe Base
* Playing is Communication
* Small Talk (Appendix)
 |
| 12 | 16. 19, 20 |
| 18 | 1, 16, 18 |
| 24 | N/A |
| **Adaptive behaviors:** Success or ability to cope with physiological needs (e.g. sleeping, eating, elimination, safety) | 6 | 11, 12, 14, 15, 17, 18 | LISTEN: LOVE:  | * Cribside Communication
* Tune in/Tune Out
* Patterns and Expectations
* Each Child is Different
* Love Needs a Safe Base
 |
| 12 | 12, 14, 17, 18 |
| 18 | 12, 15, 17, 23 |
| 24 | 13, 14, 17, 23 |
| **Autonomy:** Ability or willingness to self- initiate or respond without guidance (i.e., moving to independence) | 6 | N/A | LISTEN: LOVE: PLAY:  | * Floortime
* Music and Rhythm
* Patterns and Expectations
* Attachment
* Love is Letting Go
* Baby’s First Teacher
 |
| 12 | N/A |
| 18 | 21 |
| 24 | 20 |
| **Affect:** Ability or willingness to demonstrate his or her own feelings andempathy for others | 6 | 3, 4 | LISTEN: LOVE:  | * Cribside Communication
* Baby Cues
* Love Needs a Safe Base
* Attachment
* Joy and Laughter
* Touch Tones
* Love is in the Palm of Your Hand
* Each Child Is Different
 |
| 12 | N/A |
| 18 | N/A |
| 24 | N/A |
| **Interactions with people:** ability or willingness to respond to or initiate social responses to parents, other adults, and peers. | 6 | 2, 7, 13 | LISTEN: LOVE: PLAY:  | * Floortime
* Baby Cues
* Tune In/Tune Out
* Love Needs a Safe
* Base Joy and Laughter
* Attachment
* Touch Tones
* Play is Imitation and Turn Taking
 |
| 12 | 1, 2, 3, 7, 13 |
| 18 | 2, 3, 4, 14, 20, 22, 24 |
| 24 | 2, 3, 5, 6, 12, 22, 24 |
| **General concerns and comments** | 6 | 19, 20, 21, 22 |  | * Intervention will have to be individualized.
 |
| 12 | 22, 23, 24, 25 |
| 18 | 26, 27, 28, 29 |
| 24 | 26, 27, 28, 29 |

**Optional PowerPoint:**

University of Oregon. Ages & Stages Questionnaires: Social-Emotional; A New Tool for Identifying Social-Emotional Difficulties in Young Children [https://static1.squarespace.com/static/519fe4bae4b02061e74e5de7/t/5278332ae4b041c6624ab49c/1383609130150/ASQ-SE+PowerPoint.pdf](https://static1.squarespace.com/static/519fe4bae4b02061e74e5de7/t/5278332ae4b041c6624ab49c/1383609130150/ASQ-SE%2BPowerPoint.pdf)

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