Screening Procedure

GENERAL POLICY/APPROACH:

Timely and ongoing screenings are critical for children between the ages of 0-5. The developmental and social emotional guidance that is established during these early years, lay out the foundation for lifelong healthy development and school success. Screenings provide a wonderful opportunity during the Initial Home visit to get to know the child’s developmental and social emotional growth and begin an important relationship with the parent on how to foster their child’s development. Southern Oregon Head Start (SOHS) children receive a developmental and behavioral screening within 45 days of their initial class start date. For children ages 3 and over, a Speech screening is also completed. Additional screenings may be completed on an individualized basis as needs and concerns arise.

HEAD START PROGRAM PERFORMANCE STANDARD:
1302.33-Child Screenings and Assessments
1302.41-Collaboration and Communication with Parents
1302.42(d)(1)(2)-Child Health Status and Care
1302.53(a)(1)-1302.53(a)(2)(ii)-Community Partnerships and Coordination with other Early Childhood and Education Programs
1302.60-1302.62-Additional Services for Children with Disabilities

PROCEDURES:

Developmental Screening, Ages and Stages Questionnaire-3 (ASQ-3)

1. The ASQ-3 is administered during the initial home visit in partnership with the parent/guardian. Children on an Individual Family Service Plan are exempt from this screening. The intent is that as many items as possible on the ASQ-3 are directly observed by the staff and parent. Self-report on items may be used in special circumstances such as when the child’s illness prevents direct observation within the 45 day timeline for completion. In that event, self-report may be used and a second administered ASQ-3 may be deemed necessary upon the Head Start teacher or Early Head Start specialist’s observation of the child in the classroom.

2. When administering the ASQ-3 the teacher or specialist must ensure that the correct screening according to the child’s age is chosen. The Green Summary form is used by
the teacher or specialist to summarize the scores and write how the child performed in each domain, documenting any concerns with detail that might be present.

3. Once completed, the screening is given to the center’s area assistant who data enters the results and scans it into the data system.

4. Teachers or specialists who have concerns regarding the screening results will follow-up with both their Education Supervisor and the Disabilities and Mental Health Manager. Concerns will be followed up with either a rescreen or a referral to the local Early Intervention/Early Childhood Special Education (EI/ECSE) agency for further assessment.

5. If a rescreen is needed the center’s area assistant will enter it into the data system. If a referral to EI/ECSE is warranted the area assistant will create an internal referral, listing the scores of the ASQ-3 and the areas of concerns the teacher, specialist, or parent has. The teacher or specialist will follow up in the data system with an update note documenting that the parent is or is not interested in a referral for further evaluation by an EI/ECSE agency.

6. The Disabilities and Mental Health Manager will review all internal referrals and follow up when necessary with the teacher or specialist. When the EI/ECSE referral packet is turned into the disabilities department the Disabilities and Mental Health Manager will mark the internal referral as resolved. Please see Referral for Evaluation, Early Intervention/Early Childhood Special Education Services policy and procedure for more information.

Speech Screening

1. During the Initial Home Visit along with the ASQ-3 a Speech (articulation) Screening will be completed with the teacher or specialist and the child, for children ages 3 and above.

2. This screening is located on the back side of the Green Summary form.

3. Errors on the Speech Screening might indicate a possible need for a referral to an EI/ECSE agency.

Behavioral Screening, Ages and Stages Questionnaire-Social Emotional (ASQ-SE)

1. The ASQ-SE is completed with the parent during the Initial Home Visit, within 45 days from the class start date. This screening is all self-reported, with the teacher or specialist asking questions to the parent about their child.

2. Once completed, the screening is given to the center’s area assistant who data enters the results and scans it into the data system.

3. If the screening score is above the cutoff score the center’s area assistant will create an internal referral in the child’s data system file. The center’s Mental Health Consultant, also referred to as a Child Development Specialist (CDS), will review all child ASQ-SEs above the cutoff scores prior to their first classroom observation.
4. Upon completion of the first classroom observation debrief that the CDS conducts with the staff, the family advocate or specialist will create a follow up note in the child’s internal referral in the child’s data system file. If the CDS and or staff have mental health concerns for a child a Mental Health Behavioral Concern will be created in the child’s data system file by the family advocate or specialist.

5. The Mental Health Behavioral Concern will be followed up with a note that is either a request for an Individual Observation to be completed by the CDS, or with a note that says the CDS has recommended a Mental Health referral. Family advocates or specialists will communicate with the parent the teams concerns and will request either the Individual Observation, or a Mental Health referral. In either case, if the parent agrees, the family advocate or specialist will have the parent complete a Release of Information (ROI) form.

6. The Disabilities and Mental Health Manager will review all internal referrals that have been established due to elevated ASQ-SE scores, and follow up when necessary with the family advocate or specialist. When proper documentation for the internal referral has been data entered, the Disabilities and Mental Health Manager will mark the internal referral as resolved. Please see the Mental Health Referral Process policy and procedure for more information.