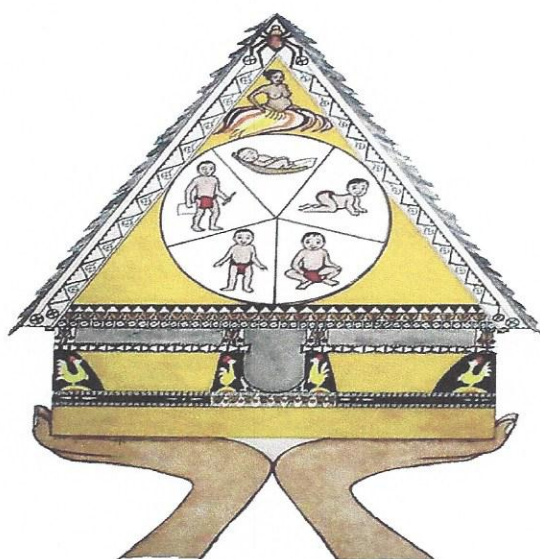


REPUBLIC OF PALAU  
MINISTRY OF HEALTH

**BUREAU OF PUBLIC HEALTH**  
**DIVISION OF PRIMARY AND PREVENTIVE HEALTH, FAMILY HEALTH UNIT**

**AGES AND STAGES QUESTIONNAIRE (ASQ) DEVELOPMENTAL AND  
BEHAVIORAL SCREENING SYSTEM**

FOR YOUNG CHILDREN BIRTH TO AGE FIVE



**CHILDREN ARE HEALTHY AND READY TO LEARN TO THEIR FULL POTENTIAL**

UPDATED AS OF SEPTEMBER 14, 2016

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## INTRODUCTION

In striving to improve service and support of young children birth to age five, the Ministry of Health, Family Health Unit and the Palau Early Childhood Comprehensive System (ECCS) Program have begun the implementation of the Ages and Stages Questionnaire (ASQ): Developmental and Behavioral Screening System in the Community Health Centers. The purpose of the ASQ system is to improve the physical, social, and emotional development during the most critical time of a child's development in the early years. These efforts reflect the commitment and vision of Palau's Early Childhood Comprehensive System to ensure that all **"Children are Healthy and Ready to learn to their full potential."**

The ASQ system enables health care providers to screen all children birth through five years as part of Well Baby, Pediatric, and High Risk Clinics. The goals of the ASQ system is to:

- Administer periodic screening of each child's development to make sure they are on track and meeting their developmental milestones;
- Support early and accurate identification;
- Conduct community based screening;
- Support the promotion of positive parent-child interaction; and
- Make referrals to the appropriate agencies for follow-up.

In 2013, Republic of Palau, Ministry of Health received funding from the U.S. Department of Health, Health Resources and Services Administration to develop and implement a screening process for children birth to age five.

Based on research, developmental and social emotional screenings provide information to families and providers about a child's growth and development in the areas of communication, gross and fine motor skills, problem solving, personal-social, and social emotional development. Screenings enable providers to track typical development on a periodic basis and provide information to families to ensure continued development or to refer for additional assessments if needed. Screenings do not give a diagnosis, but identify areas of a child's development that may not follow the developmental milestones for a particular age.

The American Academy of Pediatrics (AAP) released a policy statement that developmental screening and surveillance should be incorporated into the ongoing health care of the child as part of the provision of a medical home and recommends developmental screening of all children at ages 9-, 18-, and 24- or 30-months (AAP, 2001, 2006). Studies have also shown that social emotional screening should be incorporated into well-child visits as an initial indicator of well being (Briggs et al., 2012).

## FRAMEWORK FOR DEVELOPMENTAL SCREENING PROCESS

The Center for Disease Control and Prevention estimates that about 1 in 6, or about 15% of children ages 5 through 17 years have one or more developmental disabilities (CDC, 2015).

Children with developmental problems are at increased risk for poor outcomes in many areas important to health, well-being, and success in life. In addition, developmental disabilities increase a child's risk for poor school performance, frequent absences from school and repeating a grade, as well as having more health problems. Most children with developmental delays are not identified early enough for them to benefit from early childhood special education services.

### **DEVELOPMENTAL SCREENING**

Developmental screening is a more formal process that uses a valid screening tool at specific ages to determine if a child's development is on track or if he or she needs to be referred for further evaluation. Developmental screening helps to determine if a child is learning basic skills accordingly, or if there are delays. Developmental screening can also be done by early care and education or health care professionals and in communities or school settings.

Palau Ministry of Health (PMOH) has chosen to use the Ages and Stages Questionnaires Third Edition (ASQ-3) as its developmental screening tool and the Ages and Stages: Social Emotional Second Edition (ASQ: SE-2) as its behavioral screening tool. The ASQ-3 and the ASQ: SE-2 pinpoint developmental and behavioral progress in children ages one month through 5 ½ years. Its success lies in its parent approach and ease-of-use. Evidence shows that the earlier development is assessed—the greater the chance a child has to reach his or her potential (<http://agesandstages.com>).

Developmental screening should be done for all children. Health care professionals should conduct frequent monitoring and screening for children under their care and should encourage families to monitor their child's development.

### **COMMUNITY HEALTH CENTERS**

The Community Health Centers is primarily where the ASQ screenings are done. When a parent checks in for an appointment, he/she is given an age-appropriate questionnaire to fill out. When the parent has completed the questionnaire, he/she returns it to the receptionist, nurse, or other staff member. The questionnaire is scored and results are transferred to the information summary sheet. The completed information sheet is given to the nurse or other medical care professional and the results are discussed with the family during the appointment.

The nurse will share the results with the parents and appropriate activity sheets are provided to the parents to incorporate into their home routines.

### **SCREENING INTERVALS:**

ASQ -3 screening will be conducted at the following intervals or age: 4, 6, 9, 18, and 24 or 30 months. ASQ: SE2 will be conducted if the personal social area of the ASQ-3 indicates concern or risk as well as if the family history, environmental factors, or other risk factors are known.

## WELL BABY AND HIGH RISK CLINICS

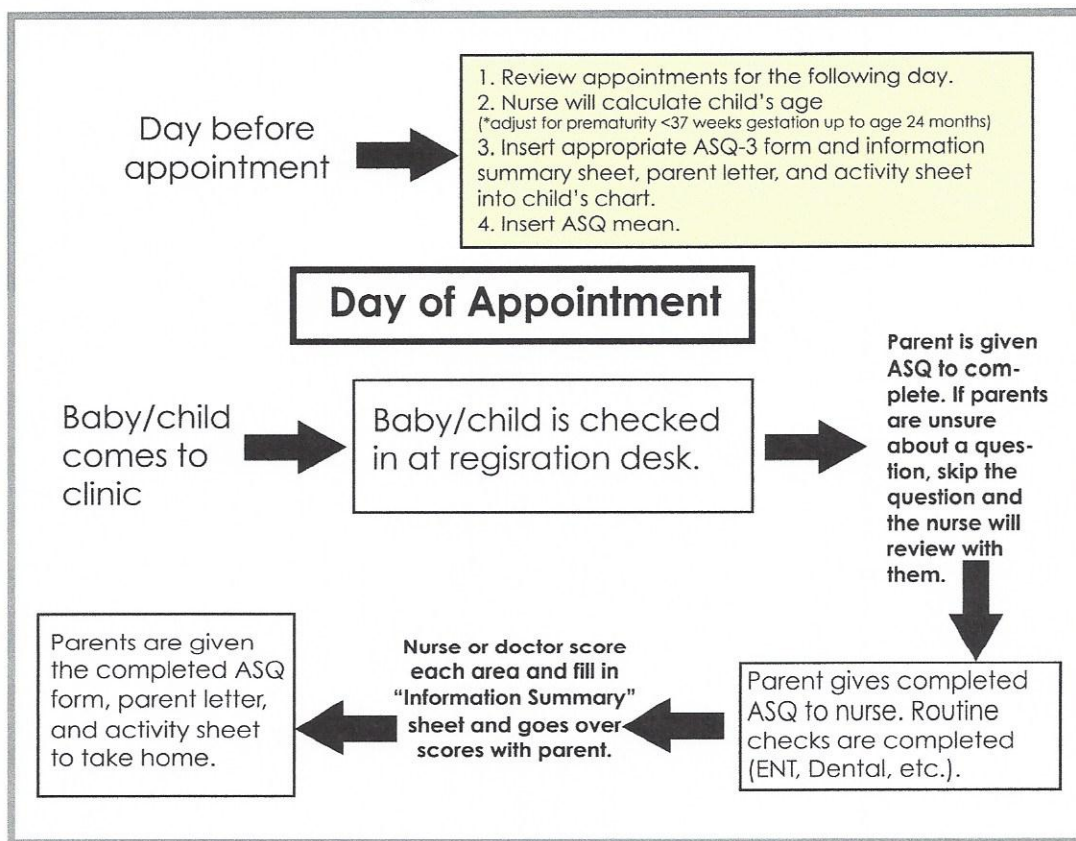
A well-child visit and High Risk follow-up visits allows doctors and nurses to have regular contact with children to keep track of—or *monitor*— health and development through periodic developmental screening. If continued monitoring is needed, follow-up appointments will be scheduled.

Early screening may be completed if indicated if there are risk factors identified before a baby turns four months of age.

## FLOW OF SERVICES

As displayed in Figure 1, the flow of services from preparation to the completion of questionnaires provides the steps that are taken. This flow of services will aid all staff in preparing for appointments and ensuring the correct ASQ forms are given to parents to complete.

Figure 1: Flow of Services



## OUTREACH ACTIVITIES

In situations where screenings are done during outreach events, trained staff approach parents and ask if they would like to know how their child is developing. Staff will explain that the main purpose of the questionnaires is to find out what their child can do and determine if there are supports needed for continued development. Staff will provide the age-appropriate questionnaire to the parent to fill out. When the parent completes the questionnaire, the staff calculates the scores. The staff transfers the results to the information summary sheet. Staff shares the results with the parents and appropriate activity sheets are provided to the parents to incorporate into their home routines.

### **ASQ-3: STANDARD OPERATING PROCEDURES FOR SCORING**

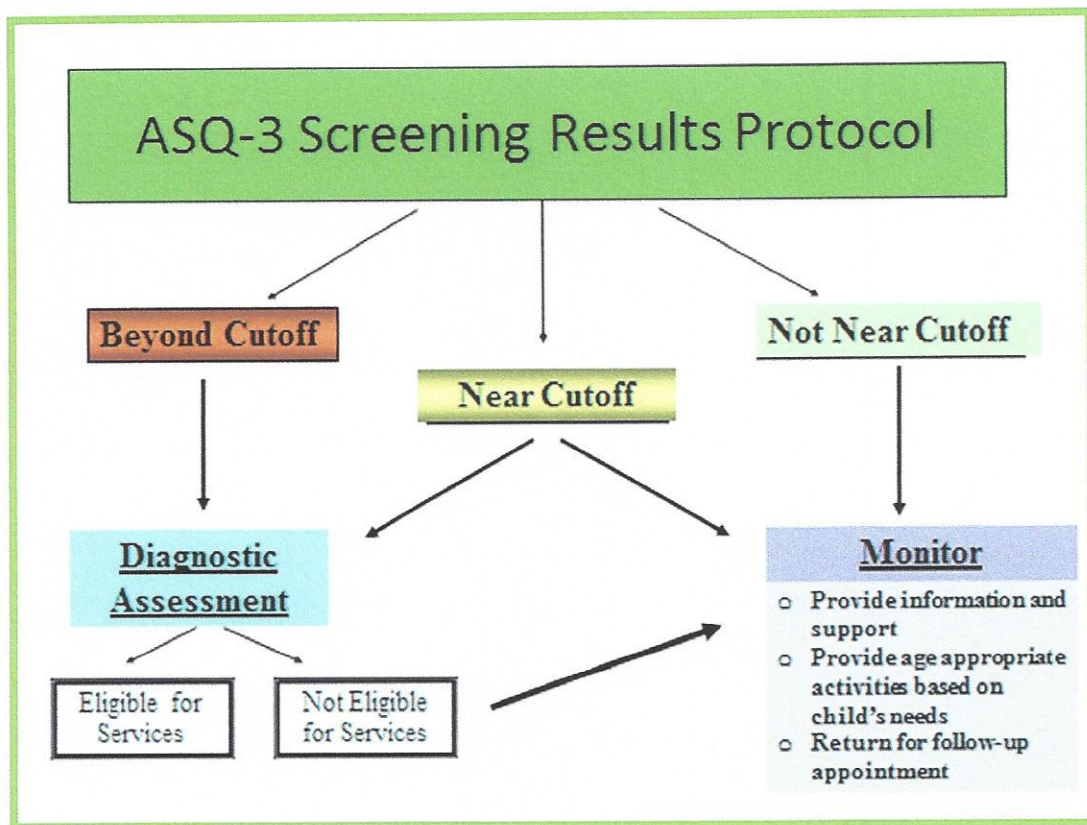
If a child's scores on an age-appropriate developmental and/or behavioral screen are beyond the cutoff scores (scores vary by age) or 2 standard deviations (SD) from the mean, a referral will be made for diagnostic assessment to the Ministry of Education, Special Education Program. The Special Education program receiving the referral will contact the parents for consent to conduct an assessment. Depending on the agency to which a child is referred, the appropriate diagnostic assessment will be completed. A diagnostic assessment is an in-depth assessment of one or more developmental areas to determine the nature and extent of a physical or developmental delay and determine if the child is eligible for early intervention or mental health services. The use of diagnostic assessment procedures helps to guide targeted interventions as well as to determine eligibility for special services. If the child is eligible for services as determined by diagnostic assessment, the agency will offer services to the family. If the data collected through diagnostic assessment determines that the child is not eligible for services, the child will be monitored. Parents will be given information to strengthen development in the appropriate areas as well as be referred to other services as determined by the child's needs.

If a child's scores on an age-appropriate developmental and/or behavioral screening are near the cutoff scores or less than 1 SD from the mean, he/she will be monitored by the Community Health Center and specific activity sheets provided to the parents with age appropriate information that the parents may do with their child to promote their child's development. In addition, a follow-up appointment will be scheduled.

If a child's scores on an age-appropriate developmental and/or behavioral screening are not near the cutoff scores (cutoff scores vary by age), the child will be monitored and screened annually.

Figure 2 below shows what steps staff should take after calculating scores.

Figure 2: ASQ Screening Results Protocol



**CRITERIA FOR MONITORING:**

Children whose scores are less than 1SD will receive follow-up and be monitored by the nurse. In the event a child is At-Risk or Beyond the Cutoff, the child will be referred for a follow-up with the physician. Based on the consultation with the physician, the child may be referred to other appropriate agencies.

Additional screenings and/or services are given to a child with consent from the parent. If a parent refuses additional screenings and/or services, the agency/program will note the refusal following their agency/program protocol for such occurrences.

**ASQ SE: STANDARD OPERATING PROCEDURES FOR SCORING**

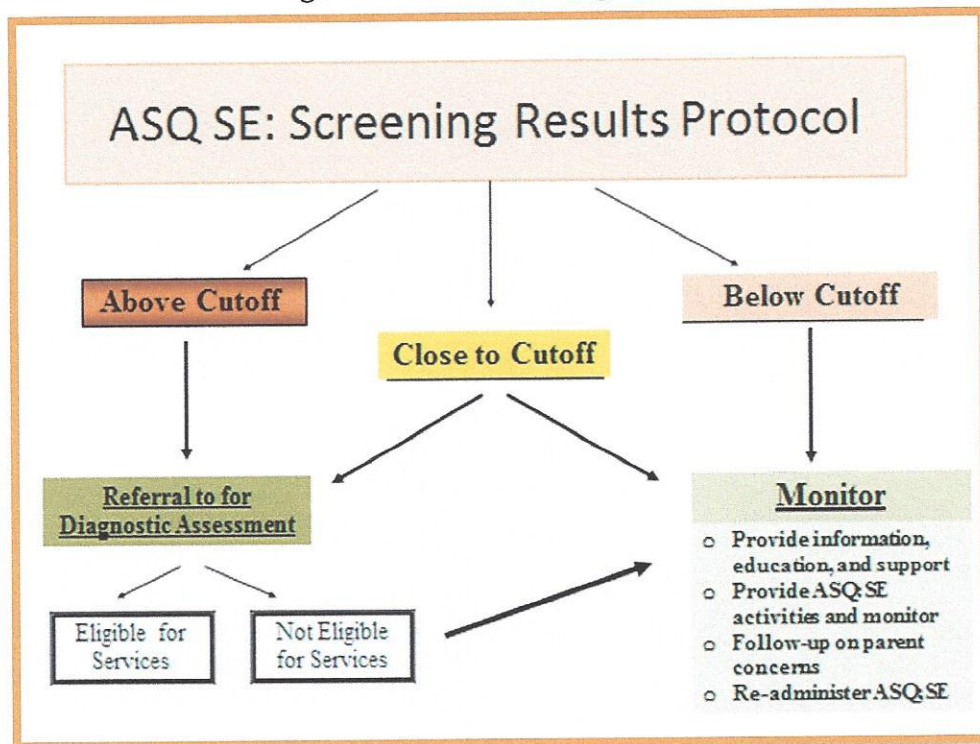
If a child's scores on the social emotional screen are BELOW the cutoff scores (scores vary by age) provide parents with the ASQ: SE activities, monitor and follow-up on any parent overall concerns. .

If a child's scores on the social emotional screening are CLOSE to cutoff scores follow up on concerns, provide information, education, and support to the parents, and re-administer the ASQ: SE at the next appointment scheduled.

If a child's scores on the social emotional screen are ABOVE the cutoff scores (cutoff scores vary by age), the child will be referred to other appropriate agencies for further diagnostic evaluation. Should the child be ages 2 ½ years and older, a referral is made to the Ministry of Education, Special Education Program for further diagnostic evaluation.

Additional screenings and/or services are given to a child with consent from the parent. If a parent refuses additional screenings and/or services, the agency/program will note the refusal following their agency/program protocol for such occurrences.

Figure 3: ASQ: SE Scoring Protocol



**CRITERIA FOR MONITORING:**

Children whose scores Above or Close to the Cutoff will be referred for a follow-up with the physician. The physician will review and may request for consultation from Behavioral Health Service and other appropriate services.

**PROFESSIONAL DEVELOPMENT**

**AGES & STAGES QUESTIONNAIRE (ASQ) 3 AND ASQ SOCIAL EMOTIONAL TRAINING: 3 HOURS**

This 3-hour training provides early care and education providers the basic overview on how to use both screening tools. Providers will be able to see how the screening tools create the snapshot needed to catch delays and celebrate milestones of young children. The training will show provider how the screening tools rely on parents as experts and help them teach parents about child development and their own child's skills.

**SPECIAL EDUCATION CHILD FIND PROCEDURES: 1 HOUR**

This 1-hour training helps health care providers understand the referral and intake system for early childhood programs. Providers will learn what to do if a referral needs to be generated and know what programs are available for young children who need further diagnostic services.

**INDIVIDUAL COACHING AND MENTORING: 1 HOUR**

This training is a one-on-one training to booster early care and education providers' work on developmental screening and monitoring.

**BEHAVIORAL HEALTH SERVICES: 1 HOUR**

This 1-hour training helps health care providers understand the services and supports provided by DOM Behavioral Health Agency.

**DATA COLLECTION AND REPORTING**

The Family Health Unit will be collecting and reporting the results of the ASQ on an annual basis to monitor the effectiveness of the implementation and provide for training for parents and specific area of development. The following data points being tracked include:

- Number of children screened by age interval,
- Number of children with no risk across all developmental domains,
- Number of children with little or high risk in at least one developmental domain, and
- Number of children referred to special education or other services.

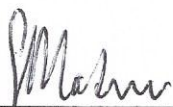
The Registration Clerk will put the ASQ Information Summary Sheets in the ASQ Data folder for collection and input into the ASQ data system.

**CULTURAL AND LINGUISTIC COMPETENCE (CLC)**

In cases where English is not the preferred language of the family, the staff member assisting the family can interpret the questionnaire items in the preferred language.

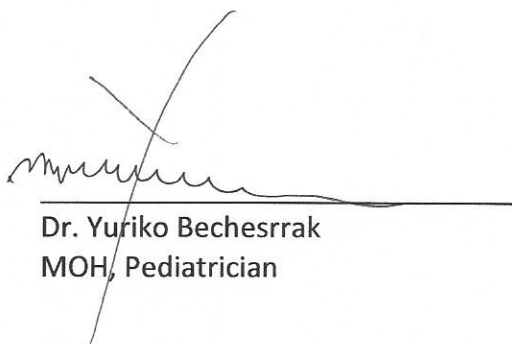
**ACKNOWLEDGEMENT**

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