Let’s Talk:
Using the ASQ-3 and ASQ:SE-2 in Early Learning Quality Initiatives

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Agenda

1) Introductions
2) Intro to ASQ-3 and ASQ:SE-2
3) State experiences
4) Questions, thoughts, ideas
Welcome!

Liz Twombly

Debi Mathias
What are ASQ-3™ and ASQ:SE-2™?

- Parent (caregiver) completed screening tools
- Series of questionnaires for children ages 1 month to 5 ½ to 6 years (ASQ:SE-2)
- Reliable and valid tools that identify children at risk for developmental or social-emotional delays
Why Parent Report?

- Creates the expectation that parents will be involved
- Conveys the value for and importance of the parent’s expertise
- Educates parents about their child’s development

*True collaboration involves the reciprocal sharing of information between parents and providers*
Why Parent Report?

- The family is the primary force in preparing children for school and life (Henderson & Berla, 1995)

- Children benefit when all the adults who care for them work together (Bronfenbrenner, 2004)

- Supports parents understanding of developmentally appropriate skills and activities for their child.
ASQ-3 and ASQ:SE-2 Domains

ASQ-3™
- Communication
- Gross motor
- Fine motor
- Problem solving
- Personal-social

ASQ:SE-2™
- Social-emotional development
Flexible screening tools

Methods
mail-out, face-to-face, telephone interview, online

Settings
Early learning, doctor’s office, home visiting, child welfare, Early Intervention, parent support
Challenges in Administration

- *Each method* requires different considerations for accurate/valid administration

- *Each setting* requires different considerations for accurate/valid administration

- Considerations are outlined in User’s Guides and in training.
ASQ administration options in early learning settings

- Option 1. Parents/caregivers complete independently.
- Option 2. Parents/caregivers complete with support.
- Option 3. Provider and parent each complete ASQ. Combine results for 1 finalized ASQ.
- Option 4. Provider (with parent consent) completes items on the ASQ-3 easily observed in a classroom setting. Finalizes ASQ-3 items and Overall section with parent input.
ASQ:SE administration options in early learning settings

- **Option 1.** Parents/caregivers complete independently
- **Option 2.** Parents/caregivers complete with support.
- **Option 3.** Provider and parent each separately complete ASQ:SE. Do Not Combine Results!

**No ”right” or “wrong” results. Behavior differs in different settings. Both inform follow-up.**
State Voices

Becky Mercatoris
Pennsylvania

Alise Paillard
California

Lilia Rodriguez
California

Tricha Hughes
Michigan

Veronica Pechumer
Michigan
Question

Is developmental screening required in licensing or quality initiatives in your state? Or is screening recommended as a best practice?
Pennsylvania’s Use of Developmental Screening Tools: Required

The Department of Human Services, as part of Certification Regulations, requires:

• Child Service Reports be completed for every enrolled child and updated every six months

• In lieu of the Child Service Report, programs can use other approved screening tools to include ASQ or High Scope
Pennsylvania’s Use of Developmental Screening Tools: Best Practice

Keystone STARS, PA’s Quality Rating Improvement System, requires:

• STAR 2 - 4 programs use a research-based developmental screening tool within 45 days of enrollment to identify children who may need additional evaluation and/or intervention strategies.

• Results of the screening are shared with families.
Is screening required in licensing or quality initiatives?

- Quality Counts California (QCC) includes 10 Regions + Tribal
- Developed initially under RTT-ELC
- QCC Rating Matrix Scale 1-5
- Rating 3 requires screening
- Rating 5 requires ASQ plus ASQ:SE as indicated
# QCC Rating Matrix

**QUALITY COUNTS CALIFORNIA**  
RATING MATRIX WITH ELEMENTS AND POINTS FOR CONSORTIA COMMON TIERS 1, 3, AND 4

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>1 POINT</th>
<th>2 POINTS</th>
<th>3 POINTS</th>
<th>4 POINTS</th>
<th>5 POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CORE I: CHILD DEVELOPMENT AND SCHOOL READINESS</strong></td>
<td></td>
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<tr>
<td>1. Child Observation</td>
<td>□ Not required</td>
<td>□ Program uses evidence-based child assessment/observation tool annually that covers all five domains of development</td>
<td>□ Program uses valid and reliable child assessment/observation tool aligned with CA Foundations &amp; Frameworks* twice a year</td>
<td>□ DRDP (minimum twice a year) and results used to inform curriculum planning</td>
<td>□ Program uses DRDP twice a year and uploads into DRDP Tech and results used to inform curriculum planning</td>
</tr>
<tr>
<td>2. Developmental and Health Screenings</td>
<td>□ Meets Title 22 Regulations</td>
<td>□ Health Screening Form (Community Care Licensing form LIC 701 <em>Physician's Report - Child Care Centers</em> or equivalent) used at entry, then:</td>
<td>□ Program works with families to ensure screening of all children using a valid and reliable developmental screening tool at entry and as indicated by results thereafter AND</td>
<td>□ Meets Criteria from point level 2</td>
<td>□ Program works with families to ensure screening of all children using the ASQ at entry and as indicated by results thereafter AND</td>
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<td></td>
<td></td>
<td>1. Annually OR 2. Ensures vision and hearing screenings are conducted annually</td>
<td>□ Meets Criteria from point level 2</td>
<td></td>
<td>□ Program staff uses children’s screening results to make referrals and implement intervention strategies and adaptations as appropriate AND</td>
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<td>□ Meets Criteria from point level 2</td>
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<td><strong>CORE II: TEACHERS AND TEACHING</strong></td>
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<tr>
<td>3. Minimum Qualifications for Lead Teacher/ Family Child Care Home (FCCH)</td>
<td>□ Meets Title 22 Regulations</td>
<td>□ Center: 24 units of ECE/CD* OR Associate Teacher Permit</td>
<td>□ Center: 24 units of ECE/CD* OR Associate Teacher Permit AND</td>
<td>□ Associate’s degree (AAVS) in ECE/CD (or closely related field) OR AAAS in any field plus 24 units of ECE/CD OR Site Supervisor Permit AND</td>
<td>□ Bachelor’s degree in ECE/CD (or master’s degree in ECE/CD) OR Program Director Permit AND</td>
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<td>□ FCCH: 15 hours of training on preventive health practices</td>
<td>□ 24 units of ECE/CD + 16 units of General Education OR Teacher Permit AND</td>
<td>□ 21 hours professional development (PD) annually</td>
<td>□ 21 hours PD annually</td>
</tr>
<tr>
<td>4. Effective Teacher–Child Interactions: CLASS Assessments</td>
<td>□ Not Required</td>
<td>□ Familiarity with CLASS for appropriate age group as available by one representative from the site</td>
<td>□ Independent CLASS assessment by reliable observer to inform the program’s professional development/improvement plan</td>
<td>□ Independent CLASS assessment by reliable observer with minimum CLASS scores: Pre-K</td>
<td>□ Independent assessment with CLASS with minimum CLASS scores: Pre-K</td>
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<td></td>
<td></td>
<td>□ Emotional Support – 5.5</td>
<td>• Emotional Support – 5</td>
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<td></td>
<td>□ Instructional Support – 3.5</td>
<td>• Instructional Support – 3.5</td>
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<td></td>
<td>□ Classroom Organization – 5.5</td>
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<td>□ Toddler</td>
<td>• Emotional &amp; Behavioral Support – 5</td>
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<td></td>
<td>• Engaged Support for Learning – 3.5</td>
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<td></td>
<td>• Infant</td>
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<td>• Responsive Caregiving (RC) – 5.0</td>
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</tbody>
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1. Approved assessments are: Creative Curriculum GOLD, Early Learning Scale by National Institute of Early Education Research (NIEER), and Gravice Inventory of Early Development III.
2. For all ECE/CD units, the core eight are desired but not required.

Note: Point values are not indicative of Tiers 1–6 but reflect a range of points that can be earned toward assigning a tier rating (see Total Point Range).

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Incentives

- ASQ-3, ASQ:SE-2 Training of Trainers is periodically provided free of charge under California Department of Education or First 5 funds
- Certification grant or local First 5 IMPACT can also be applied for localized training
- Training of Trainers includes completion certificate and User’s Guides
Is developmental screening required in licensing or quality initiatives?

- **State Level (Michigan)**
  - Screening is considered best practice
  - QRIS is on a point system - Screening receives points as a measure of quality on self-assessment survey
    - ASQ is one of the accepted developmental screening tools
  - Developmental Screening is required for state funded preschool program - ISDs are required to support programs with training materials and resources

- **Oakland County**
  - 137 Partner Sites that use ASQ in Oakland County
  - Over 89,000 screens since inception in 2010
Can you describe how your state uses or recommends the use of the ASQ-3™ or ASQ:SE-2™ screening in early learning quality initiatives?
Describe how your state uses or recommends use of ASQ or ASQ:SE in EC Quality Initiatives

• Current QCC Rating Matrix awards the highest rating (5) for use of the ASQ and ASQ:SE
• Periodicity is not specified
• As of 2020, revised matrix will indicate guidance for selecting high quality tools, rather than specifying specific tools
While Pennsylvania does not endorse any one screening tool, it does provide a list of research-based developmental tools that programs can explore and use including ASQ-3, ASQ:SE and Brigance.
Can you describe how your state uses or recommends the use of the ASQ or ASQ:SE?

- **State Level (Michigan)**
  - One of the accepted tools used for developmental screening for QRIS
    - Programs are recommended to screen once per year
  - One of the accepted tools for state preschool program
    - Recommended within 2 weeks of enrollment

- **Oakland County**
  - In Oakland County across systems Help Me Grow Oakland recommends the ASQ and ASQ:SE as the developmental screening tool
  - Provide training and technical assistance and financial support and resources to help programs use the system
Question

Is your state using the ASQ-3™ or ASQ:SE-2™ across sectors (e.g. Child Care, state Head Start, Home Visiting) and across systems (e.g. maternal health, early learning, health).
Is the state using this tool across sectors and across systems?

- **State Level (Michigan)**
  - In most cases developmental screening is required but no specific tool is named
  - ASQ and ASQ:SE are used with the original 4 Help Me Grow participating counties across the state
    - Home Visiting, Child Care and State funded preschool
- **Oakland County**
  - 137 Partner sites
    - Child care centers, home visiting, health department, hospitals, state funded preschool and local libraries
    - Building relationships with medical partners such as pediatricians and mother/baby units
Supporting Screening Efforts in Child Welfare

In Pennsylvania, the Ages & Stages Questionnaires® are used by County Children & Youth agencies for:

• All children under the age of 3 who are
  • subjects of a substantiated report,
  • are placed in a residential treatment facility, or
  • who are homeless and family is receiving services

• Screening to facilitate referrals to Early Intervention

• Follow-up screening procedures are in place until age 5

• OCDEL used RTT-ELC funds to ensure that OCYF had up-to-date screenings tools for their county offices
Is the state using the tool across sectors?

• Yes, it is widely used in early learning, health, EHS/HS, and in some home visiting programs

• Statewide Screening Collaborative (jointly funded by CDPH/DDS) to address issues and increase collaboration and coordination for health care providers (not ASQ/ASQ:SE specific)

• Duplication of effort is an ongoing issue. Some areas are using Learn the Signs passports to support families communicating with various programs
How does your state support providers use of the ASQ-3™ and ASQ:SE-2™, and engagement of families in the screening process?