

Developmental Concerns/Disabilities Process Checklist



This is required documentation for Head Start and Early Head Start.

Section 1

Child's name: _____ Date **initial** ASQ-3 was administered: _____

Name and role of person completing this form: _____

Section 2: ASQ-3 scores fall in the "rescreen" (lightly shaded) portion of the scoring grid in one or more developmental areas. (If "refer", proceed to Section 3.)

Activity	Date Completed	Staff Initials
Check areas indicating rescreen: <input type="checkbox"/> Communication <input type="checkbox"/> Fine Motor <input type="checkbox"/> Personal-Social <input type="checkbox"/> Gross Motor <input type="checkbox"/> Problem-Solving		
Review the family file for additional information regarding developmental concerns. Look for concerns noted by the family in the enrollment process, information provided by the child's medical provider in the Well-Child visit notes, and results from other screenings (vision/hearing). Summarize concerns here:		
Discuss screening results with the family. Results must be shared with the family within two weeks of scoring. Document the conversation on the Family Contact Log .		
Teacher/Home Visitor collaborates with the family to develop targeted classroom and home activities to support the areas of concern. Implement the plan for 8 to 10 weeks.		
Rescreen areas of concern only, 8 to 10 weeks after the initial administration of the ASQ-3. Place the "Information Summary Sheet" for rescreened areas with the initial "Information Summary Sheet" in the family file. Check the area(s) below that continue to show a concern following the rescreen: <input type="checkbox"/> Communication <input type="checkbox"/> Fine Motor <input type="checkbox"/> Personal-Social <input type="checkbox"/> Gross Motor <input type="checkbox"/> Problem-Solving		



If the rescreen scores show no concerns, there is no need to continue with this checklist. If the rescreen scores continue to fall in the rescreen area or have moved to the "refer" (dark shaded) section, please proceed to Section 3.

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Section 3: ASQ-3 scores fall in the “refer” (dark shaded) section of the scoring grid **OR** results continue to fall in the “rescreen” section.

Activity	Date Completed	Staff Initials
Discuss screening results, concerns, and observations with Center Director (or educational support person in your program).		
Discuss screening results with the family and discuss the option of a referral for a developmental evaluation to the appropriate agency and document the conversation on the Family Contact Log. <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; border-radius: 10px; padding: 5px 15px; background-color: #e0f0ff;">HS</div> <div style="border: 1px solid black; border-radius: 10px; padding: 5px 15px; background-color: #e0e0ff;">EHS</div> <div style="border: 1px solid black; border-radius: 10px; padding: 5px 15px; background-color: #fff0e0;">EHS-HB</div> </div> ChildFind in home school district Birth to Three/Early Intervention Provider		
If the family chooses to initiate the referral for a developmental evaluation, request the parent/guardian to complete and sign the Release/Exchange of Confidential Information (Non-Health) form.		
Give the family the contact information for the appropriate agency, as shown above. Discuss the referral process with the family, answer any questions they have, and make sure the family understand the purpose of the evaluation. Document the conversation on the Family Contact Log . Please contact your Center Director or Disabilities Consultant if you have questions about steps in the referral process.		



If the family chooses not to proceed at this time, document the conversation in the [Family Contact Log](#). Work with your Center Director, Education Coach, or Disabilities Consultant to develop a plan for individualized supports or accommodations for the child.

If the family proceeds with the referral, and the agency/school district evaluates and determines that the child does not qualify for services, document on the [Family Contact Log](#). Obtain a copy of the evaluation results and place in the Education and Special Services section of the family file. Work with your Center Director, Education Coach or Disabilities Consultant to develop a plan for individualized supports or accommodations for the child.

Section 4: IFSP/IEP meeting and follow up.

Activity	Date Completed	Staff Initials
Before the IFSP/IEP meeting, make sure the family understands they have the right to invite HS/EHS staff to attend and participate in the meeting.		
Follow up to make sure that the Birth to Three agency or school district has arranged for an interpreter at the meeting if needed.		
Call the family the day before the meeting to remind them of the appointment and ask if they need assistance to attend.		
Attend the meeting with the family if requested and document on the Family Contact Log .		
Obtain a copy of the IFSP/IEP and place in the Education and Special Services section of the family file. Teachers/Home Visitors read the IFSP/IEP to be familiar with the goals and services.		
Family Support staff/Home Visitors enter information from the IFSP/IEP in ChildPlus as soon as a paper copy is obtained.		