| Before Completing a Developmen | tal Screening Talking Points/Next Steps | | |
|---|--|--|--|
| ☐ Explain the purpose of developmental screening to the family. | Screening is the use of a standardized developmental screening tool (i.e. ASQ) to identify children with (or at risk for) developmental delay with the purpose of referring to appropriate services. Regular screenings help raise awareness of a child's development, making it easier to celebrate milestones and identify possible development concerns as early as possible. With early and regular screening, you can make sure your children get the support they need to succeed in school and thrive alongside their peers. | | |
| ☐ Does your child have a primary care provider? | Yes → Move on to next questions. No → Have the family contact one of the agencies below to get connected with insurance or a primary care provider. If private insurance – contact carrier to find provider. If no insurance, the following agencies can assist with finding insurance/provider. Pueblo StepUp/Healthy Family Connections – (719) 557-4567, 1925 E. Orman Ave., Ste. A640, 81004 Health First Colorado (Colorado's Medicaid Program) – 1-800-221-3943 Health Colorado Incorporated – 1-888-502-4185 Family Service Center – (719) 253-7850, 405 W. 9th St, 81003 Parkview Financial Counseling – (719) 584-4508, 405 W. 15th St., Suite 115, 81003 Colorado Peak Website - coloradopeak.secure.force.com | | |
| ☐ Do you have concerns about how your child is growing, learning, communicating, or behaving? | Yes → Encourage the family to share more information with you and help the family understand the screening may be able to validate their concerns and connect their child to the appropriate services. No → Move on to next question. | | |
| ☐ Has anyone asked you to fill out a form about how your child is growing/developing? (Determine if the child has been screened recently.) | Yes → If the last screening was done less than six months ago, ask the family if they would like to complete another screening. A new screening is recommended if the last screening was more than six months ago. No → Move to the next question. | | |
| ☐ Is your child currently receiving any type of therapy services (Colorado Bluesky)? Does anyone come to your house or do you take your child somewhere for therapy? | Yes → Do not screen the child. Ask the family if they need any further assistance or support. Reinforce the importance of consistent and continued services. No → Proceed to the screening. | | |
| ☐ Have family complete the screening. Offer support or explanation if the family does not understand a question. | | | |



| After Completing a Developmental Screening | | | | | |
|---|---|--|--|--|--|
| ☐ Score the screening and review the results: | | | | | |
| No Concerns (White) | □ Educate the family on the results of the screening. □ Ask the family if any concerns came up as a result of completing the screening. □ Educate the family on when the next screening will take place. □ Provide activities to build on current skills (i.e. ASQ Activity Sheets, Colorado Early Learning & Developmental Guidelines, Centers for Disease Control and Prevention "Learn the Signs. Act Early." materials, etc.). | | | | |
| Monitor (Gray) | Share the results of the screening and discuss areas of concern with the family. (On failed items try to have the child demonstrate the results.) Educate the family on the results of the screening. Discuss areas of concern with the family and provide appropriate activities to build upon skills, and emphasize areas where the child did well. Provide family options to refer for a full evaluation or to rescreen the child in two months. After consideration of all the factors and if the family chooses to: Refer → See "Making a Referral." (Page 3) No referral → See below: Ask the family if any concerns came up as a result of completing the screening. Educate the family on when the next screening will take place. Provide activities to build on current skills (i.e. ASQ Activity Sheets, Colorado Early Learning & Developmental Guidelines, Centers for Disease Control and Prevention "Learn the Signs. Act Early." materials, etc.). | | | | |
| Concerns (Black) | □ Share the results of the screening and discuss areas of concern with the family (on failed items try to have the child demonstrate the results). □ Discuss the need for making a referral for a more in-depth look at the child's development. □ See "Tips for Talking with Families About Developmental Concerns." on how to talk to families about their child needing to be referred. □ Refer the child. See "Making a Referral." (Page 3) | | | | |



Making a Referral

Early Intervention Colorado (age 0 up to 3)

| Complete | e the | referral | form | with | the | family | 1 |
|----------|-------|----------|------|------|-----|--------|---|
| | | | | | | | |

- See "Referral and Release form." (age 0 up to 3)
- ☐ Ensure the family signs the "Authorization to Release Information" at the bottom of the form.
- ☐ Make sure all contact information for the family is current.
- ☐ Provide the family with a copy of ASQ screening results, referral, and family letter.
- ☐ Best Practice: Obtain written consent from the family to fax a copy of the screening to the child's primary care provider.
 - Use your agency's release form.
- ☐ If unable to share with the primary care provider, provide the family letter to the family and encourage them to share the referral with their provider.
- ☐ Fax or email the completed referral form, screening results, and other relevant information to:

Colorado Bluesky Enterprises

Phone: (719) 583-2459 Fax: (719) 542-3522

Covering: Avondale, Beulah, Colorado City, Pueblo, Pueblo West, Rye

Child Find Referral (age 3 through 21)

- ☐ Complete the referral form with the family.
 - See "Referral and Release form." (age 3 through 21)
- ☐ Ensure the family signs the "Authorization to Release Information" at the bottom of the form.
- \square Make sure all contact information for the family is current.
- ☐ Provide the family with a copy of ASQ screening results, referral, and family letter.
- ☐ Best Practice: Obtain written consent from the family to fax a copy of the screening to the child's primary care provider.
 - Use your agency's release form.
- ☐ If unable to share with the primary care provider, provide the family letter to the family and encourage them to share the referral with their provider.
- ☐ Fax or email the completed referral form, screening results, and other relevant information to:

Pueblo City Schools

Phone: (719) 423-3885 Fax: (719) 253-5274

Covering: Pueblo

Pueblo County School District 70

Phone: (719) 542-1671 Fax: (719) 544-7248

Covering: Avondale, Beulah, Colorado City, Pueblo, Pueblo West,

Rye

- Track screening and referral actions to ensure that the referral process has occurred.
- Best Practice
 - o Enter all data into tracking log weekly.
 - O Staff should monitor the tracking log twice monthly.



Making a Referral (continued)

Explain the Early Intervention Process

- Early Intervention's Intake staff will call the family within a week of receiving the referral to obtain additional information and inform them of Early Intervention services. It is important the family discusses any concerns and diagnoses* (low birth weight, seizure disorders, genetic disorders, etc.).
- With the family's approval, an Early Intervention evaluation will be scheduled by District 70's or Pueblo City Schools' Child Find Office.
- At least two Child Find professionals, the Service Coordinator (from Early Intervention), the child, and the family participate in the evaluation. All areas of child development will be assessed focusing on the area(s) of concern. A child is determined eligible if they have a significant delay (>33%) in one or more of the following areas: Adaptive, Cognitive, Communication, Physical, Social, and Emotional Development.
 - If a delay of 33% or greater is present, a meeting to develop the service plan will be scheduled. It is to be completed within 45 days from the date the referral was received.
 - If a delay of 33% or greater is NOT found, a variety of community resources are provided to the family. Anyone can make another referral if concerns arise at a later time.
- An Individualized Family Service Plan (IFSP) is developed for eligible children. The Service Coordinator and a potential Early Intervention Provider assist the family in developing an IFSP according to the family's prioritized concerns. Early Intervention Services are required to start no later than 28 days from the initial IFSP. These may include but are not limited to occupational, physical, speech therapy, or developmental intervention.

*Children referred whose eligibility has already been established (due to the documentation of having a 33% or greater delay in one or more areas, certain diagnoses and/or living with a family member having a developmental disability) are not referred to Child Find for evaluation. Colorado Bluesky Enterprise's Early Intervention Program provides the professionals for an evaluation and IFSP development.

Explain the Child Find Process

- Child Find contacts the family to discuss services, process and answer the family's questions.
- If the family is receptive, a screening is scheduled with family/guardian present at one of the locations below, depending on Child Find agency.
 - Pueblo County School District 70 Child Find Office 719-542-1671
 - Pueblo City Schools Child Find Office at Colorado Bluesky 719-423-3885
- Child Find provider makes a recommendation to the family based on the screening which may include:
 - A. If no concerns are observed during the screening, the family is informed of no findings.

OR

B. If some concerns are identified, the family may be given some tools/exercises to use with the child at home. A follow-up screening may be scheduled.

OR

C. If appropriate, an in-depth evaluation is recommended. In this case, the family is given paperwork to complete.

THEN

- Once completed paperwork is received by Child Find, the evaluation is scheduled with family/guardian present. All areas of the child's development are assessed during evaluation.
- 2. After the evaluation an eligibility meeting is scheduled, family/guardian presence is required.
- 3. If the child is found eligible, an Individualized Education Plan (IEP) is created with the family's consent. If the child is not found eligible, the process is finished.



| After Making a Referral | |
|---|---|
| Check with family within two weeks to find out if they connected with Early Intervention or Child Find. | ☐ Yes → Thank the family for following through and ask if they have any questions or concerns about the process. Encourage the family to be vocal during evaluation and discuss their concerns. Ask about evaluation date and support follow through. |
| | □ Don't Know → Describe Early Intervention or Child Find and remind them of the importance of connecting with services. If the family agrees, call referral agency to connect the family (ensure correct contact information). |
| | □ No → If family declined services, re-explain the importance of the process and encourage participation. Continue to follow-up with the family about connecting to services. |
| Ask if the child was evaluated. | ☐ Yes → Ask if the family will share the evaluation outcome. Remind family of the importance of sharing results (especially with their doctor). Offer additional support. |
| | \square Don't know \rightarrow Explain the evaluation process and determine if it has taken place. |
| | □ No → Determine the reason why evaluation didn't occur. Support the family to follow through with evaluation. Continue to follow-up with the family about connecting to services. |
| Ask if the child was found eligible for services within two months of | ☐ Yes → Offer additional support as needed. Remind the family of the importance of sharing results (especially with their doctor). |
| referral. | □ Don't Know → Explain the evaluation process and possible services offered to determine if it has taken place. |
| | No → Offer support to the family regarding continued needs. Have a list of community resources available to help families connect to other resources. Offer family encouragement and on-going support. |
| Received Referral Status Update | ☐ Yes → Place the Referral Status Update Form in the child's file. |
| Form from Early Intervention/Child Find. | □ No → Contact Early Intervention to request a referral/evaluation update from the service coordinator and ask that the form be sent. |
| | OR |
| | \square No \rightarrow Contact Child Find to request a referral/evaluation update form to be sent. |

