

Appendix A

COPA Developmental Screening Quick Reference Guide

Growth & Nutrition	Immunization & TB	Disability	Medical Record	Developmental	Mental Health	Health History	Referral	Sp. Case	
User Defined	Funding	Emergency	Transportation	Checklist	Notif.Letter	Case Notes	Goals	Visits	Child Reports

Add Developmental Screening HS

Child Name:	Child ID:	DOB:	Age:	Gender:
*Has this child completed routine screenings for developmental, sensory and/or behavioral concerns during the operating period?			<input type="text"/>	<i>Select "yes" if the following have been completed: ESI-R, ESI-R Parent Questionnaire, parent completed ASQ:SE, and teacher completed ASQ:SE.</i>
*Needs follow-up assessment or formal evaluation to determine if the child has a disability?			<input type="text"/>	<i>Select "yes" if the child is being referred based on screening decision or parent/teacher concerns Select "no" if no follow-up is needed.</i>

Screening Date	Performed By	Instrument	<i>Skip this section.</i>
<input type="text"/>	<input type="text"/>	<input type="text" value="Please Select"/>	

Developmental Screening (Next Due)

Screening Date	Performed By	Instrument	Result <i>The actual outcome of the screening</i>	Score
<input type="text"/>	<input type="text" value="Screener's name"/>	<input type="text" value="Please Select"/>	<input type="text" value="Please Specify"/>	<input type="text"/>
Screening Decision: *	<input type="text" value="Please Specify"/>	Re-Screening Date: <i>If decision is re-screen, enter the date by which child should be re-screened (8 weeks later). This date will appear on the Developmental Screening Report in bold and will act as a reminder.</i>		<input type="text" value="Cut-Off Information"/>
			<input type="text" value="Re-Screen due date"/>	

Comments:	<input type="text"/> <i>↩ Relevant information, such as: language used to screen the child if other than English or Spanish; any developmental concerns such as speech and language; and any follow up that is planned based on the screening decision</i>
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Previous Results	<i>Will show automatically</i>
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*ESI-R Screening Decision: Based on the child's age and score, select either OK, **Re-Screen**, or Refer. Select "Refer" if child is being referred for parent/teacher concerns, such as speech/language, even if score is OK. Identify reason for referral in comment section.

Social-Emotional Screening (Next Due)

Teacher-completed ASQ:SE is entered in this section.

Screening Date	Performed By	Instrument	Result <small>The actual outcome of the screening</small>	Score
<input type="text"/>	Teacher's name	+ Ages and Stages Questionnaire: Social Emotional (ASQ:SE), Eng <input type="text"/>	Please Specify	<input type="text"/>
Screening Decision:**	Please Specify	Re-Screening Date:	<input type="text"/>	Cut-Off Information
Comments:	<input type="text"/> <p style="font-size: small; color: brown;">↩ Add any responses to the ASQ:SE open ended questions that need to be addressed in a follow-up meeting. Also the date of the meeting to discuss the next steps based on ASQ:SE "Refer" decision or ASQ:SE responses if applicable. Document any follow up that is planned during the meeting in COPA case notes in the Disabilities category.</p>			
Previous Results	Will show automatically			

Other (Next Due)

Parent-completed ASQ:SE is entered in this section.

Screening Date	Performed By	Instrument	Result <small>The actual outcome of the screening</small>	Score
<input type="text"/>	Parent's name	+ Ages and Stages Questionnaire: Social Emotional (ASQ:SE), Eng <input type="text"/>	Please Specify	<input type="text"/>
Screening Decision:**	Please Specify	Re-Screening Date:	<input type="text"/>	Cut-Off Information
Comments:	<input type="text"/> <p style="font-size: small; color: brown;">↩ Add any responses to the ASQ:SE open ended questions that need to be addressed in a follow-up meeting.</p>			
Previous Results	Will show automatically			

Follow-Up*** If applicable

SRT Date:	<input type="text"/>	Referral Date	<input type="text"/>	Evaluation Date/60th Day:	<input type="text"/>
Previous Results	Will show automatically				

****ASQ:SE Screening Decision:** Indicate the decision – "OK" or "Refer." If the child's score is under the cut-off on **both** parent and teacher questionnaires, the decision is "OK". Over the cut-off on **either or both** the parent and teacher questionnaires, the decision is "Refer". Select "Refer" if child is being referred for parent/teacher concerns, such as aggressive behavior, even if score is under the cut-off. Identify reason for referral in comment section.

*****Follow-Up:** If child is referred based on ESI-R and/or ASQ:SE, an SRT meeting must be held and documented here and in the COPA referral section.