Developmental Monitoring, Screening, and Evaluation:

A GUIDE FOR HEALTH AND EARLY EDUCATION PROVIDERS IN DC

DC AUTISM COLLABORATIVE

Developmental Monitoring/Surveillance

	Health Provider Role & Responsibilities	Early Care and Education Provider Role & Responsibilities	How to Partner with Families
Developmental monitoring or surveillance is an active on-going process of watching a child grow and encouraging conversations between parents and providers about a child's skills and abilities. Developmental monitoring supports and complements (but does not replace) developmental screening.	The Academy of American Pediatrics (AAP) recommends developmental surveillance at all well-child visits. This includes: • review developmental history; • ask about concerns; • assess strengths and risks; • observe the child; • document; • and share results with others. Encourage parents to monitor milestones between visits and share results with pediatrician and other providers (i.e., educational providers).	Early Care and Education Providers can: • Regularly use milestone checklists to monitor a child's development Encourage families to monitor their child's development at home and share results with educators and health care providers.	Parents can be encouraged to: • Track their child's developmental milestones at intervals (2, 4, 6, and 9 months, 1 year, 15 and 18 months, 2 years, 30 months, 3, 4 and 5 years) using **free milestone trackers** • Share results and concerns with health and education providers
Resources:	**AAP's Recommendations for Preventive Pediatric Health Care** **The Centers for Disease Control and Prevention's (CDC) Health Care Provider Primer** **Identifying and Caring for Children with Autism Spectrum Disorder: A Course for Pediatric Clinicians**	**CDC's Child Find Primer** **CDC's Early Care and Education Providers Primer** CDC's FREE 1-hour online training, **Watch Me! Celebrating Milestones and Sharing Concerns**	**CDC's "Learn the Signs. Act Early." Program Materials** **Act Early DC** Website

Developmental Screening and Referral

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Developmental screening takes a closer look at how a child is developing. The child will get a brief test, or the parent will complete a questionnaire about their child. A multi-step approach to screening can be beneficial. Screening tools for general developmental concerns are sometimes called **"Level 1 Screening Tools."** Screening tools for specific developmental concerns, including autism symptoms, are sometimes called **"Level 2 Screening Tools."** If a Level 1 Screening Tool identifies a problem, a Level 2 Screening Tool is recommended. If a Level 1 or Level 2 Screening Tool identifies a problem, a child may be referred for further evaluation.	The AAP recommends standardized developmental screening at the 9, 18, and 30 month well-child visits; and standardized screening for autism at the 18 and 24 month well-child visits. For a full list of current and emerging autism-specific screening tools, please see Table 6 in the **2020 AAP Clinical Report on Autism**. Refer children with concerning results for further evaluation. **Medical providers should concurrently refer families to Strong Start or Early Stages for IFSP/IEP eligibility evaluation** • **Strong Start** (birth to 2 years, 10 months) OR • **Early Stages** (2 years, 8 months to 5 years, 10 months)	General developmental screening (using a standardized screening tool) is required to be conducted within the first 45 days of enrollment into Head Start and Early Learning Quality Improvement Network (QIN) sites for children 0-5, and annually thereafter. Additionally, DCPS requires developmental screening within the first 45 days of school for newly enrolled PK3 and PK4 students. **If a child** • Screens positive on relevant screening tools/domains (e.g., M-CHAT, Personal-Social domain of the ASQ) OR • exhibits **signs or symptoms** that may indicate autism OR • if a parent has concerns that their child has autism **THEN that child should be referred to either** • **Strong Start** (birth to 2 years, 10 months) OR • **Early Stages** (2 years, 8 months to 5 years, 10 months) **Strong Start/Early Stages will encourage families to share their concerns and screening results with their medical providers AND they will share community resources**	Parents can access the Easter Seals online **Ages and Stages Questionnaire.** Families should share screen results with their child's health and education providers. Results of all screening tools can be recorded in a **Screening Passport.** Additionally, if families are concerned about their child's development, they can: • Call Help Me Grow DC at 1-800-MOM-BABY (1-800-666-2229) and speak with a care coordinator. HMG DC (for pregnant moms and families with children living in the DC ages 0-5 years) can support the family in screening (using ASQ and ASQ-SE) and/or referrals. • Call Strong Start Child Find Hotline at (202) 727-3665 or fill out **referral form** if their child is age birth to 2 years, 10 months • Call Early Stages or submit an **Early Stages referral form** if their child is 2 years, 8 months to 5 years, 10 months • Provide consent to begin the special education evaluation process • Talk to their school/childcare center teacher or staff and their primary care provider
Resources:	Healthcheck Training and Resource Center's **Domain-specific Screening Tools** see page 10	**Strong Start Policies** Strong Start Hotline: 202-727-3665 or make a referral through the **online referral form** Early Stages **Referral Form**	

Evaluation

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A developmental evaluation takes a more in-depth look at a child's development, usually done by a trained specialist (e.g., developmental pediatrician, psychologist, speech-language pathologist). The specialist may observe the child, administer a structured test, interview the caregivers, and/or ask caregivers to fill out questionnaires. The results of this formal evaluation determine whether a child meets criteria for ASD and informs recommendations (e.g., intervention services the child should receive).	Uses the **DSM—5 diagnostic criteria** for ASD. A valid assessment of **language, cognitive, and adaptive abilities as well as sensory status** (hearing, vision, and sensory processing). Critical components of the evaluation: • Parent report • Objective data/ assessment tools (see examples) • Observation of the child • Diagnostic feedback and treatment recommendations • Written report	Strong Start and Early Stages are guided by the Individuals with Disabilities Act **Part C** and **Part B.** Early Stages and all DC public schools (including charter schools) use the **Individuals with Disabilities Education Act** definition for ASD. Strong Start and Early Stages Evaluations look at the following areas of development: **communication; physical, including vision and hearing; cognitive; social-emotional; and adaptive skills** Strong Start Evaluation • Must be done by a multidisciplinary team (MDT) of two or more qualified specialists • The MDT must administer an evaluation instrument and examine/ review the child's history (including interviewing the parent), development, current strengths and challenges, and medical, educational, and other records. **Early Stages evaluation** includes the following, where relevant: • Parent report • Teacher report • Classroom and/or center-based observations • Observation of the child • Parent/Teacher completed questionnaires • Evaluator-completed play-based or semi-structured observations • Administration of relevant evaluation instruments completed by the appropriate, licensed related service provider or special educator.	During the evaluation process, parents will: • Participate in a comprehensive interview with the provider • Complete standardized questionnaires Parents should keep records of conversations and communications with providers and agencies. The Center for Parents Information and Resources created this **Sample Record-Keeping Worksheet.**
Resources:	For more detail, please see Table 6 in the **2020 AAP Clinical Report on Autism** and **the Autism Spectrum Disorders Toolkit for Pediatric Primary Care Providers in the District of Columbia**	**Strong Start** provides year-round services that are voluntary, flexible, and free. All **Early Stages** services are completely FREE.	**Families Have Rights: IDEA Part C Procedural Safeguards** **District of Columbia IDEA Part B Notice of Procedural Safeguards Rights of Parents of Students with Disabilities**

After the Evaluation

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The period after a developmental evaluation is often one of the most challenging times for families, as they are tasked with stepping into the role of case manager for their child. They must learn how to navigate across complex systems to access appropriate services and supports for their child. Many families report this time is highly stressful and overwhelming and best practice care would involve connecting families to supports to manage this next step (e.g., parent support groups, care coordination, social work for case management services).	These evaluations could result in a medical diagnosis of ASD. This will allow the child to access more specialized health-related services, including specialized insurance **(Health Services for Children with Special Needs, Inc.)** and interventions (e.g., Applied Behavior Analysis). If the family has received a medical diagnosis of ASD, they should contact their child's health insurance provider to understand their insurance benefits.	**Strong Start** will provide services via an Individualized Family Service Plan (IFSP) if there is a 25% delay in one of the five areas of development. They will identify "developmental delays or disabilities" but **will not** provide an ASD educational classification or diagnosis. **Early Stages:** These evaluations will be used to determine if a child meets criteria for one of the 14 IDEA-specified disabilities (including Autism) and will inform the development of an Individualized Education Plan (IEP). Evaluation could result in an educational classification of ASD but Early Stages will not provide a medical diagnosis of ASD. Early Stages will create and recommend IEP services. IEP services are implemented in a DC public school setting (DCPS or DC Public Charter School).	Parents should share their evaluation results with their child's health and education providers. Parents should connect with further supports and resources: • **DC Autism Parents (DCAP)** a 501(c)3, parent-volunteer run non-profit organization. DCAP offers a monthly newsletter, support group calls, and training for families. • The Parent Training and Information (PTI) Center, **Advocates for Justice & Education.** The goal of the PTI is to support families of children birth-22 with disabilities by providing free information to maximize their child's education.

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