### Ages and Stages Questionnaire-Third Edition

| **Description** | The ASQ-3 is a screening tool which provides information about the developmental status of children in five distinct developmental areas: communication, gross motor, fine motor, problem-solving, and personal-social. Written at the 4th-6th grade level, the ASQ-3 is designed to be user-friendly for families and can be administered electronically or through paper and pencil. It takes families 10-15 minutes to complete the ASQ-3. Due to the ASQ-3 being available at various age levels, developmental progress of the children to be tracked over time. The ASQ-3 is appropriate for screening children ages one month to 5.5 years.

The ASQ-3 is scored using tallies based on the family responses to the age appropriate questionnaire ("yes", "sometimes", and "not yet"). The scores are compared to cutoff points. Scores below the cutoff indicate a need for further assessment; scores close to the cutoff call for a need for discussion and monitoring; and scores above the cutoff suggest that development is on track. Scoring the ASQ-3 takes 2-3 minutes. |
| **Periodicity** | -21 questionnaires and score sheets
- Screen at the following months: 2, 4, 6, 8, 9, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54 and 60 |
| **Qualifications and Training** | - Can be used by staff with varying levels of education and expertise
- Little training required; can get training from watching DVD’s or attending a training session
- Train-the-Trainer options available

Training DVD’s (3 with one for ASQ-SE) $150
One full-day training with potential screeners $2500 + travel expenses
Train-the-trainer (3 days with materials) $3500 + travel expenses |
| **Costs** | - Free downloadable tool kit, which includes helpful links to fact sheets, checklists, posters and charts to help educate families
- **Starter Kits:** $275 (includes: 21 questionnaires and score sheets for the different age groups, ASQ-3 User’s Guide and a Laminated version of the “ASQ-3 Quick Start Guide”)
- Materials kit to conduct screening: $295
- ASQ-PRO on-line system: $150/year for license; first year free use of screens; subsequent years $.50 per screen; if doing more than 5000 screens then price goes down |
| **Other** | - Screening tools available in French, Spanish and English
- Psychometric studies based on normative samples of more than 18,000 questionnaires show high reliability, internal consistency, sensitivity, and specificity
- The validity of ASQ-3 has been evaluated extensively. The sample includes 15,138 children that mirror the U.S. population in terms of race, ethnicity, and socio-economic groups.
- The concurrent validity (measured by comparing the percentage of agreement between the results of the parent-completed ASQ-3 questionnaires with the results of professionally administered standardized assessments) ranged from 74% for the
<table>
<thead>
<tr>
<th>ASQ-3 Questionnaires</th>
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<tbody>
<tr>
<td>2-month</td>
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<td>3-month</td>
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<td>4-month</td>
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<td>54-month</td>
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<td>60-month</td>
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</table>

- The sensitivity of ASQ-3, or the ability of ASQ-3 to correctly identify those children with delays, ranged from 75% for the 6-month questionnaire to 100% for the 4-month, 14-month, 54-month, and 60-month questionnaires, with 86% overall agreement.

- The specificity of ASQ-3, or the ability of ASQ-3 to correctly identify typically developing children, ranged from 70% for the 14-month questionnaire to 100% for the 2-month, 16-month, and 54-month questionnaires, with 85% overall agreement.

Information for this fact sheet comes from the ASQ web site at: [http://agesandstages.com/](http://agesandstages.com/)
## Description

The PEDS is a ten-question screening tool that elicits family concerns about their child’s development and behavior. There is one form to use with all ages, which can be completed by families in five minutes. Written at a 4th-5th grade level, the PEDS can easily be completed by families either electronically or by paper and pencil. This instrument can be used with children ages birth to eight.

The PEDS is scored using tallies based on responses “No”, “Yes”, or “A little” to specific concerns noted by families. The score form tallies concerns by age and developmental area in categories known as predictive and non-predictive. Predictive concerns are shaded which allows for easy scoring and interpretation. The PEDS can serve as a longitudinal record similar to a growth curve and also reveals whether to refer, give advice, provide watchful waiting, screen further or reassure.

The PEDS-DM is a six-eight item questionnaire that has targeted questions in the follow developmental domains: fine motor, gross motor, expressive language, receptive language, self-help, social-emotional and for older children, preschool and school skills. This tool takes five minutes to administer and about one minute to score and can be used with children ages birth to age eight.

Scoring of the PEDS-DM involves determining the appropriate laminated test form (determined by age) in which families complete the six to eight questions electronically, by paper and pencil or through a family interview. Once answers are marked, the scoring template is laid on top of the questions and answers, which are then aligned with registration marks. Any marks showing through the template are unmet milestones. The “Recording Form/Growth Chart” is then marked with a “—” that indicate unmet milestones for the child’s age.

## Periodicity
- PEDS at every visit
- PEDS-DM at 9, 18, and 24 months

## Qualifications and Training
- Designed to be administered by paraprofessionals
- Self-Training: “PEDS Brief Guide”, slide shows with case examples and rationale for early detection
- Training others: health care providers, training non-medical providers, cross-training
- Training trainers
- Training materials available on PEDS site for free

## Costs
- PEDS Complete Set (Brief Guide, 1 pad of PEDS Response Forms, 1 pad of Score/Interpretation Forms): $36
- PEDS Discounted Bulk Order (20 Brief Guides, 20 pads of Response and Score/Interpretation Forms; can screen 1000 children): $600

## Other
- PEDS
- Available in print in English, Spanish, and Vietnamese; available for licensing in Somali, Hmong, Malaysian, Arabic, Chinese, Swahili and many other languages
- Short enough in length so that a family interview can be done vs. in writing for those with low literacy skills or English skills
- Has high sensitivity and identifies 74% to 80% of children with developmental and social-emotional/mental health disabilities
- Has high specificity. 70% to 80% of children without developmental disabilities are identified as typically developing
- Validated and reliable on more than 4500 children across the US in various settings: pediatric offices, outpatient clinics, day care centers, and schools
- Standardized on 47,000 families from various backgrounds, including levels of socioeconomic status, language backgrounds, and varying ethnicities

**PEDS-DM**
- Print and electronic version in Spanish; Australian English version; a licensed version in Taiwanese and Arabic; Portuguese version in process
- Standardized on more than 1600 children across the US
- Validated against diagnostic measures of development
- Highly accurate: sensitivity and specificity range from 70% to 95% across domains and across age levels
- Includes an assessment level version for use in NICU and early intervention programs

Information for this fact sheet comes from the PEDStest web site at: http://www.pedstest.com/AboutOurTools/LearnAboutPEDSDM.aspx
**The Survey of Wellbeing of Young Children**

| Description | The SWYC is a screening instrument designed to be freely accessible and available to families, pediatricians, nurses as well as professionals involved in early childhood education and care. This instrument is designed to screen cognitive, language, motor and social-emotional development as well as family risk factors. At certain ages, there is a section for autism-specific screening. The entire instrument takes fifteen minutes to complete and is easy to score and interpret. Currently, it is freely available in paper and pencil form and soon will be available electronically. The “Developmental Milestones” section of the screening has a list of ten questions about motor, language, social and cognitive development with scores noted for “not yet”, “somewhat”, or “very much”. Between 16-30 months there is an additional checklist looking at questions to screen for autism. The “Social-Emotional Domain” section allows families to complete one of two age-specific behavioral questionnaires (up to 18 months or 18-60 months) with anywhere from 18-25 items with scores noted for “not at all”, “somewhat” or “very much”. The “Parent Concerns” section has two questions that ask families to rate concerns related to learning and development as well as behavior with scores of “not at all”, “somewhat” or “very much” noted. The “Family Context” section has nine items that address aspects of the child’s family context (i.e., substance use, depression, domestic violence) which are rated as a “yes” or “no” as well as a rating scale of “not at all”, “several days”, “more than half of the days”, or “nearly every day” depending on the question. |
| Periodicity | -2, 4, 6, 9, 12, 15, 18, 24, 30, 36, 48 and 60 months -the “Parent’s Observation of Social Interactions” autism-specific screen done between 18-60 months |
| Qualifications and Training | -None noted |
| Costs | -Free; all tools and screening can be downloaded free of charge from the SWYC screening web site; not yet available in an electronic format |
| Other | -Coming soon in Spanish -Validity of tool: “As of 2013, three of the SWYC’s four components have been compared statistically to a well-respected screening instrument (ASQ-3 and ASQ-SE), and to parents’ reports of developmental-behavioral diagnoses. One has also been compared to the CBCL, a frequently used parent report of symptoms of behavioral/emotional disorders. The items that comprise the fourth component of the SWYC, called “Family Risk Factors”, were assembled from previously-validated tests and have not been evaluated in their current form. Detailed descriptions of the methods of study and the statistical techniques used to validate the SWYC are described in detail in the manuscripts listed in a separate section of this website. Ongoing research conducted by us and by independent investigators will compare |
the SWYC to ‘gold standard’ clinical assessments. It is up to you to determine whether the SWYC is accurate enough for your purposes. We stand behind our research, and we offer the SWYC free of charge. However, as its creators, we have a conflict of interest in recommending the SWYC. Therefore, we suggest that you carefully compare the research findings on the SWYC to those of other instruments to determine whether the SWYC will meet your needs.” (From: SWYC web site. FAQ: Has the SWYC been validated? Found at: https://sites.google.com/site/swycscreen/faq).

Information for this fact sheet comes from the SWYC web site at: https://sites.google.com/site/swycscreen/home
### Description

The Batelle Developmental Inventory, second Edition or BDI-2 includes both a screening test, known as the “Batelle Developmental Inventory Screening Test”, and a developmental evaluation instrument. Developmental domains screened and evaluated include personal-social (adult interaction, peer interaction, self-concept and social role), adaptive (self-care and personal responsibility), communication (receptive and expressive), motor (gross, fine, perceptual) and cognitive (attention and memory, reasoning and academic skills, and perception and concepts).

The 96-items use a combination of direct assessment, observation and parent interview. Cutoff scores are determined at the 1.0, 1.5, & 2.0 standard deviations below the mean and also produces age equivalents. The BDI-2 does measure longitudinal growth and development.

The BDI-2 is available in a paper and an electronic format.

### Periodicity

Not noted

### Qualifications and Training

1) Individuals with sufficient training to administer and score assessments accurately and reliably with supervision and 2) individuals who interpret and report results of psychological tests who should have a greater level of training and supervised experiences.

Assumed to have college-level training in general measurement and statistical concepts essential for interpreting test results for different audiences. Must have a thorough understanding of the purposes of the instrument the characteristics of the child to be assessed relative to the normative sample, the administration procedures, and scoring. In addition, familiarity with child development through proper training and experience is important. Preschool, kindergarten, and primary school teachers, special educators, and infant intervention providers are primary screeners of the BDI-2. Educational aides who have considerable experience may also use the BDI-2 along with speech and language pathologists, adaptive physical education specialists, psychologists and diagnosticians.

### Costs

- Screener Kit with Manipulatives=$371.50
- Electronic Screening Kit=$436
- Training costs for a consultant to provide training

### Other

- Available in Spanish
- Based on normative samples of more than 2500 children between ages of birth to 7 years 11 months and closely matched the 2000 US Census
- Reliabilities meet or exceed traditional standards for excellence at the subdomain, domain, and full-test composite levels
- Concurrent and criterion validity were obtained using the Batelle Developmental Inventory, Woodcock-Johnson III, Denver Developmental Screening Test-2, Preschool Language Scale-4, Vineland Social-Emotional Early Childhood Scales and Wechsler Preschool and Primary Scale of Intelligence-3

**MCHAT**

<table>
<thead>
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<th>Description</th>
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<tbody>
<tr>
<td>The MCHAT is designed to be an autism screening tool to identify children 16 to 30 months who should receive a more thorough assessment for possible early signs of autism spectrum disorder or developmental delay.</td>
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</table>

The MCHAT can be administered and scored as part of a well-child check-up as well as other professionals or specialists to screen for developmental delays and autism. It is designed to be administered to parents/guardians and interpreted by pediatric providers. The MCHAT is free and can be conducted and scored online.

In terms of scoring the MCHAT uses Best7 and Total score to determine risk, which maximizes the MCHAT’s identification of children at risk for autism spectrum disorders. Among the 23 questions, there are seven that are considered critical screening questions. Answers to two or more of the seven critical questions suggest risk and further evaluation. The total score method recommends a more thorough evaluation when any three of the 23 questions suggest risk. A score at or above the cutoff for either Best7 OR Total Score results in a screen positive.

<table>
<thead>
<tr>
<th>Periodicity</th>
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<tr>
<td>18 and 24 months</td>
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<thead>
<tr>
<th>Qualifications and Training</th>
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<tbody>
<tr>
<td>Intended to be administered by a trained health care professional</td>
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<tr>
<td>No special training required</td>
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<table>
<thead>
<tr>
<th>Costs</th>
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<tr>
<td>Free</td>
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<table>
<thead>
<tr>
<th>Other</th>
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<tbody>
<tr>
<td>- Available in English, Spanish, Turkish, Chinese and Japanese and is currently being validated in other languages; used world wide</td>
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<tr>
<td>- Reliability: internal consistency = .87</td>
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<tr>
<td>- Validity: Positive Predictive Value = .058</td>
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<td>- Sensitivity = .87</td>
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<td>- Specificity = .99</td>
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<tr>
<td>- MCHAT offers free Autism Genetic Counseling Sessions through a toll-free number with a Licensed Certified Genetic Counselor</td>
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Information for this fact sheet came from the MCHAT web site at: [www.m-chat.org](http://www.m-chat.org)
# Bright Futures

## Description
Bright Futures includes visit forms to help physicians and office staff implement recommendations for health supervisions. The core forms include: Pre-visit Questionnaires, Visit Documentation Forms, and Parent/Patient Education Handouts.

Pre-Visit Questionnaires: can be done while waiting to be seen; determine what the family would like to discuss during the visit in conjunction with the Bright Futures visit priorities; initiate recommended medical screening by integrating risk-assessment questions; obtain developmental surveillance information from parents.

Visit Documentation Forms: resources for documenting activities within the typical health supervision visit.

Parent/Patient Education Handouts: include Bright Futures anticipatory guidance for each visit; written with attention to low literacy.

## Additional Bright Futures Visit Forms

- **Supplemental Questionnaires**: ask questions related to each of the five Bright Futures priorities for each visit.
- **Medical Screening Questionnaires**: risk-assessment questions incorporated into Bright Futures Pre-Visit Questionnaire.

## Periodicity
First week; 1, 2, 4, 6, 9, 12, 15, 18 months; 2, 2.5, 3 and 4 year visit.

## Qualifications and Training
Can be used by pediatricians, nurse practitioners, mental health professionals, oral health professionals, dietitians/nutritionists, child care providers, home visitors, educators/teachers, health educators, residency program students, parents/families.

Three-volume set of tools for training, “Bright Futures Training Intervention with Office Staff” that includes six office system components: using preventative services prompting system; using structures screening to assess developmental and behavioral needs; evaluating parental strengths and needs; using recall and reminder systems; linking to community resources; and identifying children with special health care needs. Workshops are also available to train professionals who work with children in the Bright Futures approach.

## Costs
Most materials (like the visit forms) are free of charge.

Bright Futures PDA Package (includes the essentials in one package—Guidelines book, Pocket Guide, PDA)—$129.95

## Other
- Available in English and Spanish; investigating possibility of translating into other languages as well.

Information for this fact sheet comes from the Bright Futures web site at: [www.brightfutures.aap.org](http://www.brightfutures.aap.org)