

Philadelphia Intellectual disAbility Services Infant Toddler Early Intervention

Regular Developmental Screening for Children who are At-Risk for Developmental Concerns

Policy

Philadelphia County Infant Toddler Early Intervention will conduct Regular Developmental Screening for children who meet the At-Risk criteria and

- 1) are not eligible for Early Intervention Services or
- 2) are eligible for Early Intervention Services but family declines Early Intervention Services and chooses At-Risk tracking.

Parents will be informed that their child is eligible for Regular Developmental Screening until the child reaches the age of three. Philadelphia Infant Toddler Early Intervention will establish and ensure that Regular Developmental Screening will occur for children who meet the At-Risk criteria, and this will be accomplished through its Service Coordination Entity(s). Children who meet the At-Risk criteria have one or more of the following:

- Affected prenatal substance exposure including alcohol to substance
- Elevated blood lead level
- Referred by Philadelphia Department of Human Services
- Experiencing homelessness
- Low Birth Weight
- Neonatal intensive care unit (NICU) stay

Procedures

1. Children who meet the At-Risk criteria can be enrolled in Regular Developmental Screening with parent consent:

- Before a multi-disciplinary evaluation (MDE) if the family chooses not to proceed with the evaluation
- After a multi-disciplinary evaluation (MDE), if the MDE team agrees that the child does not have a developmental delay
- When a child who had previously been eligible for Early Intervention services becomes age appropriate in all areas of development, the child can be enrolled Regular Developmental Screening
- When a child is eligible for Early Intervention services, but the family does not want the services at that time

2. A Service Coordinator will be assigned to the family to conduct the Regular Developmental Screening.

3. As part of Regular Developmental Screening, the Service Coordinator will provide the family with prior written notice before conducting a screening, using the Parent's Rights Agreement (PRA).

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4. The Service Coordinator will conduct at least quarterly developmental screening with the family unless the family requests a different schedule. This request will be documented in the service notes.
5. Quarterly Contacts can be in the form of a telephone meeting, face-to-face meetings, or written correspondence with telephone contact follow up. (Using written correspondence to track and monitor children means that families may be mailed an Ages and Stages Questionnaire – 3 (ASQ – 3), an Ages and Stages Questionnaire – Social Emotional 2 (ASQ – SE2) and a Modified Checklist for Autism in Toddlers (M-CHAT – R/F) to administer and the Service Coordinator will telephone the family to complete the scoring and to review the findings.)
6. The Service Coordinator will meet with the family to discuss Regular Developmental Screening and reviews the Parent agreement to participate in Regular Developmental Screening. A parent signature should be obtained.
7. The Service Coordinator will rotate the completion of the ASQ – 3 and ASQ – SE (2) with the family quarterly. An ASQ – 3 or ASQ – SE (2) does not need to be completed if the M-CHAT – R/F is completed for that quarterly contact.
8. The Service Coordinator will complete the M-CHAT – R/F with the family once for children between the ages of 16 and 30 months.
9. The Service Coordinator will give families information and will help families connect with community resources that they may request help with or need. This may include referrals to Early Learning settings such as Early Childhood Education programs including Head Start and PHLpreK.
10. The Service Coordinator will maintain documentation of the frequency and details of all contacts and attempted contacts with families.
11. The Service Coordinator will refer a child for an MDE or re-evaluation when the child has developmental concerns based on the screening or the concerns of the family.