



FACE Technical Assistance Brief

FACE Timeline in Completing Screenings and Assessments

What information will I find in this brief?

The purpose of this TA Brief is to assist FACE home-based programs with understanding the importance of screening and assessing families in a timely manner. A timeline will also be provided to programs to support parent educators in completing screenings and assessments.

What are the goals of screening and assessing FACE families?

Screening provides regular information about each child's health and developmental progress, increases parents' understanding of their child's development, and identifies strengths and abilities, as well as potential areas of concern such as developmental delays. It is important for the parent educator to support the family before, during, and after the screenings to make the process a positive learning experience for the parents and the child. Screening in FACE Programs is a requirement.

PARENTS AS TEACHERS CHILD HEALTH RECORD

While parent educator do not perform medical screenings, they do gather and maintain information on each enrolled child's health status and medical care to develop a full picture of the whole child. The *Child Health Record* is used to document a comprehensive review of the child's hearing, vision, and general health status. FACE parent educators are required to complete the hearing screening using the recommended otoacoustic emission (OAE) test and check for vision concerns using the functional vision screening strategies. For more information on how to conduct the tests and complete the *Child Health Record*, contact the Technical Assistant assigned to your program.

OTOACOUSTIC EMISSIONS TEST (OAE)

The OAE test measures sound waves produced in the inner ear. A tiny probe that is placed inside the child's ear canal measures the response (echo) when clicks or tones are played into the ears. Otoacoustic emissions (OAEs) are sounds given off by the inner ear when the cochlea is stimulated by a sound. When the sound stimulates the cochlea, the outer hair cells vibrate producing a nearly inaudible sound that echoes back into the middle ear. The echo is measured by the microphone of the OAE equipment. If no echo can be detected for measurement, the child may have a hearing loss. The OAE test should be conducted to measure OAEs and not used to diagnose hearing loss. A referral should be made to the child's primary care physician or pediatrician for further testing. Results for each ear, pass or fail, should be documented in Penelope in the *Child Health Record*. If a referral was made be sure to document in the *Resource Connection* document.

AGES AND STAGES QUESTIONNAIRE, 3RD EDITION (ASQ-3)

The ASQ-3 is a developmental screening tool used to support families in helping children realize their full potential through early detection of developmental delays and increased parent knowledge of early childhood development. Parent educators and caregivers are charged with completing the ASQ-3 to



improve child outcomes in five key developmental areas including Communication, Gross Motor, Fine Motor, Problem Solving, and Personal-Social. The ASQ-3 does not diagnose; rather it is a first step in identifying children who may benefit from additional services designed to improve their outcomes in the five key areas. For more information on how to administer the ASQ-3 please contact your Technical Assistant or refer to the ASQ-3 Toolkit offered to each program.

AGES AND STAGES QUESTIONNAIRE: SOCIAL-EMOTIONAL, 2ND EDITION (ASQ:SE-2)

The purpose of the ASQ:SE-2 screening tool is to identify and address potential social-emotional concerns by screening for social and emotional behaviors. An increase in negative exposure to risk factors such as poverty and stress elevates the likelihood of children facing exclusion from learning environments due to stigma, risk for mental illness, delinquency, poor achievement in school, and poor physical health in adulthood. The ASQ:SE-2 does not diagnose serious or emotional disorders; rather it is a first step in identifying young children who may benefit from in-depth evaluation and/or preventative interventions designed to improve their social competence, emotional competence, or both. For more information on how to conduct the ASQ:SE-2 please contact your Technical Assistant or refer to the ASQ:SE-2 Toolkit offered to each program.

PARENT AS TEACHERS CHILD SCREENING SUMMARIES

Parent educators are not only tasked with supporting families in completing the ASQ-3 and ASQ:SE-2 Questionnaires, but also providing parents with verbal and written summaries of all results including information about next stages of development and strategies to promote development. Parent educators can access the Child Screening Summary in the family's respective Penelope case. Once opened, the parent educator will pull together the results of the completed screenings to share with the family at their next visit. By summarizing the highlights of what the child can do currently and describing upcoming developmental milestones, parents are knowledgeable about their child's current stages and given tips on how to support the child's ongoing development.

LIFE SKILLS PROGRESSION (LSP)

The LSP is an outcome measurement instrument designed to monitor 35 parental life skills in the areas of Relationships, Education and Employment, Parent and Child Health, Mental Health and Substance Abuse, and Basic Essentials. The LSP is intended to help parent educators reflect on complex family issues in a way that facilitates a clear understanding of family needs, strengths, issues, and results in a more effective way. The LSP was not designed to use in an interview form; if used this way it could interfere with establishing a trust relationship. Thus, parent educators are encouraged to engage in reflective practice to complete the LSP on each participating adult to support the growth of parental life skills needed to establish a good, healthy, and successful life.



When should FACE parent educators conduct screenings and assessments?

PARENTS AS TEACHERS CHILD HEALTH RECORD

The *Parents as Teachers Child Health Record* should be completed within 45 days of the family's enrollment date (date found on the *FACE Enrollment Forms*). The information will need to be entered into Penelope Live in the family's respective case. The document is a three-year form, thus will need to be updated annually. After the family completes the *Child Health Record* be sure to enter results into Penelope.

OTOACOUSTIC EMISSIONS TEST (OAE)

Each enrolled child aged birth to three should receive the OAE hearing test at least once a year, preferably within 45 days of enrolling the child into FACE or at the beginning of the school year. A child that did not pass the first OAE screening in either ear should be rescreened in two weeks for a second screening. If the child did not pass the second OAE screening, then refer them to a health care provider for a middle ear evaluation. Once the health care provider clears the child then he/she will need to be screened for a third time. If the child does not pass the third OAE test, then it is imperative that the family be referred to an audiologist for a complete diagnostic evaluation. If a physician has completed the hearing screening, be sure ask the family for the results to enter into Penelope and insert into the Family File Folder. The OAE should be conducted once a year until the child is 3-4 years old. Thereafter, a Pure Tone Audiometric Screening can be conducted.

NOTE: There are some special considerations to make note of, including:

- Children with a permanent congenital disease should be screened every 6 months.
- Children whom passed, but a family history of hearing loss exists, should be referred to their primary care physician.
- Children who pass their newborn screening, but have a known risk factor¹, should be referred to an audiologist for at least one diagnostic audiology assessment by age 24 to 30 months.
- Children whom have stayed in the NICU for 5 days or more should be screened by 6 months of age.

AGES AND STAGES QUESTIONNAIRE, 3RD EDITION (ASQ-3)

The *ASQ-3 Questionnaire and Information Summary* is to be completed twice each program year. The first should be completed within 45 days of the family's enrollment into the program. The second should be completed by May 1st of each program year. At the end of the program year, each child should have two screenings completed and both results entered into Penelope.

¹ Late onset and progressive hearing loss, congenital hearing loss, cranio-facial anomalies, meningitis, head injury, and cytomegalovirus



AGES AND STAGES QUESTIONNAIRE: SOCIAL-EMOTIONAL, 2ND EDITION (ASQ:SE-2)

The *ASQ:SE-2 Questionnaire and Information Summary* is to be completed once per program year. The ASQ:SE-2 screening should be completed for each child before December. The results of each child's screening should be entered into Penelope Live.

PARENT AS TEACHERS CHILD SCREENING SUMMARIES

Three Child Screening Summaries should be completed throughout the program year for every child: two for the ASQ-3 and one for the ASQ:SE-2. Every parent educator is tasked with completing the Child Screening Summary immediately after scoring the Questionnaires and filling out the Information Summary. The Summaries should be printed off and results shared with the family at the next personal visit.

LIFE SKILLS PROGRESSION (LSP)

The LSP is to be completed within 90 days of a participating adult's enrollment date, which can be found on the *FACE Enrollment Forms*. Another assessment form will be completed every 6 months thereafter until the participating adult exits or his/her family transitions out of FACE Home-based. If there are two participating adults in one family, an assessment form will need to be completed for each adult and the results should be entered into Penelope Live.



Screening and Assessment Timeline for FACE Programs

