

Appendix B- Delaware Part C Phase II Assessment Practices Implementation Work Plan

Strand of Action: Assessment Practices									
Improvement Strategy: 1.1 Researching and identifying assessment tools designed to capture social emotional strengths and concerns for infants and toddlers.									
Outcomes:									
Short-Term	Birth to Three will research and identify assessment tools designed to capture social emotional strengths and concerns for infants and toddlers								
Short-Term	Child Development Watch will be able to more accurately assess social emotional development								
Intermediate	There will be an earlier identification of social emotional needs								
Long-Term	An increased number of infants and toddlers will be able to demonstrate progress in the area of Social Emotional development								
Implementation Activities and Steps:									
Activities and Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who is Responsible?	Timelines (projected initiation & completion dates)	TA Center Support (as appropriate)	Potential Measurement
		State	Local						
Activity ONE									
Activity per Team Decision: Design a "DREAM" tool, listing ideal functions aimed at providing comprehensive information regarding a child's social emotional strengths and areas of improvement. This activity will allow for the team to express all areas of concern, experience and build continuity.	X			The team discussed and identified the following criteria: Can be used to determine eligibility, Can be used for COSF development, Can be used for monitoring, Should be standardized, Should inform goals, Should be multi-lingual, Should align with the Routines-Based Interview (RBI), Should encourage parent engagement, Can be administered by multi-disciplines, Should have consistency, Should align with the Building Blocks Crosswalk, Can be used by doctors to refer, Should provide a more comprehensive evaluation in the early years, Should produce clear outcomes, Should work effectively within required timeframe, Should involve minimal paperwork, Should be workable regarding intensity of training, Should be cost effective and re-printable, Should recognize/consider behavior in a variety of evaluation settings, Should encompass birth to 36 months, Should provide valuable information, Should be able to put into practice easily, Should include birth mandates, Should be same tool used from entry to exit, Should be subjective, not judgmental	Team input and information on assessment tools to discuss.	Team	Oct-15		Look Into
Activity TWO									
Research assessment tools used country-wide that may meet "Dream" tool criteria.	X			Request information from Technical Assistants and information from webinars, conference calls, etc. http://ectacenter.org/~pdfs/eco/osep_report_appc.pdf	Research and information from TA on state assessments	Pam Weir	Mar-16	Request information from TA	
Activity THREE									
Discuss and dissect the 25 "Dream" tool criteria to decide on the most vital components of the instrument to be piloted.	X			See <i>Tool Comparison</i> tab	Team Input	Team	Oct-15		Look Into

TOOL	USE	AGES	STANDARDIZED	STANDARD DEVIATION	NORMED	AREAS SCREENED	SOCIAL/EMOTIONAL	TIME TO ADMINISTER AND BY WHOM	ELIGIBILITY	BILINGUAL	POSITIVES	NEGATIVES	SOURCE
Bailey Scales of Infant Development	The Bailey Scales of Infant Development (BSID) is intended to identify infants and young children at risk of developmental delay who should be evaluated further. 2. When using the measure, investigators should distinguish between verbal and nonverbal items.	Birth to 42 months old	Y		Y	The Screener focuses on the cognitive, language, and motor domains. The motor subset may be useful with premature and other high risk infants.		Takes approximately 25-60 minutes to administer DEPENDING ON AGE, Direct With Child	1. Documented, sound, psychometric properties 2. Standardized Score 3. Accurate		1. An assessment that aligns better with goals for early childhood interventions is needed. 2. When using the measure, investigators should distinguish between verbal and nonverbal items. 3. A shortened version is in development for use in large scale national surveys, but concern was expressed that content and construct validity may be sacrificed for reliability, predictive validity, and ease of administration.	http://actcenter.org/pdf/bsid/bsid_report_page.pdf	
Bailey Infant Behavior Record-SCREENER	The measure is intended to supplement information obtained from the Bailey Scales of Infant Development. It assesses the child's social and emotional development through a standardized description of his or her behavior during the testing session.	1 to 42 months old				It assesses the child's social and emotional development through a standardized description of his or her behavior during the testing session. Can be used to determine whether a child is developing normally and provide for early diagnosis and intervention in cases of developmental delay, where there is significant tardiness in acquiring certain skills or performing key activities. Additionally, they can be used to qualify a child for special services and/or demonstrate the effectiveness of those services.		Administered during the BSID test, which takes approximately 45 minutes.			1. Its utility for measuring progress in the context of intervention research was questioned because while variations in performance observed early in development may obscure brief developmental changes that occur, especially across shorter periods of time.	http://actcenter.org/pdf/bsid/bsid_report_page.pdf	
VINELAND Adaptive Behavior Scales	This assessment provides critical data for the diagnosis or evaluation of a wide range of disabilities, including mental retardation, developmental delays, functional skills impairment, and speech/language impairment. Vineland has also been proven to be an accurate resource for predicting autism and Asperger syndrome, among other differential diagnoses.	Birth to 18 years			Y	Designed to assess disabled and non-disabled persons in their personal and social functioning: subscales in communication, daily living skills, socialization, and motor skills.		There are three versions of this scale and the administration times is the following: interview Edition (297 items) 20-60 minutes; Expanded Form (577 items) 60-90 minutes; Classroom Edition (244 items) 20 minutes.	1. Interprets well for Spanish speaking families 2. Quick to administer		1. Parent report- can be influenced 2. Requires more training 3. Inaccurate standard score delay determination 4. Not fine tuned 5. Does not qualify well	http://actcenter.org/pdf/bsid/bsid_report_page.pdf	
E-LAP- Early Learning Achievement Profile	The E-LAP is a criterion-referenced screening tool for infants and toddlers. It is considered a source of information about the young child's functioning and should be used to identify young children who need a referral for a developmental assessment through Early Intervention. Was originally used to assess developmental level of children with special needs, although now can be used with any infant and toddler (with or without disabilities).	Birth- 36 months	Y			Five principle developmental domains: motor (gross, fine), self help (adaptive), language (communication), cognitive, and social emotional functioning.		12-15 minutes to administer, Direct with RM	1. Bi-lingual 2. Parent informed 3. Quick to administer		1. Not comprehensive 2. Needs more clear questions 3. Results for 6 months	http://actcenter.org/pdf/bsid/bsid_report_page.pdf	
CARDINA, Carolina Curriculum for Infants and Toddlers with Special Needs	Curriculum based assessment for program development and planning. Designed for children who have mild to severe special needs. Can be used to assess the adaptive behavior of children.	Birth to 5 years old	N			Language/Communication, Math, Social/Emotional, Movement/physical, Adaptive Cognitive		Individual assessment logs and developmental progress charts are provided	1. Grades EE- User friendly 2. Almost anyone can use, additional training provides more comprehensive results		1. Not standardized 2. Long- administered over many sessions 3. Not a good qualifying tool 4. Cannot be used for eligibility 5. Can be used specifically because of training	http://actcenter.org/pdf/bsid/bsid_report_page.pdf	
Agnes & Stages Questionnaire, Third Edition (ASQ-3)	A norm-referenced parent report screening designed to identify developmental delays during the first 5 years of life. Different forms are used for different age groups. Recommended for use in pediatric primary care settings and for developmental surveillance of high risk infants and toddlers. Results may be used to differentiate children who should be referred for developmental assessment from children who should be monitored and re-screened.	One Month- 5 1/2 Years			Y	Communication, gross motor, fine motor, problem solving, and personal-social.		Each form takes 10-15 minutes to complete, Parent Report	1. Highly valid, reliable, and accurate 2. Cost-effective 3. Easy to score in just minutes 4. Research and tested with an unaffiliated sample of diverse children 5. A great way to partner with parents and make the most of their expert knowledge 6. Fun and engaging for kids			http://www.childhealthfund.org/sites/default/files/dev-and-mental-health-primary-care-screening-tool.pdf http://ageandstages.com/products/services/asq3/	
Agnes and Stages Social Emotional (ASQSE)	Norm-referenced 30 item screening instrument that intended to identify infants, toddlers, and preschool-age children with social emotional deficits. Reading level is below the 6th grade. There are different forms for specific age groups (6, 12, 18, 24, 30, 36, 48, and 60 months).	3 months - 66 months			Y	Focuses on social/emotional domain: self regulation, compliance, communication, adaptive functioning, autonomy, affect, interpersonal interaction.		15-20 minutes or less to complete and under 5 minutes to score, Parent Report	1. Standardized 2. Quick 3. Can inform goals and skills 4. Covers all domains 5. Aligns with RB		1. Cannot be used for eligibility	http://www.childhealthfund.org/sites/default/files/dev-and-mental-health-primary-care-screening-tool.pdf	
Agnes and Stages Social Emotional, 2nd Edition (ASQSE 2)		1-72 months				self-regulation, compliance, social communication, adaptive functioning, autonomy, affect, and interaction with people		A questionnaire (take 10-12 minutes) to complete and 1-3 minutes to score. Parents/caregivers complete the questionnaire; professionals, paraprofessionals, or clerical staff score them.	1. Cost-effective 2. Reproducible 3. Can be used alone or with ASQ-3			http://ageandstages.com/products/services/page-2/	
Brief Infant Toddler Social Emotional Assessment (BITSEA)- SCREENER	The BITSEA is a brief screen of children's social or emotional behavior problems and competencies based on the Infant Toddler Social Emotional Assessment (ITSEA). As with the ITSEA, it was designed to identify children with deficits or delays in these areas, with positive screens to be followed by administration of the full ITSEA. The measure yields a Problem Total Score and a Competence Total Score. There are two versions, a Parent Form and a Childcare Provider Form.	1-3 years old				Psychosocial Functioning Subcategories of Domains Assessed: Competence and Other Measures of General and Psychosocial Functioning		Roughly 6 Minutes depending on type-Parent or Childcare Provider	1. Standardized 2. Quick 3. Can inform goals and skills 4. Covers all domains 5. Aligns with RB		1. The age range of the measure 1-3 is awkward for treatment outcome research and longitudinal studies because children need to fall in that age range at pre-, post-, and follow-up assessment periods. 2. There are no norms. 3. The measure consists of 42 items, but it yields scores on only two scales. This limits the utility of this measure. The authors suggest that positive screens on the BITSEA be followed by the ITSEA. 4. With regard to using the measure for trauma-exposed children, there is no scale that directly measures trauma symptoms, so another measure would need to be used to capture trauma symptomatology. 5. As with most Parent Report measures, items are face valid and parent may respond defensively or in biased ways. There are no validity scales associated with this measure.	http://www.victus.org/Content/Brief%20Infant%20Social%20and%20Emotional%20Assessment%20Childcare%20Provider%20Form%20BITSEA%20Child-0	
Infant Toddler Social and Emotional Assessment (ITSEA)- SCREENER	The ITSEA assesses for social or emotional problems and competencies in infants and toddlers and was designed to identify children with deficits or delays in these areas. It provides a comprehensive profile of problems and competencies with scores on 4 domains. There are two versions, a Parent Form and a Childcare Provider Form.	1-3 years old				4 domains: 1) Externalizing, 2) Internalizing, 3) Dysregulation, 4) Competence. Each domain is comprised of a number of subscales (see sample items). The ITSEA also yields scores on three clusters that include physical behaviors, Maladaptive, Social Referential, and Atypical.		25 minutes depending on type-Parent or Childcare Provider	1. The items appear clear and easy to understand. 2. The measure was developed specifically to assess infants and toddlers and includes items that are developmentally sensitive and relevant to young children. 3. Assesses competencies as well as problem behaviors. 4. The measure appears to be a good screener in that scores are highly correlated with both the full ITSEA and the CBCL. 5. The measure is brief and can be administered in 6 minutes. 6. There is a Childcare Provider version with identical items and scales to allow for comparisons between reports.		1. The full psychometrics of the Childcare Provider Form have not been examined. At this point (8/05) there are only data regarding internal consistency, and there are no norms. 2. The measure is long. Studies of consumer satisfaction conducted with parents seem to suggest that approximately 39% felt the measure was somewhat too long or too long. Studies of this type have not been conducted with childcare providers, but it is likely that they will find the length burdensome. The BITSEA Childcare Provider Form is more likely to be useful in childcare settings. 3. The age range of the measure 1-3 is awkward for treatment outcome research and longitudinal studies because children need to fall in that age range at pre-, post-, and follow-up assessment periods. 4. With regard to using the measure for trauma-exposed children, there is no scale that directly measures trauma symptoms, so another measure would need to be used to capture trauma symptomatology. 5. The pricing of the ITSEA Childcare Provider Form seems high, given the limited psychometric research on this measure.	http://www.victus.org/Content/Brief%20Infant%20Social%20and%20Emotional%20Assessment%20Childcare%20Provider%20Form%20BITSEA%20Child-0	
Battelle Developmental Inventory - Screening Test (BDST)	This norm-referenced screening tool is comprised of 96 items drawn from the Battelle Developmental Inventory (BDI). There are two forms for each developmental domain and age level (6 6-month intervals) from birth to 36 months and one year intervals thereafter. Items assess attention, self-help, interactions, fine and gross motor, memory, reasoning, receptive and expressive language skills.	12 months - 36 months			Y	Subtests may be scored for five domains: adaptive, motor, communication, cognition, and social emotional		Administration time varies with child's age (20-30 minutes for 3-5 year olds, 10-15 minutes for under 3 and over 5 year olds). Combination: Direct With Child and Parent Interview				http://www.childrenshealthfund.org/sites/default/files/dev-and-mental-health-primary-care-screening-tool.pdf	
Battelle Developmental Inventory (BDI)	The BDI was initially developed by a team of investigators who were charged by the Federal government with the task of evaluating the impact of the Handicapped Children's Early Education Program. The BDI is a comprehensive instrument that tests key developmental skills in children.	Birth to 8 years of age.				• Language/Communication • Social/Emotional • Movement/Physical • Adaptive • Cognitive		Individual administration • The complete BDI contains 341 items • Takes approximately 1 to 2 hours to administer the complete BDI			1. The BDI can be administered to children with various handicapping conditions by using modifications.	http://actcenter.org/pdf/bsid/bsid_report_page.pdf	
Brightline Screens, 2nd edition (Brightline-II) Infant & Toddler, Early Preschool, Preschool-II, K & 1 forms.	Now different forms are available to accommodate different age groups (birth - 23 months, 24-36 months; and 4 and 5 year olds). Kindergarten and first graders). The re-design of the test incorporates both criterion-referenced and norm-referenced elements. The Early Preschool and Preschool Screens may be especially useful for children in Early Head Start and Head Start Programs. The Brightline-II is also intended to identify children who are gifted and talented.	Birth- 90 months				Gross motor, fine motor, self-help, social emotional, receptive and expressive language, visual graph motor, articulation & fluency, quantitative concepts, prewriting skills, and ability to give personal information as appropriate for child's age.		15-20 minutes to administer, Parent Report for Infant and Toddler Form; others Direct With Child				http://www.childrenshealthfund.org/sites/default/files/dev-and-mental-health-primary-care-screening-tool.pdf	

Parent/ Evaluation of Developmental Status (PEDS)	Standardized and designed to comply with American Academy of Pediatrics policy on early developmental and behavioral screening in pediatric primary care. The PEDS is a 10 item questionnaire which elicits parent concerns based on response of "yes/no/don't know" written at the grade level.	Birth - 96 months	Y			Cognition, expressive and receptive language, fine-motor, gross-motor, behavior, social-emotional, self-help, and school.	Less than 5 minutes to administer, Parent Report	Y		http://www.chdehealthfund.org/sites/default/files/dev-and-mental-health-primary-care-screening-tool.pdf	
Parent/ Evaluation of Developmental Status: Developmental Milestones (PEDS-DM)	The PEDS-DM may be used as a follow-up for children identified using the PEDS or as a stand-alone screening. It was designed to facilitate early identification of developmental and behavioral problems as a validated replacement for informal developmental checklists often used in primary care. The brief screening is comprised of 6-8 items per primary care encounter, one age-appropriate item is selected for each developmental domain. This can be supplemented with additional items for an assessment level ("level 2") screening. Normative data shared by the publishers of the Brigance Screens was used in developing the test.	Birth - 95 months				The items cover expressive and receptive language, fine and gross motor, social-emotional, self-help (adaptive), and academic, or pre-academic skills, (cognitive) functioning	10-15 minutes to administer, Parent Report and/or Direct With Child			http://www.chdehealthfund.org/sites/default/files/dev-and-mental-health-primary-care-screening-tool.pdf	
Pediatric Emotional Distress Scale (PEDS)	This 20-item parent report measure was designed to rapidly score and screen for elevated symptomatology in children following exposure to a stressful and/or traumatic event. It is not intended to be a diagnostic instrument. It consists of behaviors that have been identified in the literature as associated with experiencing traumatic events and consists of 17 general behavior items and 4 trauma-specific items.	3-10 years old		Analyses of means suggest that there were no differences based on gender. The only age differences is that younger children scored significantly higher on the acting out factor. Age analyses examined age differences between children aged 2-5 and those aged 6-10.		Domains Assessed: Traumatic Stress/Anxiety/Mood (Internalizing Symptoms) Externalizing Symptoms The measure yields scores on the following scales: 1) Anxious/Withdrawn, 2) Fearful, and 3) Acting Out. Of the 4 trauma-specific items, 2 loaded on a separate Talk/Play factor.	7 minutes Parents/ Caregiver	English Spanish	<ol style="list-style-type: none"> 1. It screen for symptoms commonly seen in trauma-exposed children. 2. It is brief. 3. Individual items are clearly written and easy to understand. 4. Items are derived from widely accepted measures. 5. The measure is free. 	<ol style="list-style-type: none"> 1. The measure does not assess all PTSD symptoms (it was not designed for this purpose), and therefore does not provide a true measure of PTSD symptomatology. Also, the re-experiencing factor may be problematic, given that it consists of 2 items. 2. While psychometrics are promising, more research is needed. Concurrent validity was examined only with a clinical sample. Also, more research is needed to determine whether the PEDS can distinguish between trauma exposed children and other clinical samples. 3. Little research has been conducted with diverse samples. 	http://www.nctsn.org/content/pdf/infant_toddler_social_and_emotional_assessment_childcare_provider_form_betae_child_04_09.pdf
Greenberg Social-Emotional Growth Chart	Norm-referenced 35-item questionnaire designed to identify problems in emotional functioning in infants, help establish goals for early intervention and monitor progress in early intervention programs. Uses a 4-stage model of functional emotional milestones. Responses are on a scale of 0 (can't tell) to 5 (all of the time). Can be used to screen for action spectrum disorder	Birth - 42 months				Focuses on six areas: self-regulation and interest in the world, relationships, communication, problem solving, and expression	Less than 10 minutes to complete, Parent Report			http://www.chdehealthfund.org/sites/default/files/dev-and-mental-health-primary-care-screening-tool.pdf	
Devereux Early Childhood Assessment (DECA)-SCREENER	A standardized, valid and reliable assessment instrument that measures child protective factors as well as concerns for behavioral concerns. The DECA determines a child's strengths in the areas of attachment, initiative, and self-control. It also identifies behavioral concerns that may indicate a child's need for targeted intervention.	2 to 5 years old					DECA should be administered by teachers periodically throughout the year.		<ol style="list-style-type: none"> 1. DECA can be used to identify children needing special services and also can be used, along with information from other sources, to support referrals for further evaluation of a child's special needs. 2. DECA results may be examined for statistical significance to note improvements in children's scores throughout each program year. 	http://actcenter.org/pdf/eca/eca_report_appc.pdf	
Measure of Engagement, Interdependence, and Social Relationships- MEISR	The purposes of the MEISR are (a) to help families, as members of intervention teams, assess the child's competence in everyday situations, which might help them decide on intervention priorities; (b) to help professional ask families relevant questions about child functioning in home routines, and (c) to monitor a child's progress.					A calculator, a spreadsheet program or a statistical software program can be used to calculate mean (average) and standard deviations (indicators of the spread of scores around the mean.)			<ol style="list-style-type: none"> 1. Used to monitor progress 2. Used to help with intervention 3. Used to ask families relevant questions about a child functioning in home routines 4. Used to assist with COSF rating 5. MEISR-COSF organized by outcomes, routines, developmental age, functional domains 6. C-DECA for pre-school classrooms 	<ol style="list-style-type: none"> 1. Not an assessment tool 2. Not to determine eligibility 3. Not to determine developmental age level 4. Lengthy 	http://cosf.com/fig_line_ech/monitors_child_functioning_routines_information_child_outcomes_research
Assessment, Evaluation, and Programming System (AEPS)	Curriculum-based assessment for program development and program planning.	Birth to 6 years old				<ul style="list-style-type: none"> • Social/Emotional • Movement/Physical • Adaptive • Cognitive 	<ul style="list-style-type: none"> • Administered by interventionists, teachers, specialists, and caregivers • Composed of developmental items that monitor progress while in the program. One form for children birth to 3 year old and another form is for children 3 to 6 years old 	<ol style="list-style-type: none"> 1. Can be used as an evaluation for children who have disabilities or are at risk for developmental delay. Also can be used to assess adaptive behavior. 	http://actcenter.org/pdf/aeaps/aeaps_report_appc.pdf		
Hawaii Early Learning Profile (HELP)	Curriculum-based assessment used for identifying needs, tracking growth and development, and determining "next steps" (target objectives).	Birth to 6 years old				<ul style="list-style-type: none"> • Language/ Communication • Social/Emotional • Movement/Physical • Adaptive • Cognitive 	There are two versions of HELP: one is for infant/toddlers (HELP 1-3) and the other is for preschoolers (HELP 3-6) Sequenced items available to track progress in child's development	<ol style="list-style-type: none"> 1. Can be used for children who are "at risk," who may have developmental delays, or who are developing as "normal" preschoolers. Can also be used to assess the adaptive behavior of children. 	http://actcenter.org/pdf/aeaps/aeaps_report_appc.pdf		
Bayley III Screening Test, formerly the Bayley Infant Neurodevelopmental Screen (BINS)	The Bayley Scales of Infant Development (BSID) is a norm-referenced instrument which, in its various versions, is often considered the "gold standard" in infant/toddler cognitive assessment. The Bayley III Screening Test is intended to identify infants and young children at risk of developmental delay who should be monitored further. The Bayley III screener is especially useful in monitoring the development of premature and low birth weight infants.	1 month - 42 months				<p>Five major areas of development:</p> <ul style="list-style-type: none"> Cognitive Physical Social/Emotional Communication Adaptive 	15-25 minutes to administer depending on age of child, Direct With Child. Intended to be used by a qualified health, mental health or child development professional.		<ol style="list-style-type: none"> 1. Well suited for multidisciplinary and arena assessment teams: Cognitive, Language, and Motor Scales can be administered independently 2. Assist practitioner in intervention planning 3. Chart a child's progress after initiation of an intervention program 	http://www.chdehealthfund.org/sites/default/files/dev-and-mental-health-primary-care-screening-tool.pdf http://image.psonline.com/image/infant/04/Bayley-III-WebSite.pdf	
Birth to Three Assessment and Intervention System, Second Edition (BTAS-2) Screening Test of Developmental Abilities	The BTAS-2 is designed as an integrated system for screening, assessment and intervention with infants and toddlers birth to 36 months. The Screening Test of Developmental Abilities is a norm-referenced 85-item instrument which yields standardized scores that can be converted to age-equivalents indicating the child's functional level. Children who score positive should be referred for developmental evaluation. The BTAS-2 evaluation component (240-item criterion-referenced Comprehensive Test of Developmental Abilities) may be used.	Birth- 36 months				Screens functioning for motor, expressive and receptive language, nonverbal thinking, and social/personal development.	15 minutes to complete the screening, Direct With Child			http://www.chdehealthfund.org/sites/default/files/dev-and-mental-health-primary-care-screening-tool.pdf	
Developmental Assessment of Young Children (DAYC)	This norm-referenced screening and assessment tool is designed to meet individuals with Disabilities Education Act/Early Intervention Program requirements to address the five developmental domains. It focuses on developmental delay and physical development as well as on developmental strengths.	Birth - 71 months				There are five subtests: Physical Development, Adaptive Behavior, Cognition, Communication, and Social/Emotional skills.	Approximately 20 minutes to administer the full screening; however, specific subtests may be used based on impressions of the child's strengths and needs, Direct With Child and Parent Report especially if used with infants	Can be used with non-English speaking families through a translator.		http://www.chdehealthfund.org/sites/default/files/dev-and-mental-health-primary-care-screening-tool.pdf	
Denver Developmental Screening Test - II (Denver II)	The Denver II is frequently used by health care providers as part of EPDS screening. It has 125 items in four categories with markings indicating the age at which 25%, 50%, 75%, and 90% of the standardization sample had met the milestone or were able to perform the skill. A subset of items is administered based on the child's age. The original Denver was criticized for low sensitivity (under-identifying children with delays); the revised version is improved relative to the original DDST. The Denver II is not designed as a test that should be scored; decisions about referral for developmental evaluation or continued monitoring require clinical judgment.	1 month - 72 months				The Denver II items are grouped in four categories: gross motor, fine motor, adaptive, language, and social skills.	10-20 minutes to administer, Direct With Child and Parent Report Depending on the item.			http://www.chdehealthfund.org/sites/default/files/dev-and-mental-health-primary-care-screening-tool.pdf	
Temperament and Atypical Behavior Scale (TABS) TABS Screener	The TABS Screener is one of three components of the TABS System. It is a norm-referenced 15-item screening tool intended to identify infants and young children with temperamental and self-regulatory problems that indicate risk of developmental delay. Results are presented in a way that is consistent with Early Intervention Program eligibility criteria, and it may be especially useful in establishing eligibility for services for infants and toddlers with a primary mental health diagnosis. Written at the 3rd grade reading level.	11 months - 71 months				Provides information about temperament, attention and activity, attachment and social behavior, neurobehavioral state, sleep, play, vocal and oral behavior, sensory and motor functioning, and self-stimulatory behavior.	Approximately 5 minutes to complete. A positive screening should be followed-up with assessment using the 55 item checklist-format TABS assessment tool. Parent Report	Y	Y	http://www.chdehealthfund.org/sites/default/files/dev-and-mental-health-primary-care-screening-tool.pdf	

Delaware Part C Phase II Implementation Work Plan

Strand of Action: Assessment Practices									
Improvement Strategy: 1.3 Discussing and identifying ways to improve processes in Assessment									
Outcomes:									
Short-Term									
Short-Term									
Intermediate									
Long-Term									
Implementation Activities and Steps:									
Activities and Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who is Responsible?	Timelines (projected Initiation & completion dates)	TA Center Support (as appropriate)	Potential Measurement
		State	Local						
Activity ONE									
Define what areas of social emotional development we are going to be assessing				Discuss with SE COP	Information from SE COP	Pam and Co-Leads	Jun-16	Request Information	
Activity TWO									
Discuss and consider what impacts child outcomes data	X			work with monitoring and Accountability Team to run report-split services, FSCs receiving information from providers, infrequent visits, child hospitalization, family issues. Monitoring and Accountability noticed missing data-should have over 700 COSFs, have slightly over 450	See Policy document		May-16		
				Team discussed the need to have a clear understanding of the COSF process- a meeting will be convened in early 2016 to discuss the COSF policy and process.	Meeting date and time.	Pam will report back to team once meeting has taken place.	Feb-16		
Activity THREE									
Discuss parties involved in initial assessment				Team discussed confusion because of the RBI and would like more information on the flow chart of sequencing. Conference call being scheduled between members of CDW north and south to complete flow chart.	Meeting date and time.	Pam will report back to team once meeting has taken place.	Jan-16		
				Sequencing Meeting took place, document has been drafted. Share with Assessment Practices team once final approval is rendered.	Approved Sequencing Document	Pam will disseminate to team once final draft is approved	Apr-16		
				Professional Development/ RBI Meeting 2/17/16 discussed Flow Chart	Professional Development/ RBI Meeting 3/23/16-team members will confirm Work Flow	Pam will disseminate to team once final draft is approved	Apr-16		
Activity FOUR									
Develop procedures, policies and protocols to assure providers and CDW use same assessment tools to afford consistent results				Discuss in Phase III					

