



# Core Practices, Strategies, and Resources for Supporting Social Emotional Develop- ment in Pediatric Care

From the Pediatrics Supporting Parents Learning Community

2019-2020



# About the Pediatrics Supporting Parents Learning Community

## The Potential

The early years of life (birth to age 3) represent a unique opportunity for pediatricians to work with families to support children's healthy development. This is a time when families play a significant role in their children's social and emotional growth. It's also a time when pediatricians can have a positive impact on families—during these early years, families are especially involved, curious and open to new ideas.

## The Initiative

Between 2019 and 2020, with support from the The Silicon Valley Community Foundation Pediatrics Supporting Parents Fund, NICHQ led a Learning Community of eighteen (18) pediatric primary care practices to test and refine strategies to improve their effectiveness in fostering social and emotional development of their patients (birth to age 3). A set of Core Practices were identified and informed by a Program Analysis conducted by The Center for the Study of Social Policy (CSSP) and summarized in this report: [Pediatrics Supporting Parents Program Analysis: Program and Site Selection Process and Results](#)

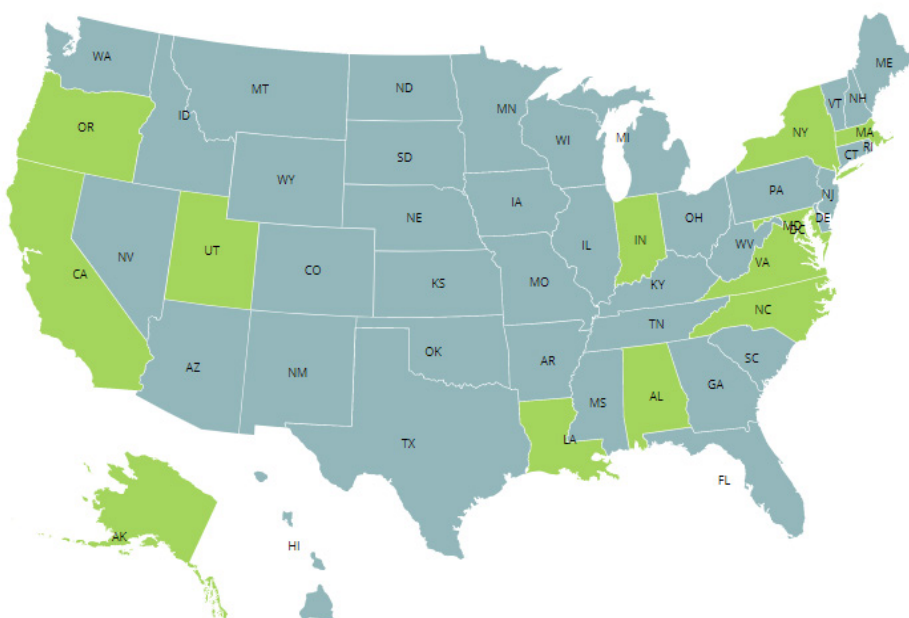
**Pediatrics Supporting Parents' ultimate vision is to help ensure that all children from birth to age 3 receive the supports they need to achieve kindergarten readiness and positive life outcomes.**



## Promoting Change Across the Country

NICHQ utilized a quality improvement framework with the 18 pediatric practices to test and refine strategies in a variety of contexts and communities. The core practices and strategies outlined in this document served as a road-map for the participating pediatric providers and includes additional resources that they developed as part of this initiative or identified as useful in their work.

**We're sharing the strategies that worked best for participating practices so that pediatric providers across the country can benefit from their learnings. The core practices outlined in this resource served as a road-map for the Pediatric Supporting Parents project, and should not be interpreted as direct findings.**



Together, the 18 pediatric practices serve approximately 78,000 children a year. Of these, 70 percent are enrolled in Medicaid or CHIP.

Participating States



## Participating Practices

**Alaska Center for Pediatrics**, Anchorage, Alaska

**Bishop Orris G. Walker, Jr. Health Care Center**, Brooklyn, New York

**Boston Children's Primary Care**, Boston, Massachusetts

**CapitalCare Pediatrics Troy**, Troy, New York

**Carilion Children's Pediatric Medicine**, Roanoke, Virginia

**Childhood Health Associates of Salem**, Salem, Oregon

**CommuniHealth Services**, Bastrop, Louisiana

**Dr. Ken Tellerman - Pediatric**, Baltimore, Maryland

**Jericho Community Health Center**, Buffalo, New York

**Main Pediatrics**, Buffalo, New York

**MHP Pediatrics**, Shelbyville, Indiana

**Mostellar Medical Center**, Irvington, Alabama

**Neighborhood Health Center**, Blasdell, New York

**Niagara Street Pediatrics**, Buffalo, New York

**Northeast Valley Health Corporation**, Sylmar, California

**Towne Garden Pediatric**, Buffalo, New York

**Unifour Pediatrics, P.A.**, Conover, North Carolina

**Wasatch Pediatrics**, Park City, Utah



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# Core Practices & Strategies to Support Social Emotional Development

## Eleven Core Practices

Core practices associated with helping pediatric practices support social emotional development were developed by Center for the Study of Social Policy (CSSP). Eleven of these core practices were shared with the Pediatric Supporting Parents' practices as a road-map for improvement.

- **Core Practice #1:** Designate roles among the care team and standardize workflow to provide developmental, behavioral, and social determinants of health screenings, developmental health promotion, support, and resources. [Learn more](#)
- **Core Practice #2:** Enhance anticipatory guidance with videos and materials that are focused on social emotional development and the primary caregiver-child relationship. [Learn more](#)
- **Core Practice #3:** Use strengths-based observation, reflection, and positive instructive feedback. [Learn more](#)
- **Core Practice #4:** Outreach to parents prenatally to build relationship with family, identify concrete support needs and connect to resources. [Learn more](#)
- **Core Practice #5:** Create opportunities for families to connect with other families. [Learn more](#)
- **Core Practice #6:** Co-created goal setting. [Learn more](#)
- **Core Practice #7:** Create structures to enhance team-based care and communication. [Learn more](#)
- **Core Practice #8:** Use environments and structures to promote relationships and patient experiences including: access, group well visits, continuity of care, engaging physical environment (toys, books, space), Electronic Health Record (EHR) design. [Learn more](#)
- **Core Practice #9:** Develop community partnerships with clear processes and protocols. [Learn more](#)
- **Core Practice #10:** Provide ongoing learning for the care team and staff. [Learn more](#)
- **Core Practice #11:** Create supports for clinic teams to address burnout, stress/ fatigue and retention issues. [Learn more](#)

Keep reading or click on a core practice to find suggested strategies and resources for supporting each core practice. The strategies provided are not all-inclusive, but represent important lessons-learned from this initiative's work.



## Acknowledgement

Pediatrics Supporting Parents was launched by a group of national early childhood funders including Einhorn Family Charitable Trust, J.B. and M.K. Pritzker Family Foundation, The David and Lucile Packard Foundation, W.K. Kellogg Foundation, and an anonymous individual contributor. The Pediatrics Supporting Parents Learning Community was supported by a donor advised fund operated through the Silicon Valley Community Foundation and later, by NICHQ.



# Core Practice One

Designate roles among the care team and standardize workflow to provide developmental, behavioral, and social determinants of health (SDOH) screenings, developmental health promotion, support, and resources



## Suggested Strategies

- **Map out the well child visit:** Include each touch point where education and activation could occur, identify what specifically could be done at that touch point, and assign staff to carry out each action.
- **Assign screens to specific well-visits:** When families arrive to check-in, front desk staff can provide specific screen assigned for that visit and have them complete it in waiting room. A visual reminder can help staff remember when to assign which screen.
- **Promote follow-up:** Have a staff member assigned to follow up on positive social determinants of health (SDOH) or developmental screens within two business days. That staff member should maintain a resource list, track follow-up and ensure linkages to services and resources.
- **Call families for feedback on referrals:** Assign a staff member to always provide a follow-up call with families about connection to referral and gather feedback on the referral.
- **Technology saves time:** When screening, use a tablet-based screening system or electronic health record.
- **Have lactation support on staff:** Providing lactation support is an opportunity to promote the parent-child relationship, recognize family strengths, and coach other family members to support the mother. Have readily accessible staff who are trained, and/or certified in Lactation Support, from birth through first month especially. Schedule a visit focused on lactation, specifically.
- **Support moms' mental health:** Develop protocol for positive maternal depression screens, such as a warm hand-off to behavioral health specialist and connecting to rapid consults.
- **Assign staff to act as a care navigator:** This individual helps families navigate the system of care by coordinating connections to resources and services.
- **Engage a legal partner:** Embed a legal partner in the practice that consults with the care team to address upstream legal needs related to SDOH and connect families directly with needed legal services for direct case handling.

## Resources

### National

- [Strategies for Building a Referral Process that Works](#)
- [Five Ways Pediatrics Can Support Social Emotional Development](#)
- [Birth to Five: Watch Me Thrive! \(Help Me Grow\)](#)

### Created by practices through Pediatric Supporting Parents

- [KIDI Questionnaire in Spanish](#) (Boston Children's Hospital)
- [Example Early Intervention Referral Tracking Information Form](#) (Neighborhood Health Center)
- [Example Help Me Grow Referral Tracking Information Form](#) (Neighborhood Health Center)
- [Example Universal Referral Form Early Intervention](#) (Neighborhood Health Center)
- [ASQ Completion Process Flow Diagram](#) (Niagra Street Pediatrics)
- [ASQ Staff Training Guide](#) (Neighborhood Health Center)





## Core Practice Two

Enhance anticipatory guidance with videos and materials that are focused on social emotional development and the primary caregiver-child relationship

### Suggested Strategies

- **Share books and toys:** Provide culturally appropriate books and developmentally appropriate toys to families during the visit.
- **Show videos in the waiting room:** While families are waiting for their visit, show videos that model and educate about social emotional development and the primary caregiver-child relationship.
- **Update and share educational handouts:** Give families handouts that discuss how the primary caregiver-child relationship influences social emotional development. Handouts should include information on the latest brain science and attachment and should represent diverse races and cultures, fathers and all family structures. By using visuals, handouts can be more accessible to those with low literacy or speak a different language.
- **Model behaviors:**
  - By incorporating toys and play into the visit, pediatric providers can model “serve and return” behaviors. These back-and-forth interactions between children and their parents and other family members are the building blocks for healthy brain development.
  - Props in the exam room (e.g., posters, exam table paper, wall paper) can also help model these behaviors.
  - Use books that are culturally appropriate to promote specific social emotional learning tied to child’s development.

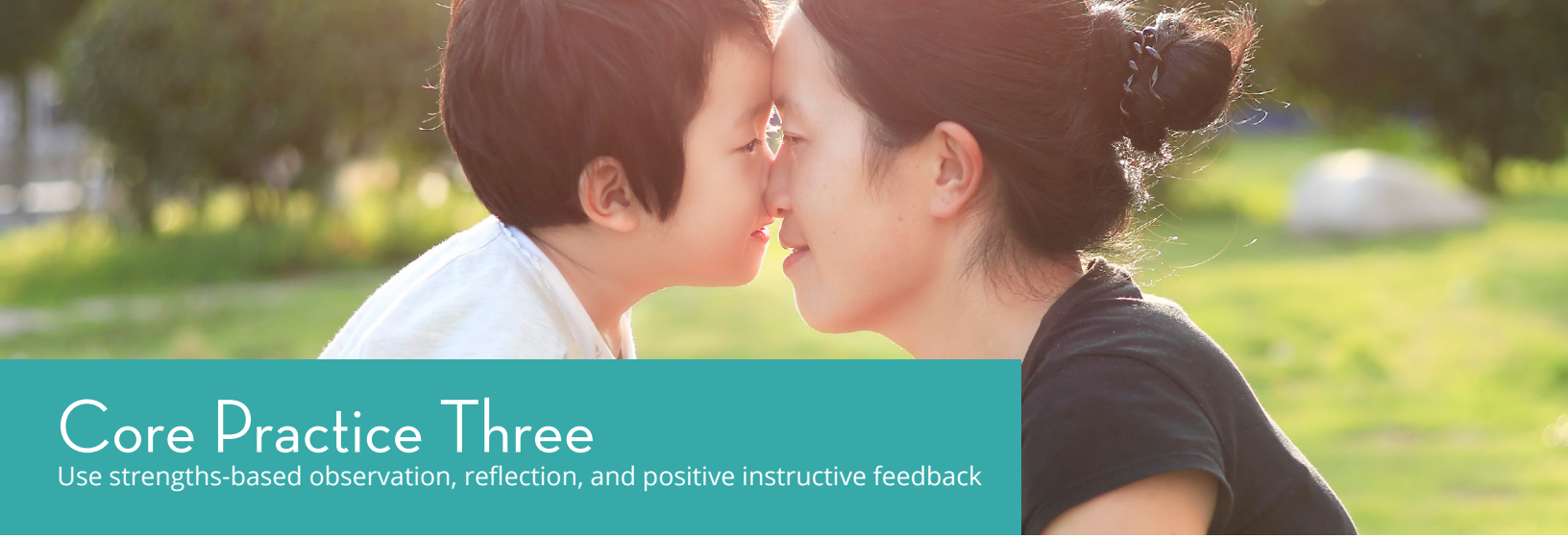
### Resources

#### National

- [American Academy of Pediatrics Star Center Resources](#)
- [Prevent Child Abuse New York Handouts and Resources](#)
- [Article in JAMA Pediatrics:](#) Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels
- [Not just ‘baby talk’:](#) Parentese helps parents, babies make ‘conversation’ and boosts language development

#### Created by practices through Pediatric Supporting Parents

- [Handout: “Play is the Way Children Learn and Helps Their Brain Grow.”](#) Shared at 15 month visit with toy giveaway. (CapitalCare Pediatrics)



## Core Practice Three

Use strengths-based observation, reflection, and positive instructive feedback

### Suggested Strategies

- **Make space for reflection:** Find opportunities for reflection about the child's behavior and how the primary caregiver feels about their child's development and behavior.
- **Provide positive instructive feedback:** Use a strengths-based approach that builds off what the primary caregiver is doing well to support their child's development (e.g., reading to their child at night or comforting their child when they are upset). Provide well-timed and anticipatory guidance about how they can keep supporting their child as they reach new developmental milestones.
- **Create real-time videos:** Take videos of the primary caregiver/child interacting through reading and/or play. Then, watch the video with them and emphasize their strengths while providing education about their child's developmental. Give videos to primary caregivers so they can see their child's development over time.
- **Model reading and play:** While the primary caregiver plays or reads with their child, observe and reinforce their practice.
- **Engage all caregivers:** Intentionally engage fathers and extended family in observation, reflection and feedback.
- **Provide real-time support:** Offer support and model behaviors during predictable vulnerable times (e.g., breastfeeding, crying, tantrums), so families receive support for challenging situations in real time.
- **Use the Welch Emotional Connection Screen (WECS):** Use this screen to highlight strengths in the primary caregiver-child relationship.

### Resources

#### National

- [Promoting First Relationships® in Pediatric Primary Care](#) program in Seattle, Washington
- [Whole Child Assessment \(WCA\) self-report tool](#)
- [Boston Basics:](#) Five fun, simple, and powerful ways that every family can give every child a great start in life

#### Created by practices through Pediatric Supporting Parents

- [Grow Your Kids: TREE](#) (Talk, Read, Engage, Encourage), a program that supports healthy parent-child relationships by observing and promoting the four TREE concepts. [This related blog](#) shares five steps for integrating TREE into the well-child visit
- [Three ideas for effective parent-pediatric partnerships:](#) Shared by Pediatrics Supporting Parents family partners
- [Rx For Success Provider Training Slides](#) (Neighborhood Health Center)







## Core Practice Four

Outreach to parents prenatally to build relationship with family, identify concrete support needs and connect to resources

### Suggested Strategies

- **Partner with Prenatal Care Groups (e.g., Centering Pregnancy):** These groups can help pediatric provider connect with moms and families during the prenatal period.
- **Develop relationship with maternal care providers:** These providers can help pediatric providers connect with parents during a pre-natal visit (in AAP periodicity schedule).
- **Make connections right after birth:** Round at the hospital and conduct the Newborn Behavioral Observation (NBO). The NBO is “a neurobehavioral observation tool designed to sensitize parents to infants’ capacities and individuality and to enhance the parent–infant relationship by strengthening parents’ confidence and practical skills in caring for their children. The NBO’s focus on relationship building is intended for infant mental health professionals who strive for a relational, family-centered model of care versus a pathology-based model.”<sup>1</sup>

### Resources

#### National

- [Centering Healthcare Institute](#) (Centering Pregnancy, Centering Parenting)

<sup>1</sup> [https://www.researchgate.net/publication/318405488\\_The\\_Effects\\_of\\_the\\_Newborn\\_Behavioral\\_Observations\\_NBO\\_System\\_on\\_Sensitivity\\_in\\_Mother-Infant\\_Interactions](https://www.researchgate.net/publication/318405488_The_Effects_of_the_Newborn_Behavioral_Observations_NBO_System_on_Sensitivity_in_Mother-Infant_Interactions)



## Core Practice Five

Create opportunities for families to connect with other families

### Suggested Strategies

- **Group activities:** Coordinate group activities for families to socialize and connect with other families and address social isolation. Potential activities include:
  - Play groups in the clinic or community
  - Infant Massage Group
  - Playgroups/ Activities for children with special needs and primary caregivers
- **Group pediatric visits:** Group visits provide more time to model behaviors and give families a chance to connect with one another. Visits should be facilitated by a pediatrician or nurse practitioner and other members of care team (e.g., community health workers, medical assistant, social worker).

### Resources

#### National

- [Family Voices Community Supports](#)

#### Created by practices through Pediatric Supporting Parents

- [Group Well Visit Agenda](#) (Boston Children's Hospital)
- [Using Pediatric Group Visits to Promote Social Emotional Development](#)



## Core Practice Six

Co-created goal setting: partner with families to identify specific and achievable goals around social emotional development

### Suggested Strategies

- **Families lead goals:** Pediatrician or other member of care team should partner with families to set goals that support their child's development (e.g., reading at night) based on primary caregiver's personal goals, preferences, and individual circumstances.
- **Develop an action plan:** Develop an action plan with families that outlines the steps needed to achieve their goals. Follow up and reflect on goals at later visits.
- **Follow up:** At a future visit, follow up with families about their goals and reflect on how things went.
- **Set priorities with families and develop referral plan in partnership with them:** Encourage families to take the lead when setting developmental goals and priorities and work with them to develop a referral plan that matches their priorities and accounts for their constraints.

### Resources

#### National

- [How Co-Created Goals Support Social Emotional Development](#)



# Core Practice Seven

Create structures to enhance team-based care and communication

## Suggested Strategies

- **Launch weekly case review meetings to discuss cases and problem solve:** Share complicated cases; and brainstorm actions/referrals/resources. Case reviews can involve: nurse, community resource specialist, social worker, child development specialist, legal partner, behavioral health specialist, etc.
- **Have lactation support on staff:** Providing lactation support is an opportunity to promote the parent-child relationship, recognize family strengths, and coach other family members to support the mother. Have readily accessible staff who are trained, and/or certified in Lactation Support, from birth through first month especially. Schedule a visit focused on lactation, specifically.
- **Engage a legal partner:** Embed a legal partner in the practice that consults with the care team to address upstream legal needs related to SDOH and connect families directly with needed legal services for direct case handling.

## Resources

### National

- [Developmental Understanding and Legal Collaboration for Everyone \(DULCE\)](#) , from the Center for the Study of Social Policy
- [Project LAUNCH \(Linking Actions for Unmet Needs in Children’s Health\)](#): The purpose of Project LAUNCH is to promote the wellness of young children ages birth to 8 by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development.



## Core Practice Eight

Use environments and structures to promote relationships and patient experiences including: access, group well visits, continuity of care, engaging physical environment (toys, books, space), Electronic Health Record (EHR) design

### Suggested Strategies

- **Create a welcoming and stimulating environment:** Make your waiting room or clinic welcoming by providing: books in multiple languages; bookshelf decorations that are colorful; educational posters with community resources; development information (reading) that reflects diverse cultures and races; toys and playroom for children; toys and books in the well visit room; and informational handouts.
- **Show videos:** Provide videos that provides developmentally appropriate education. (F.I.N.D., TMW, Vroom).
- **Prioritize consistency:** Ensure that patients receive continuity of care from a consistent care team; have processes in place to ensure on-time well-child visits; and minimize wait times (within a week) for scheduling appointments to provide follow up on positive screens.
- **Engage the extended care team with families:** Have the full care team (e.g., care coordinator, social worker, office support staff, pediatrician, home visitor, Healthy Steps specialist) meet with the family to discuss their concerns and questions and prepare for the visit.
- **Address how the EMR is used in the visit:** Find ways to incorporate the EMR smoothly into your workflow, such as by assigning a scribe to record responses, so that you can fully focus on the family during the visit.
- **Leverage telehealth opportunities:** Expand telehealth options or virtual touch-points as options for families with transportation difficulties or for “in between” check-ins.
- **Group pediatric visits:** Group visits provide more time to model behaviors and give families a chance to connect with another. Visits should be facilitated by a pediatrician or nurse practitioner and other members of care team (e.g., community health workers, medical assistant, social worker).
- **Offer extended visits:** Provide time for comprehensive screening, child development education, focused support for primary caregiver wellness and peer support.

### Resources

Created by practices through **Pediatric Supporting Parents**

- [Thinking Outside the Blocks Video](#) (Dr. Ken Tellerman Pediatrics)



## Core Practice Nine

Develop community partnerships with clear processes and protocols

### Suggested Strategies

- **Conduct “community visits”:** Connect with social service providers and community-based organizations to develop community partnerships for referrals to address social determinants of health.
- **Connect with a centralized resource and referral agencies in the community:** Connecting with centralized resource and referral agencies in the community, such as Help Me Grow, gives families and professionals a centralized access point to connect with all child development services and supports.
- **Participate in community meetings:** Joining local community meetings can help your practice learn about the available resources in your community and strengthen referral pathways.
- **Partner with early childhood mental health consultation (ECMHC) programs:** ECMHC programs place consultants in early childhood settings, such as child-care centers, to support and address social emotional development and behavioral health. Clinics can ensure shared, reinforcing strategies with teachers and child-care providers by developing a feedback loop with ECMH consultants.

### Resources

#### National

- [Help Me Grow Resources](#)



# Core Practice Ten

Provide ongoing learning for the care team and staff

## Suggested Strategies

- **Ongoing learning for the care team and staff in:**
  - Early childhood mental health
  - Relational practice and early brain development
  - Trauma-informed care
  - Social Determinants of Health (SDOH)
  - Cultural Competency and Implicit Bias
  - Strengths-based, relational approaches: Brazelton Touchpoints, Promoting First Relationships.

## Resources

### National

- [Mt Sinai Parenting Center Resources](#)
- [Child Trends brief](#)
- [Health Care Practitioner Module and Resources](#)
- [1-2-3 Care Toolkit for Trauma Informed Care](#)
- [Promoting Young Children's Socioemotional Development in Primary Care](#)
- [Center for the Study of Social Policy Protective Factors Action Sheets](#)
- [Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences \(PRAPARE\)](#)



## Core Practice Eleven

Create supports for clinic teams to address burnout, stress/ fatigue and retention issues

### Suggested Strategies

- **Create a supportive culture:** Develop a structure for reflective supervision (can be individually, peer to peer, or in group) and support for the care team.
- **Have a shared vision:** Develop a regularly maintained shared vision of what staff aim to accomplish.
- **Talk about stress:** Engage in regular check-ins with care team to address stress.
- **Ask for and address feedback:** Have “stay” interviews or “leadership rounding” where staff are regularly asked to share what they enjoy about their work and their frustrations/challenges. Take action to address issues shared.

### Resources

#### National

- [American Academy of Pediatrics Physician Health and Wellness Information and Resources](#)
- [Tools to implement “Healthy Huddles”](#) (Center for Excellence in Primary Care)
- [What is a Stay Interview with Employees in the Workplace?](#) (Balance Career)



## Appendices

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The following resources were created by practices through Pediatrics Supporting Parents and have been referenced throughout the core practices.

Example Early Intervention Referral Tracking Information Form  
(Shared by Neighborhood Health Center)

**Early Intervention Referral Tracking Information Form**

To:

From: Neighborhood Health Center (Example)

**Fax Number:**      **ATTN:**

Date: \_\_\_\_\_ NHC PT ID # \_\_\_\_\_

Re: \_\_\_\_\_

DOB: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Evaluating Agency: \_\_\_\_\_

Eligible for Early Intervention Services:      Yes / No

Date Eligibility Determined: \_\_\_\_\_

Evaluation not completed (see below)

Found eligible for service(s): frequency and duration:

Speech Therapy \_\_\_\_\_ Start date: \_\_\_\_\_

Provider: \_\_\_\_\_

Physical Therapy \_\_\_\_\_ Start date: \_\_\_\_\_

Provider: \_\_\_\_\_

Occupational Therapy \_\_\_\_\_ Start date: \_\_\_\_\_

Provider: \_\_\_\_\_

Special Instruction \_\_\_\_\_ Start date: \_\_\_\_\_

Provider: \_\_\_\_\_

Other \_\_\_\_\_

Evaluation not completed:

Service delay reason:

Unable to Contact / No Response from Family

Family Delayed Response/Consent

Delay / Condition Resolved

Family Missed/Cancelled Appointment

Family Refused

Problem Scheduling Appointment

Moved Out of County/Municipality

Provider Scheduling Problem/Wait List

Moved Out of State

Weather/other emergency declared

Other

Other

COMMENTS:

Service Coordinator: \_\_\_\_\_ SC Phone Number: \_\_\_\_\_



Example Help Me Grow Referral Tracking Information Form  
(Shared by Neighborhood Health Center)

**Help Me Grow Referral Tracking Information Form**

To:

From: Neighborhood Health Center (example)

Fax Number:        ATTN:

Date: \_\_\_\_\_ NHC PT ID # \_\_\_\_\_

Re: \_\_\_\_\_

DOB: \_\_\_\_\_

Date of Fax Referral: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Date of HMG contact: \_\_\_\_\_

HMG child ID: \_\_\_\_\_

**COMMENTS/ACTIVITIES UNDERTAKEN BY HGM:**

HMG F/U planned: \_\_\_\_\_

If family can answer:

Family contacted by Early Intervention:    Yes / No    Date: \_\_\_\_\_    Re: \_\_\_\_\_

Eligible for Early Intervention Services:    Yes / No

Found eligible for service(s): frequency and duration:

[ ]    Speech Therapy    \_\_\_\_\_    Start date: \_\_\_\_\_

[ ]    Physical Therapy    \_\_\_\_\_    Start date: \_\_\_\_\_

[ ]    Occupational Therapy    \_\_\_\_\_    Start date: \_\_\_\_\_

[ ]    Special Instruction    \_\_\_\_\_    Start date: \_\_\_\_\_

[ ]    Other    \_\_\_\_\_

Evaluation not completed:

[ ]    Unable to Contact / No Response from Family

[ ]    Delay / Condition Resolved

[ ]    Family Refused

[ ]    Moved Out of County/Municipality

[ ]    Moved Out of State

[ ]    Other

Service delay reason:

[ ]    Family Delayed Response/Consent

[ ]    Family Missed/Cancelled Appointment

[ ]    Problem Scheduling Appointment

[ ]    Provider Scheduling Problem/Wait List

[ ]    Weather/other emergency declared

[ ]    Other

Service Coordinator: \_\_\_\_\_    SC Phone Number: \_\_\_\_\_



# Example Universal Referral Form Early Intervention (Shared by Neighborhood Health Center) (Continues on Page 21)

## **Universal Referral Form**

Date: \_\_\_\_\_

### **Universal Referral Form**

**Purpose:** The purpose of this form is to provide a basic assessment for the child's developmental needs, gather information to refer to appropriate services, and to keep a record of where the child was referred for follow up. A universal referral form creates the greatest ease of practice for all parties involved, to ensure a timely and accurate referral system with the least identifiable barriers.

# Universal Referral Form

Date: \_\_\_\_\_

**(1) Please select all that apply:** (COMPLETED BY PERSON MAKING REFERRAL)

- Help Me Grow WNY** (Fax to 1-833-464-5439)     
  **Erie County EI** (Fax to 716-858-6892)  
 **Niagara County EI** (Fax to 716-278-8288)     
  **Other**

<b>(2) Referral Source</b> (COMPLETED BY PERSON MAKING REFERRAL)	Date of Referral: _____ IFSP Due Date (to be completed by EI): _____
	Practice Site: _____ Provider Name: _____
	Contact Person: _____
	Address: _____ City: _____ Zip: _____
	Phone: _____ Fax: _____ Email: _____

<b>(3) Referral Info.</b> (COMPLETED BY PERSON MAKING REFERRAL)	<p><b>Reason for Referral:</b></p> <p> <input type="checkbox"/> Cognitive                      <input type="checkbox"/> Social Emotional  <input type="checkbox"/> Communication              <input type="checkbox"/> Adaptive/ADL  <input type="checkbox"/> Physical                              <input type="checkbox"/> Other  <input type="checkbox"/> fine motor                      (including social determinants of health)  <input type="checkbox"/> gross motor                 </p>	<p><b>Answer all questions below:</b></p> <p>-Difficulties eating/swallowing: <input type="checkbox"/>Y <input type="checkbox"/>N</p> <p>-Medical Diagnosis/other concerns: _____</p> <p>-Does child look at person speaking to him/her?: <input type="checkbox"/>Y <input type="checkbox"/>N</p> <p>-Formal Screening Completed:  <input type="checkbox"/>ASQ   <input type="checkbox"/>MCHAT   <input type="checkbox"/>Denver  <input type="checkbox"/>SWYC   <input type="checkbox"/>None   <input type="checkbox"/>Other _____</p> <p>-Was screening discussed with parent?: <input type="checkbox"/>Y <input type="checkbox"/>N</p>
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<b>(4) Child/Parent Information</b> (COMPLETED BY PARENT/GUARDIAN/FOSTER PARENT)	Child Last Name: _____ Child First Name: _____
	DOB: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Primary Language of Family: _____
	Person with Whom Child Resides (first and last name): _____
	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____
	Race: (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hawaiian/Pacific Islander
	Ethnicity: (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
	Address: _____ City: _____ Zip: _____
	Phone: _____ Email: _____ Best Form of Contact: <input type="checkbox"/> email <input type="checkbox"/> phone
<b>**Early Intervention cannot communicate with families via email</b>	
<b>Parent Contact Information (if different then above):</b> Address: _____	
City: _____ Zip: _____ Phone: _____	

<b>(5) Parental Consent</b> (COMPLETED BY PARENT/GUARDIAN/FOSTER PARENT)	<p><b>Legal Guardian Consent:</b> by signing below, I consent to the referral of my child to the agency noted above by my provider. I give permission for specific information concerning my child's condition to be released to the county. I also provide consent for the evaluating agency to release information regarding the outcome back to the referral source and/or Pediatric Provider.</p>
	Name of Referral Source: _____
	Parent/Guardian Signature: _____ Date: _____

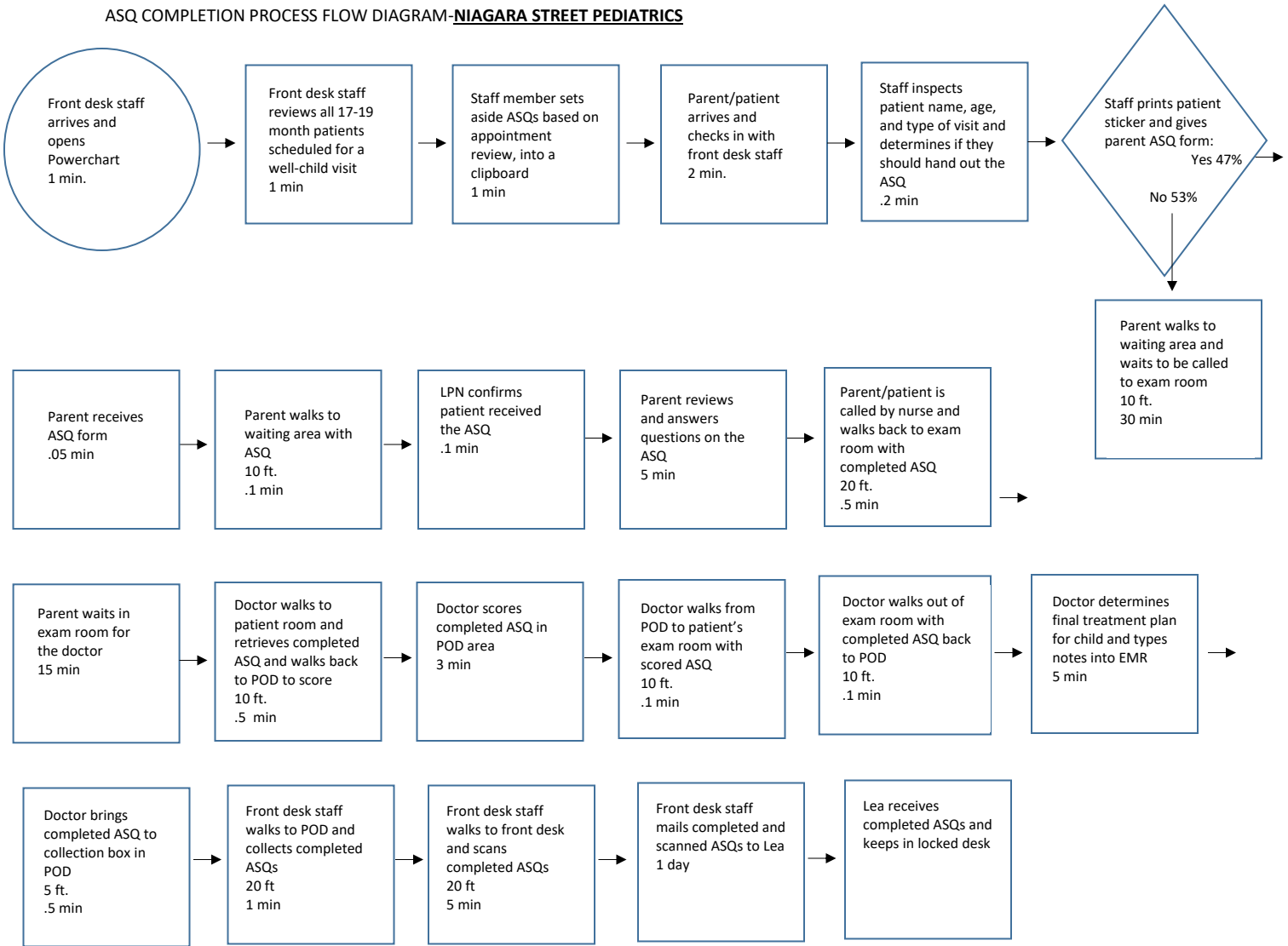
**COMPLETED BY PERSON MAKING REFERRAL**

\*\*If parent signature is not present, did parent object to referral?: Y N



# ASQ Completion Process Flow Diagram (Niagra Street Pediatric)

ASQ COMPLETION PROCESS FLOW DIAGRAM-NIAGARA STREET PEDIATRICS



## KIDI Questionnaire in Spanish (Boston Children's Hospital)

Las siguientes preguntas se refieren al comportamiento normal de los niños. Cada frase describe cómo podría ser un niño típico, o qué podría afectar su crecimiento y comportamiento. Conteste cada frase basándose en su conocimiento de los niños en general. Queremos saber cómo crees que actúan la mayoría de los niños, cómo crecen y cómo cuidarlos. Después de leer cada artículo, decida si está:

DE ACUERDO, NO ESTÁ DE ACUERDO, NO ESTÁ DE ACUERDO o NO ESTÁ SEGURO. Entonces marca tu respuesta.

1. Cuando los niños pequeños están fuertemente apegados a sus padres, son más apegados y tienden a quedarse cerca de la mamá o el papá.
2. Los bebés entienden las palabras, aunque todavía no hablen.
3. Si los niños son tímidos o quisquillosos en situaciones nuevas, esto significa que tienen un problema emocional.
4. Hablar con un niño sobre las cosas que él o ella está haciendo ayuda a su desarrollo mental.
5. Un niño pequeño que dice "¡NO!" a todo y te mangonea(es mandón/a) está tratando de que te alteres.
6. Los bebés pueden llorar de 20 a 30 minutos de vez en cuando, sin importar cuánto trate de consolarlos.
7. Un niño pequeño que es muy energético/activo - o siempre está en movimiento - necesita una dieta baja en azúcar o Ritalin.
8. La personalidad o el temperamento del bebé se establece a los 6 meses de edad; y a partir de entonces no cambia mucho.
9. Cuanto más calmas a un bebé que llora cargándole y hablándole, más lo malcrías.
10. Algunos días usted necesita disciplinar a su hijo/a; otros días usted puede ignorar la misma cosa. Todo depende del estado de ánimo/humor que tengas ese día.

Answer choices:

- De acuerdo
- En desacuerdo
- No estoy segura/o

Handout: "Play is the Way Children Learn and Helps Their Brain Grow."  
Shared at 15 month visit with toy giveaway.  
(CapitalCare Pediatrics) (Continues on Page 25)

## Play is the Way Children Learn and Helps Their Brain Grow.

CapitalCare Pediatrics Troy

### Playing is How Toddlers Learn

- Play is how your toddler explores and learns about the world. Support and encourage this play.
- Allow your child lots of time to play.
- Match your child's interests with play activities.
- When you are having fun, your child is having fun too!
- Playing and pretending allow your child to learn and grow.

### Play is how young children start to get ready for school.

- They learn how to feel comfortable being with other children, and how to be a good friend.
- Play gets children ready for learning—paying attention to adults, playing nicely with others, and feeling comfortable being away from their parents.
- Pretend play is one way children learn about difficult feelings like anger and fear.

**TIP:** Make the places in your home where you spend a lot of time safe places where your child can play and be supervised easily. Give your child lots of time to explore with things like water, sand, boxes, or any other safe item that your child finds interesting.

**TIP:** Provide simple and safe items, like plastic cups and plates, pots and pans, books, blocks, play tools, and crayons. This way, your child can copy your actions and work. Items should be stored in a safe place or in a container where children can easily see and get to them.

**TIP:** Describe what's going on to your child:

- "I see you drew a brown circle."
- "What a long jump you made!"

**TIP:** Ask questions.

- "How did you make this yummy soup?"
- "What will happen next?"

**TIP:** Find items that match your child's interests. If your child likes to watch ants crawl along the sidewalk, read a book about insects!

### Child's Play Can Be Hard Work For Parents

Playing with your child takes a lot of time and energy. When you are tired, your toddler will know it. Find time for yourself. Maybe your family can help out, or perhaps a friend will watch your child for a few hours. You will come back with more energy and joy. If you are having fun, chances are your child is having fun, and learning, too.

### It helps to find company for you and your child.

- Many libraries have story hours.
- Community centers and YMCAs often have play groups.
- Find a popular playground where you can meet other parents with young children.
- Child care provides an opportunity for your child to meet others.

### Here are ten ideas that your preschooler will adore.

1. **Duck, Duck, Goose:** Everyone sits in a circle. One child is "It" and goes around the circle tapping everyone on the head and saying, "Duck." At this child's discretion, he or she taps someone and calls out "Goose." At the moment, the child tapped must jump up and chase the child who was "It" around the circle of kids. If the child who was "It" makes it around the circle and sits down, then he or she is "safe." If tagged by the



- "Goose," then he or she is out. Either way, the Goose is now "It" and the game resumes. Eventually, only two children are left. The last child left without being tagged wins.
2. **London Bridge is Falling Down:** Two children form a bridge by joining hands across from each other. As everyone sings the nursery rhyme, all the children pass under the up stretched arms. When the song ends, the arms are dropped around the child passing through at the time. Then, the song changes to, *"Take the key and lock him up."* Those joining hands can start rocking arms back and forth. Preschoolers delight in being "locked up" and swayed to and fro.
  3. **Limbo:** Bring a broom stick outside and ask two older children or adults hold the ends. Have the children go under the stick without touching it. If the stick is touched, then that child is out. After everyone has had a turn, the stick can be gradually lowered in increments. This can be done to music, too, if available.
  4. **Egg Races:** Make some hard boiled eggs and bring them outside with some tablespoons. Have fun telling your preschooler where they have to walk, run, jump, etc., while balancing the egg on the spoon. This promotes balance and dexterity.
  5. **Simon Says:** This is one of the most popular games for young children to play. It encourages good listening skills and focus. You are Simon. Stand facing your children and give orders, such as *"Simon says to touch your nose"* or *"Simon says to do a jumping jack."* As you call out each order, the children must do whatever you do, as long as you have said, *"Simon Says."* If you just say, *"Do this,"* whoever follows the action that you now do, is out. The last child standing wins.
  6. **Head, Shoulders, Knees, and Toes:** You sing the tune and control the pace. Children have to touch the body part being mentioned, as it is mentioned. You can speed up the pace of the tune, and your child has to move faster and faster to keep up. It can get pretty funny as everyone tries to touch their knees and toes as fast as possible.
  7. **Nature walks:** You can turn literally any walk outside into a nature walk—even a walk around the block. Observe the weather, animals, bugs, and plants. You might say, *"Look at those big clouds,"* or *"Touch this grass. It is still wet from yesterday's rain."* Preschoolers especially love exploring and are sure to have plenty of questions for you along the way!
  8. **Follow the Leader:** Move all around doing different movements. Everyone has to do what you do. Simple. Great. Fun!
  9. **Tag:** You can be "It" for starters. Everyone tries to catch you and tag you. If you are tagged, then that child gets to be "It." Some designated spots can be considered "safe," like all the trees, or park benches, etc. This is a great excuse to just run around!
  10. **Run Around:** You can be "It" and call out things for everyone to do. For example, *"Run from this tree to that tree,"* or *"Hop on one foot from this bench to that tree."* There are endless suggestions—you will probably run out of ideas before your preschooler gets bored!

From: <https://www.healthychildren.org/English/ages-stages/preschool/nutrition-fitness/Pages/Motor-Activity-and-Self-Play.aspx>

<https://www.healthychildren.org/English/ages-stages/toddler/fitness/Pages/Playing-is-How-Toddlers->

## 2.5 Year Old Group Visit Schedule (Boston Children's Dr. Perdomo)

Time	Event	Location	People Involved	Description
1:15-1:30pm	Check-in	MEHC waiting room	Front desk staff, patients, parents	Check in for group visit
1:30-2:00pm	Medical exam	MEHC Pediatric vitals room + 2 exam rooms	CA/RN and 2 MDs, patients, parents	Obtain weight/height Perform physical exam and med rec Immunizations PRN
2:00-2:15pm	Introductions	EI playroom	EI SW, MDs, patients, parents	Share names + what is 1 fun thing you enjoy doing? Try to have kid say their name Sing song Discuss plan for session
2:15-3:00pm	Parent group	EI observation room (with 2-way mirror into playroom)	EI SW	Discuss common parenting topics, based on parent preferences and established curriculum, parents get handout
2:15-3:00pm	Child playtime & developmental observation	EI playroom	2 MDs	Assess developmental milestones through active play
3:00-3:30pm	Closing	EI playroom	EI SW, MDs, patients, parents	Hand out Legos/books Fill out eval forms Debrief any concerns with parents Discuss plan for follow up