



DT9559

**CHILD DEVELOPMENT PROFILE AGES 0-5
SCREENING ANALYSIS
AGIR TÔT PROGRAM**

Initials:	File number:
Last name, First name:	
Date of birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Last name, First name (mother):	
Health insurance number:	Expiry date:

Establishment:	Facility:
Address:	Area code Telephone no.
Age at time of screening: _____ year(s) _____ months	Screening date: YYYY-MM-DD

Nature of referral:	
<input type="checkbox"/> Holder of the parental authority (parent(s) or guardian(s))	<input type="checkbox"/> Medical referral
<input type="checkbox"/> Monitoring using the ABCdaire 18+	<input type="checkbox"/> Internal referral
<input type="checkbox"/> Monitoring by an educational childcare establishment or a school	<input type="checkbox"/> Other: _____
Name of the person who made the referral:	Name of the family doctor/pediatrician: Clinic:
Reason for referral or concern that led to the service request:	
Attends an educational childcare establishment or a school: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of the establishment:	If yes, since: YYYY-MM-DD
Language profile:	
Language(s) understood by the child:	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other: _____
Language(s) spoken by the child:	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other: _____
Language(s) spoken at home:	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other: _____
Language(s) spoken at the childcare/school:	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other: _____
Context of screening:	
<i>This report presents an analysis of the results obtained from the screening questionnaires that were completed by the parent(s) of the child and/or another respondent, as well as from other relevant information gathered through the Agir Tôt program, as required. The questionnaires used are screening tools that detect signs of potential developmental difficulties. The results obtained indicate the child's risk of presenting with difficulties, delays or a neurodevelopmental disorder and allow the child to be directed to the most appropriate intervention and evaluation services for their needs at the time of screening. Given that the child will continue to evolve after this screening, the child's profile may differ at the time they receive services. This report has no diagnostic value and must be interpreted with caution.</i>	
Name of respondent:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____
<input type="checkbox"/> Special considerations related to administering the questionnaires (language, support, etc.): _____	

OWL (2-7 years)	
Questionnaire completed as part of the Agir Tôt screening: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>The purpose of the OWL questionnaire is to detect children who have difficulties with sleep that are related to obstruction issues, waking up at night, leg movements and other unusual nocturnal behaviors, sleepiness and insomnia in order to orient them to the appropriate services.</i>	
Based on the respondent's answers to the OWL questionnaire, the child:	
<input type="checkbox"/> does not seem at risk to present with significant sleep problems.	
<input type="checkbox"/> seems at risk to present with significant sleep problems.	

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Further details on the child's sleep:

Ages and Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2), version (months):

Questionnaire completed as part of the Agir Tôt screening: Yes No

The ASQ:SE-2 is a tool that screens the child's social-emotional development. Social development is the child's ability to establish positive relationships with others and emotional development is the child's ability to understand and express his or her emotions.

The result indicates that:

the child seems at risk of presenting with significant social-emotional difficulties.

the child's social-emotional development needs to be monitored and requires support.

the child does not seem at risk of presenting with significant social-emotional difficulties.

The respondent indicates that the child has the following strengths:

Despite the above-mentioned strengths, the following challenges are noted:

Refer to the «Additional information related to the screening analysis» section for further details.

Ages and Stages Questionnaires, Third Edition (ASQ-3), version (months): _____

Questionnaire completed as part of the Agir Tôt screening: Yes No

The ASQ-3 is a questionnaire that screens and provides a profile of the child's overall development.

	Development appears to be on schedule	Provide learning activities and monitor	Further assessment with a professional may be needed
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal - Social	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following concerns were identified by the respondent in the overall responses and concerns section:

The results on the ASQ:3 indicate that:

signs of significant difficulties were identified for this child,

the child's development requires monitoring,

the child's development appears to be on schedule,

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which means that:

- modalities must be put in place to monitor the achievement of the next developmental milestones.
- the child does not seem to be at risk of presenting with significant development problems.
- stimulation needs were identified.
- the child is at risk of presenting with delays or difficulties in his or her development.
- it is important to direct the child to services that meet his or her needs.

Details on the strengths and signs of difficulties that were identified on the ASQ-3:

- Refer to the «Additional information related to the screening analysis» section for further details.

Social communication questionnaire (SCQ) (4 years and up)

Questionnaire completed as part of the Agir Tôt screening: Yes No

The SCQ is used to identify atypical behaviour in the domain of communication and reciprocal social interactions, as well as restricted, repetitive and stereotyped patterns of behaviors, interests or activities. These are signs which can be associated with Autism spectrum disorder (ASD).

- The child's age corresponds to the recommended age for using this tool.
- The child is younger than the recommended age for using this tool. Therefore, the results must be interpreted with caution.

Based on the answers provided by the respondent, the child:

- does not seem at risk of presenting behaviours that might be associated with ASD.
- obtains a result near the risk threshold recommended for younger children.
- seems at risk of presenting with signs of difficulties that may be related to ASD.
- However, several behaviours reported by the respondent with regard to communication, social interactions and/or repetitive behaviours/restricted interests, need further investigation. Combined with other signs of difficulties identified during screening, these behaviours may have an impact on the child's functioning.

Details on the behaviours reported or observed:

- Refer to the «Additional information related to the screening analysis» section for further details.

■ The MacArthur-Bates Communicative Development Inventories (MAB-CDIs) (8-30 months)

■ Les Inventaires MacArthur-Bates du développement de la communication (IMBDC) (8-30 mois)

Questionnaire completed as part of the Agir Tôt screening: Yes No

The MAB-CDIs and IMBDC present a profile of language and communication development in children.

- Words and Gestures/Mots et gestes
- Words and Sentences/Mots et énoncés

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Details on the language context in which the questionnaire was completed:

- The child's age corresponds to the recommended age for using this tool.
 The child is older than the recommended age for using this tool, the results must be interpreted with caution.

Based on the results obtained:

- the language and/or communication development of the child needs monitoring.
 the child seems at risk of presenting with language and/or communication difficulties.
 the child does not seem at risk of language and/or communication difficulties.

Details on the strengths and/or signs of difficulties identified:

- Refer to the «Additional information related to the screening analysis» section for further details.

Modified Checklist for Autism in Toddlers Revised: Follow-up Interview (M-CHAT-R/F) (16 to 30 months)

Questionnaire completed as part of the Agir Tôt screening: Yes No

The M-CHAT-R/F is a tool that screens for signs associated with Autism spectrum disorder (ASD). It can also provide information on a potential developmental delay.

- Low risk Medium risk High risk

The child obtains a result that identified as:

- a low risk on the M-CHAT-R,
 a medium risk on the M-CHAT-R,
 a high risk on the M-CHAT-R,

which means that:

- the child presents few or no behaviours generally associated with ASD.
 the child presents some behaviours that are sometimes associated with ASD or a developmental delay.
 a follow-up interview must be completed in order to specify the risk of ASD or another developmental delay.

Details on the signs of difficulties identified:

M-CHAT-R/F Follow-up Interview

- The Follow-up interview was not completed
 The Follow-up interview was completed by:

- Low risk At risk

The M-CHAT-R follow-up interview was completed in the context of:

- a meeting with the respondent.
 a meeting with the respondent and the child.
 a telephone interview with the respondent.
 a telepractice interview with the respondent.

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a telepractice interview with the respondent and the child.

The result indicates that the child:

does not seem at risk of presenting with ASD.

might present some behaviours that are sometimes associated with ASD.

Details on the behaviours reported or observed:

Refer to the «Additional information related to the screening analysis» section for further details.

Additional information related to the screening analysis

Consultations regarding the child's development

The child has not benefited from services in the past and is not waiting to receive services.

The child is waiting to receive or has benefited from the following services:

Type of service	Past follow-up	Current follow-up	Waiting	Reason and location
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Conclusion and recommendations

The child is _____ year(s) and _____ months and has been referred for:

The analysis of the results of the questionnaires and other available information:

- identified no signs that the child may be at risk of presenting with development difficulties. However, it is highly recommended that developmental monitoring continue so that the child can benefit from a more targeted screening, if necessary.
- identified that the child seems at risk of presenting signs of difficulties in the following developmental area(s):
 - Communication
 - Physical health and motor development
 - Social-emotional
 - Cognitive

Details on the analysis and orientations:

- Based on the information gathered during the Agir Tôt developmental screening, the child seems at risk of presenting with particularities in the domains of communication and reciprocal social interactions, as well as restricted, repetitive or stereotyped patterns of behaviors, interests or activities. A more in-depth diagnostic assessment is recommended in order to determine the nature of any developmental difficulties that may be present.

The results obtained following the analysis of the information gathered from the screening are:

- consistent with the concerns expressed in the reason for referral.
- not consistent with the developmental concerns expressed in the reason for referral.
- consistent with the concerns expressed in the reason for referral and highlight other developmental needs for this child.
- not consistent with the concerns expressed in the reason for referral but highlight other needs for this child.

The following services are recommended to meet the child's developmental needs:

None

Services in the community	Youth services program	ID-ASD-PD services program	Hospital /University Health Centre Services

Others:

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- The procedure for referring the child to the above-mentioned services will be completed by the screening clinician.
- The procedure for referring the child to the above-mentioned services will be completed by:
- The parent(s) agrees(agree) with the screening results and proposed orientations.
- The parent(s) agrees(agree) with the screening results but does/do not want to direct the child to the proposed services.
- The parent(s) has(have) a different perception of the child's development but agrees(agree) to direct him or her to the proposed services.
- The parent(s) has(have) a different perception of the child's development and refuses(refuse) to direct him or her to the proposed services.

It is recommended that the parents take the following steps:

- Consult the following documentation in order to be aware of the next developmental stages expected for the child and integrate general stimulation activities in the child's routine:
- Make an appointment with the child's doctor to discuss the following topics:

Caseworkers who provide services must be sure to:

- Update the developmental history.
- Update information regarding the consultation history.
- Follow up on developmental needs in the following area(s) and do the appropriate screening as needed.

Action(s) taken to date:

- Parent(s) met: YYYY-MM-DD
- Child met: YYYY-MM-DD
- Telephone or telepractice interview with the parent(s) to validate the answers to the questionnaires:
- Telephone or telepractice interview with the parent(s) to explain the results and orientations:
- Communication with the educator at the educational childcare establishment or teacher to document the child's functioning:
- Results and orientations sent to the family's caseworker:
- Procedure for accessing a family doctor according to the establishment's service agreements:
- Letter sent to the person who made the referral;
- Screening report sent to the child's doctor:
- Communication with the child's doctor to obtain a medical referral:
- Authorizations to communicate with the following partners have been completed by the parent(s):
- Other:

Last name, First name:	Job title:	Permit number:
Contact information:		
Signature :	Initials: _____	Date (year, month, day)

This document is used for guidance purposes only. Only skilled caseworkers can make recommendations based on the information gathered in this screening report.