

1. Do you use a standardized tool to assess the social, emotional, or behavioral development of infants and young children (age birth to five years)?

- Yes No

2. What standardized tool(s) do you use? (Please check all that apply.)

- ASQ
 ASQ:SE
 PEDS
 TABS
 Other (please specify): _____

3. How satisfied are you with your current method of identifying children with possible social, emotional, or behavioral concerns?

- Very satisfied Somewhat satisfied Not at all satisfied

4. When you identify a child with what you believe to be minor social, emotional, or behavioral concerns, what do you do? (Please check all that apply.)

- Do "watchful waiting" until next well-child visit
 Counsel parent(s)
 Provide anticipatory guidance materials
 Refer child for services

5. Where would you refer a child with social, emotional, or behavioral concerns that you did not feel comfortable addressing in your office? (Please check all that apply.)

- Community Mental Health Center (e.g., Valley Mental Health)
 Early Intervention
 Early Head Start
 Children with Special Health Care Needs
 Private family therapist or social worker
 Private psychiatrist or psychologist
 Primary Children's Medical Center
 Other (please specify): _____

6. If you have referred a child for social, emotional, or behavioral concerns in the past, how satisfied were you with the ease of getting a referral?

- Very satisfied Somewhat satisfied Not at all satisfied

7. How satisfied were you with the exchange of information between the referral agency(ies) and your office?

- Very satisfied Somewhat satisfied Not at all satisfied

8. Finally, what do you hope to gain from your participation in this project? (You can use additional pages if you wish – just send them with the rest of the assessment.)

1. Child's age (in completed months) at the visit: _____ months
2. Type of Health Coverage:
 Private Insurance Medicaid Self Pay CHIP
3. How many well child visits has the child had? (total since birth) _____ visits?
4. Do the chart notes indicate that a social-emotional developmental screening tool has ever been used?
 Yes (Go to Question 5) No (*Continue with next chart*)
5. Screening tool(s) used: _____
6. Did the screening tool indicate a need for follow-up or referral?
 Yes (Go to Question 7) No (*Continue with next chart*)
7. If the answer to question 6 was yes, did any of the following take place:
 Scheduled a follow-up visit.
 The child was referred for further assessment.
 The child was referred for treatment.
 The parent was counseled.
 The issue was dealt with at this appointment:
 Parent given activity sheets
 Anticipatory guidance brochures
 Ongoing in-office treatment plan
 Other (please list) _____
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- None of the above.
8. Due to concerns about possible social-emotional development, the infant was referred to:
 Local Mental Health Agency (i.e. Valley Mental Health)
 Early Intervention
 Early Head Start
 Children with Special Health Care Needs
 Other: (please list all that apply) _____
9. Did you receive information from the referral agency? (*Please mark all that apply*)
 Yes
 Received assessment report
 Received treatment report
 Not eligible for services
 No