

DEVELOPMENTAL DELAY, WHAT COMES NEXT: FINDING YOUR STRIDE

Jeffrey Okamoto M.D., FAAP

Developmental Behavioral Pediatrician

John A. Burns School of Medicine

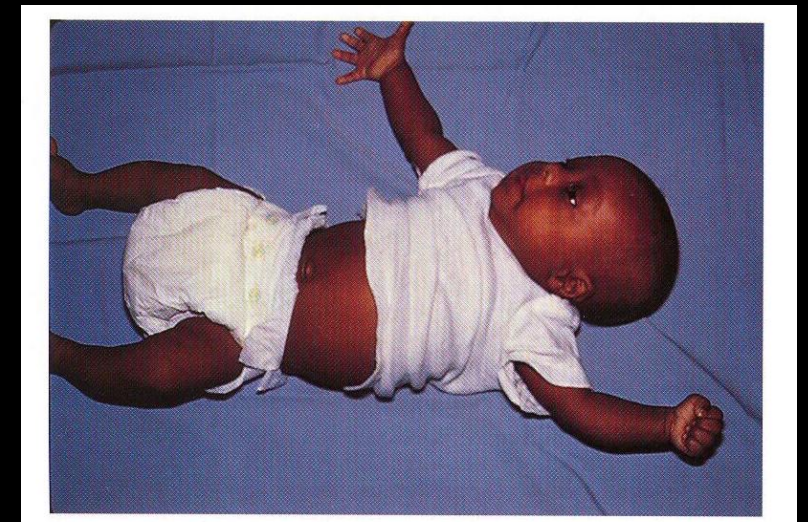


OUTLINE OF DR. O'S PART OF THE PRESENTATION

- Why Isn't Developmental Delay a category after 8 years of age?
- Areas of Development That Can Be Delayed
- Reasons for Developmental Delay
- Interface Between the Medical World and the Educational World

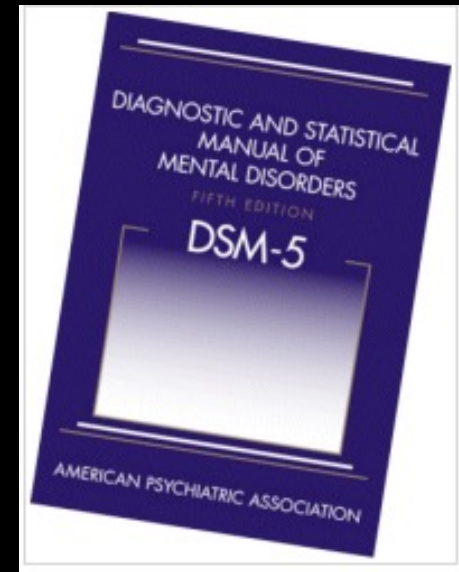
WHY ISN'T DEVELOPMENTAL DELAY A CATEGORY AFTER 8 YEARS OF AGE? DESCRIPTION VERSUS CONDITION

- Developmental delay is a **description**
- When children are young, it is harder to determine conditions, which are often based on assessments that are more valid at older ages
- So we can use this initially but should figure out if they have a condition as they get older



DEVELOPMENTAL DELAY AND THE AGE OF THE CHILD

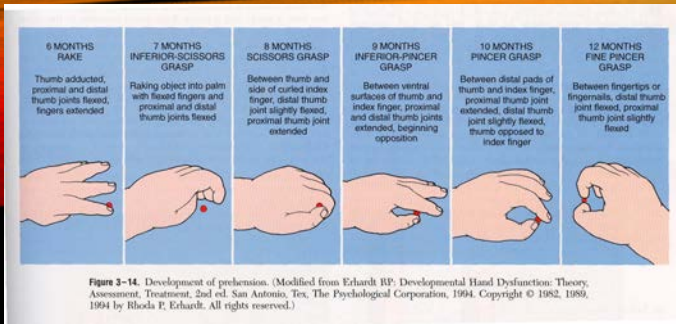
- The DSM-5 (where for example, the criteria for intellectual disability and autism spectrum disorder is defined) has an entry for Global Developmental Delay which relates:
 - “This diagnosis is reserved for individuals under the age of **5 years** when the clinical severity level cannot be reliably assessed during early childhood”.
 - This is used for children failing to meet expected developmental milestones in several areas of intellectual functioning



DEVELOPMENTAL DELAY

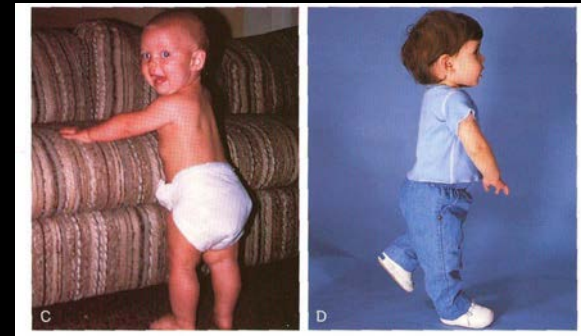
- Many parents think that their child will "catch up" and be developmentally normal with the right help
- This may be true in situations where the child doesn't have exposure to toys and books, and/or to playmates and/or their parents – for example a single parent who does recreational drugs all day
- But many children have a medical condition that won't go away, so they will not catch up





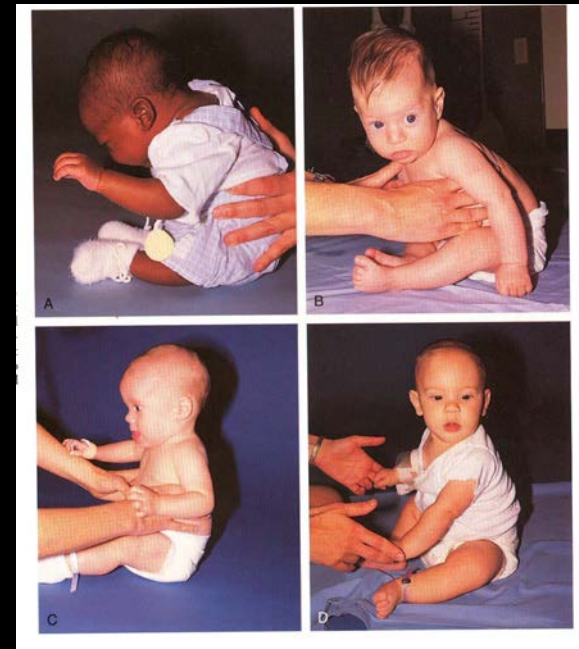
AREAS OF DEVELOPMENT THAT CAN BE DELAYED

- Fine motor (including the use of the hand in using utensils and drawing, writing words)
- Gross motor (including sitting, crawling, running, climbing)
- Language (including understanding or expressing words)
- Personal-Social (including interacting with others, knowing how to play or follow social instructions)



DEVELOPMENTAL DELAY – IT'S A DESCRIPTION

- One or more areas may be delayed
- Need a way to compare against standard to know if someone is delayed
 - Developmental Milestones
 - Standardized Assessments

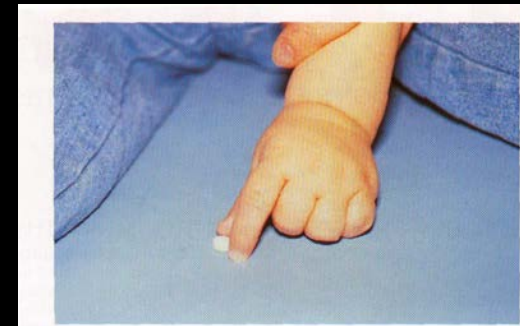


HOW DO YOUNGER CHILDREN WITH DEVELOPMENTAL DELAY GET IDENTIFIED?

- Parents and other family members will notice their child is behind in some area compared to other children at the same age (or compared to a siblings when they were at the same age)
- **Developmental Surveillance** - can be done by parents/family or professional
- **Developmental Screening** – done by a professional

Developmental Surveillance is where we use milestones as a rough guide and compare a child with these milestones

- You have to use milestones known for certain ages - For example by 1 year, it's common for many children to:
 - Say “mama” and “dada and one or two other words
 - Follow a one-step command with gestures (such as pointing as you ask for a ball)
 - Imitate gestures
 - Stand Alone
 - Walk with one hand held and possibly take a few steps
 - Precisely pick up object with thumb and forefinger
 - Feed self with hands
 - Enjoy peek-a-boo, pat-a-cake, and other social games





Developmental Screening is where we use a standardized tool that has research behind it

- Most Important for Physicians to Do from Birth to Five Years
 - Most pediatricians using PEDS or Ages and Stages
- DOH agencies mostly using Ages and Stages

PEDS RESPONSE FORM

Provided

Child's Name _____ Parent's Name _____

Child's Birthday _____ Child's Age _____ Today's Date _____

Please list any concerns about your child's learning, development, and behavior.

John is always getting trouble in school for not paying attention in class and instead doing his own things. He does not seem to have that many friends either.

Do you have any concerns about how your child talks and makes speech sounds?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child understands what you say?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her hands and fingers to do things?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her arms and legs?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child behaves?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child gets along with others?

Circle one: No Yes A little COMMENTS:

He seems to be okay at home, but teacher says that he likes to play/do work by himself

Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one: No Yes A little COMMENTS:

or recess

Do you have any concerns about how your child is learning preschool or school skills?

Circle one: No Yes A little COMMENTS:

His grades have never been great since school



PEDS SCORE FORM

Child's Name Roger J. Birthday 8/8/05

Find appropriate column for the child's age. Place a checkmark in the appropriate box to show each concern on the PEDS Response form. See Brief Scoring Guide for details on categorizing concerns. Shaded boxes are predictive concerns. Unshaded boxes are non-predictive concerns.

Child's Age:	0-3 mos.	4-5 mos.	6-11 mos.	12-14 mos.	15-17 mos.	18-23 mos.	2 yrs.	3 yrs.	4-4 1/2 yrs.	4 1/2-6 yrs.	6-7 yrs.	7-8 yrs.
Global/Cognitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressive Language and Articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptive Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine-Motor	<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"/>
Gross Motor	<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"/>
Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social-emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-help	<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"/>
School	<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"/>
Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Count the number of checks in the small shaded boxes and place the total in the large shaded box below.

1	1	0	0	0	0	4					
---	---	---	---	---	---	---	--	--	--	--	--

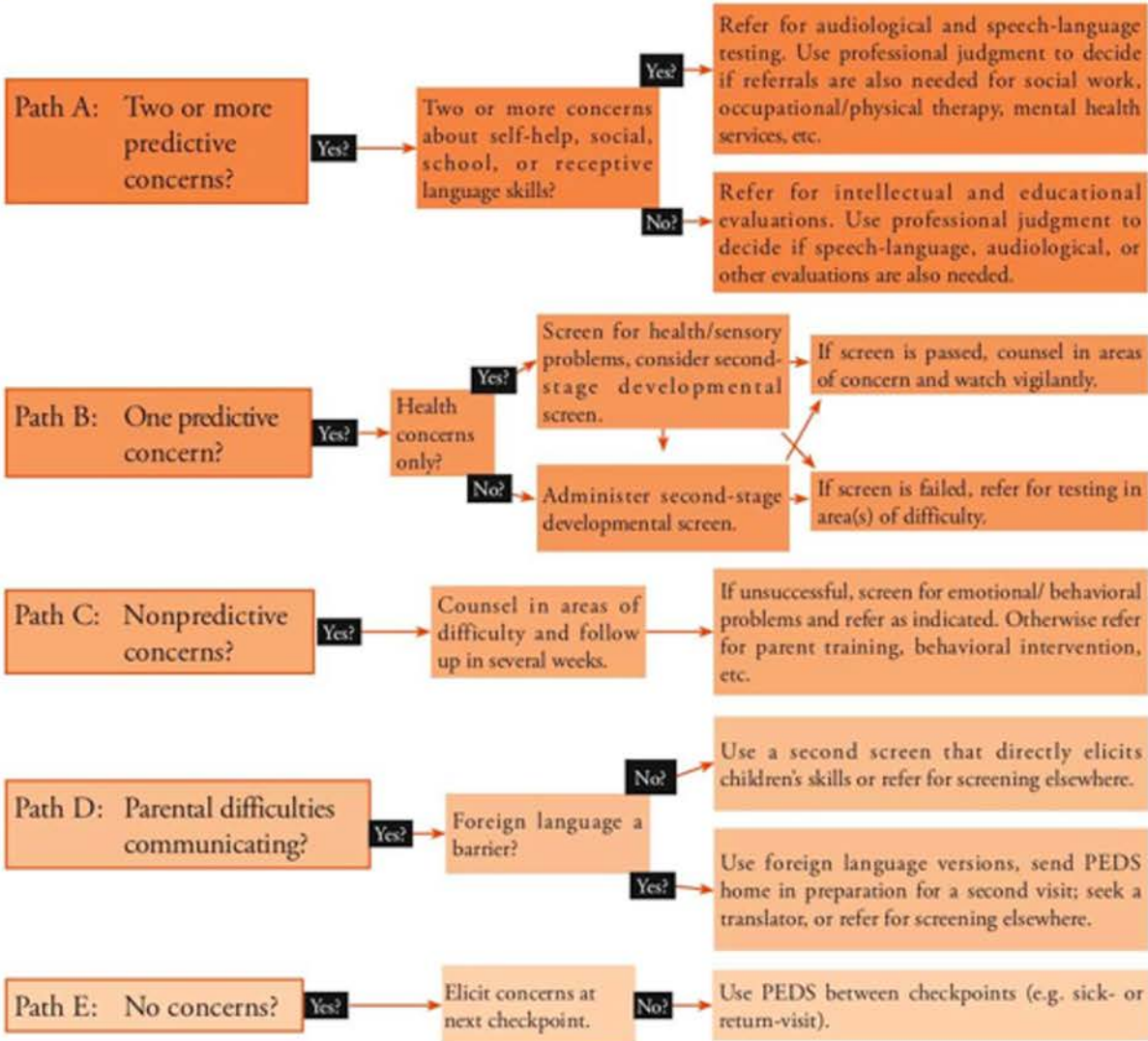
If the number shown in the large shaded box is 2 or more, follow Path A on PEDS Interpretation Form. If the number shown is exactly 1, follow Path B. If the number shown is 0, count the number of small unshaded boxes and place the total in the large unshaded box below.

0	0	1	1	1	1	2					
---	---	---	---	---	---	---	--	--	--	--	--

If the number shown in the large unshaded box is 1 or more, follow Path C. If the number 0 is shown, consider Path D if relevant. Otherwise, follow Path E.

Specific Decisions

PEDS INTERPRETATION FORM



0-3 mos. diarrhea, no fever,
suggested formula change

4-5 mos. intermittent diarrhea,
switched to soy

6-11 mos. extensive crying at bed-time
gave mo info re: "Ferberizing"

12-14 mos. head-banging, gave mo info
from Schmitt's Patient Educa-
tion

15-17 mos. still head-banging, pacing
referred for in-home behavior
tx

18-23 mos. frequent tantrums but
head-banging decreased, cont
beh tx

2 yrs. Path A: hearing, lead, vision
screened and OK, referred to EI
for

3 yrs. M-CHAT and developmental as-
essment

4-4 1/2 yrs. _____

4 1/2-6 yrs. _____

6-7 yrs. _____

7-8 yrs. _____

24 Month Questionnaire
23 months 0 days through 25 months 15 days

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: _____

Child's information

Child's first name: _____ Middle initial: _____ Child's last name: _____

Child's gender:
 Male Female

Child's date of birth: _____

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Street address: _____

Relationship to child:
 Parent Guardian Teacher Child care provider
 Grandparent or other relative Foster parent Other: _____

City: _____ State/Province: _____ ZIP/Postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Names of people assisting in questionnaire completion: _____

Program Information

Child ID #: _____

Program ID #: _____

Program name: _____



On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Try each activity with your child before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested and fed.
- Please return this questionnaire by _____.

Notes:

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark "yes" for the item.

COMMUNICATION

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|-------|
| 1. Without your showing him, does your child point to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?" (She needs to identify only one picture correctly.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 2. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? (Mark "yes" even if her words are difficult to understand.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 3. Without your giving him clues by pointing or using gestures, can your child carry out at least three of these kinds of directions? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| <input type="radio"/> a. "Put the toy on the table." | | | | |
| <input type="radio"/> b. "Close the door." | | | | |
| <input type="radio"/> c. "Bring me a towel." | | | | |
| <input type="radio"/> d. "Find your coat." | | | | |
| <input type="radio"/> e. "Take my hand." | | | | |
| <input type="radio"/> f. "Get your book." | | | | |
| 4. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly name at least one picture? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 5. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? (Don't count word combinations that express one idea, such as "bye-bye," "all gone," "all night," and "What's that?") Please give an example of your child's word combinations: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |

COMMUNICATION

(continued)

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|---|
| 6. Does your child correctly use at least two words like "me," "I," "mine," and "you"? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

COMMUNICATION TOTAL —

GROSS MOTOR

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|---|
| 2. When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, mark "yes" for this item.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
|---|-----------------------|-----------------------|-----------------------|---|



- | | | | | |
|---|-----------------------|-----------------------|-----------------------|---|
| 3. Does your child walk either up or down at least two steps by herself? She may hold onto the railing or wall. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
|---|-----------------------|-----------------------|-----------------------|---|



- | | | | | |
|--|-----------------------|-----------------------|-----------------------|---|
| 4. Does your child run fairly well, stopping herself without bumping into things or falling? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
|--|-----------------------|-----------------------|-----------------------|---|



- | | | | | |
|--|-----------------------|-----------------------|-----------------------|---|
| 5. Does your child jump with both feet leaving the floor at the same time? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
|--|-----------------------|-----------------------|-----------------------|---|



- | | | | | |
|--|-----------------------|-----------------------|-----------------------|----|
| 6. Without holding onto anything for support, does your child kick a ball by swinging his leg forward? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | —* |
|--|-----------------------|-----------------------|-----------------------|----|



GROSS MOTOR TOTAL —

*If Gross Motor Item 6 is marked "yes" or "sometimes," mark Gross Motor Item 2 "yes."

FINE MOTOR

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. Does your child get a spoon into his mouth right side up so that the food usually doesn't spill? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. Does your child turn the pages of a book by herself? (She may turn more than one page at a time.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Does your child use a turning motion with his hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Does your child flip switches off and on? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Does your child stack seven small blocks or toys on top of each other by herself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

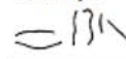


FINE MOTOR TOTAL —

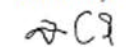
PROBLEM SOLVING

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. After watching you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in any direction? (Mark "not yet" if your child scribbles back and forth.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? (Do not show him how.) (You can use a soda-pop bottle or baby bottle.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Does your child pretend objects are something else? For example, does your child hold a cup to her ear, pretending it is a telephone? Does she put a box on her head, pretending it is a hat? Does she use a block or small toy to stir food? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Does your child put things away where they belong? For example, does he know his toys belong on the toy shelf, his blanket goes on his bed, and dishes go in the kitchen? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. If your child wants something she cannot reach, does she find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

Count as "yes"



Count as "not yet"



PROBLEM SOLVING (continued)

6. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up four objects in a row? (You can also use spools of thread, small boxes, or other toys.)



YES SOMETIMES NOT YET

 —

PROBLEM SOLVING TOTAL —

PERSONAL-SOCIAL

1. Does your child drink from a cup or glass, putting it down again with little spilling?
2. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?
3. Does your child eat with a fork?
4. When playing with either a stuffed animal or a doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth?
5. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if he cannot turn?
6. Does your child call herself "I" or "me" more often than her own name? For example, "I do it," more often than "Juanita do it."

YES SOMETIMES NOT YET

 —

 —

 —

 —

 —

 —

PERSONAL-SOCIAL TOTAL —

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain:

YES NO

2. Do you think your child talks like other toddlers her age? If no, explain:

YES NO

OVERALL (continued)

3. Can you understand most of what your child says? If no, explain:

YES NO

4. Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain:

YES NO

5. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:

YES NO

6. Do you have any concerns about your child's vision? If yes, explain:

YES NO

7. Has your child had any medical problems in the last several months? If yes, explain:

YES NO

OVERALL (continued)

8. Do you have any concerns about your child's behavior? If yes, explain:

 YES NO

9. Does anything about your child worry you? If yes, explain:

 YES NO

Child's name: _____ Date ASQ completed: _____

Child's ID #: _____ Date of birth: _____

Administering program/provider: _____

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	25.17		●	●	●	●	●	●	●	●	○	○	○	○	○
Gross Motor	38.07		●	●	●	●	●	●	●	●	●	○	○	○	○
Fine Motor	35.16		●	●	●	●	●	●	●	●	○	○	○	○	○
Problem Solving	29.78		●	●	●	●	●	●	●	○	○	○	○	○	○
Personal-Social	31.54		●	●	●	●	●	●	●	○	○	○	○	○	○

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- | | | | |
|--|---------------|--|--------|
| 1. Hears well?
Comments: | Yes NO | 6. Concerns about vision?
Comments: | YES No |
| 2. Talks like other toddlers his age?
Comments: | Yes NO | 7. Any medical problems?
Comments: | YES No |
| 3. Understand most of what your child says?
Comments: | Yes NO | 8. Concerns about behavior?
Comments: | YES No |
| 4. Walks, runs, and climbs like other toddlers?
Comments: | Yes NO | 9. Other concerns?
Comments: | YES No |
| 5. Family history of hearing impairment?
Comments: | YES No | | |

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the area, it is below the cutoff. Further assessment with a professional may be needed.

4. FOLLOW-UP ACTION TAKEN: Check all that apply.

- _____ Provide activities and rescreen in _____ months.
- _____ Share results with primary health care provider.
- _____ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- _____ Refer to primary health care provider or other community agency (specify reason): _____
- _____ Refer to early intervention/early childhood special education.
- _____ No further action taken at this time
- _____ Other (specify): _____

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

48 Month Questionnaire
45 months 0 days through 50 months 30 days

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: 11/18/2008

Child's information

Child's first name: John Middle initial: X. Child's last name: Smith

Child's date of birth: 11/12/2004 Child's gender: Male Female

Person filling out questionnaire

First name: Jane Middle initial: Q. Last name: Smith

Street address: 123 Center Street, Apt. 9 Relationship to child: Parent Guardian Teacher Child care provider Grandparent or other relative Foster parent Other:

City: Anytown State/Province: MD ZIP/Postal code: 21230

Country: USA Home telephone number: 410-555-0155 Other telephone number: 410-555-0189

E-mail address: _____

Names of people assisting in questionnaire completion: _____

Program Information

Child ID #: 00123456789000000

Program ID #: 98765432123456789

Program name: Anytown Preschool



Child's name: John X. Smith Date ASQ completed: 11/18/2008

Child's ID #: 00123456789000000 Date of birth: 11/12/2004

Administering program/provider: Anytown Preschool/Ms. Jenkins

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	30.72	25													
Gross Motor	32.78	60													
Fine Motor	15.81	20													
Problem Solving	31.30	20													
Personal-Social	26.60	60													

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- Hears well? Yes NO Comments: **Ear infex, ear tubes, didn't talk until 2-3 yrs.**
- Talks like other toddlers his age? Yes NO Comments: **Sentences and complex not as advanced as younger kids**
- Understand most of what your child says? Yes NO Comments:
- Others understand most of what your child says? Yes NO Comments:
- Walks, runs, and climbs like other toddlers? Yes NO Comments:
- Family history of hearing impairment? YES NO Comments:
- Concerns about vision? YES NO Comments:
- Any medical problems? YES NO Comments: **Ear infex**
- Concerns about behavior? YES NO Comments:
- Other concerns? YES NO Comments: **Language devel- doesn't recognize numbers or letters yet.**

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.


If the child's total score is in the area, it is above the cutoff, and the child's development appears to be on schedule. If the child's total score is in the area, it is close to the cutoff. Provide learning activities and monitor. If the child's total score is in the area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

- Provide activities and recreation in _____ months.
- Share results with primary health care provider.
- Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- Refer to primary health care provider or other community agency (specify reason): _____
- Refer to early intervention/early childhood special education.
- No further action taken at this time
- Other (specify): _____

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication	S	Y	S	N	N	S
Gross Motor	Y	Y	Y	Y	Y	Y
Fine Motor	S	Y	S	N	N	N
Problem Solving	S	S	N	S	S	N
Personal-Social	Y	Y	Y	Y	Y	Y



WHAT TO DO
WHEN A CHILD
DOESN'T PASS
THE SCREEN

- Resources
 - Child Birth-3 years
 - Department of Health Early Intervention
 - Early Head Start (Birth-3 years)
 - 3 years to 5 years
 - Department of Education Preschool Special Education
 - Head Start (3-5 years)
 - Over 5 years
 - Special Education
 - Medicaid

WHERE TO FIND US



Services are available on all islands and at no cost to families. Please call the **Early Intervention Referral Line** for concerns about a child's development:

Oahu **808*594*0066**
 Neighbor Islands (toll-free) **1*800*235*5477**
TTY is available

Hours: Monday - Friday, 8:00 am – 4:00 pm
 After hours, please leave a message and your call will be returned.

For children over 3 years of age, call the Department of Education Operation Search at **808*305*9810** or **1*800*297*2070**

NEIGHBOR ISLANDS

Families and providers on the neighbor islands may also call the Early Intervention program:

Kona/Kau Child Development Program
 Family Support Services of West Hawaii
808*334*4114

North Hawaii Child Development Program
 Family Support Services of West Hawaii
808*885*0086 ext. 13

Hilo Easter Seals
808*961*3081

Imua Family Services—
 Maui County
 (Lanai, Maui, & Molokai)
808*244*7467

Kauai Easter Seals
808*245*7141



DEVELOPMENT
CHECKLIST

SOME SERVICES WE PROVIDE

Services are provided in places where a child lives, learns, and grows.

SERVICES INCLUDE:

- Assistive Technology
- Audiology
- Care Coordination
- Family Training, Counseling and Home Visits
- Nursing
- Nutrition
- Occupational Therapy
- Physical Therapy
- Psychology Services
- Sign Language and Cued Speech
- Social Work
- Special Instruction
- Speech-Language Pathology
- Vision Services

Parents and/or caregivers are coached on how to help their child learn and grow.



State of Hawaii
 Department of Health
 Early Intervention Section

The Hawaii State Department of Health provides access to a child's health care regardless of race, color, ethnic origin (including language), age, sex, religion, or disability. Write our Affirmative Action Officer at Box 1174, Honolulu, HI 96841-1174, or call 808*594*4616 (voice/TTY) within 180 days of a problem.



State of Hawaii Department of Health
 Early Intervention Section (EIS)

Oahu: 808-594-0066
 Toll Free: 800-235-5477
 Fax: 808-586-0016

EARLY INTERVENTION (EI) REFERRAL FORM

***Required information for referral to be processed** Call/Fax Date:

Referral Source Name: Fax #: Ph #:

Relationship to Child: Parent Physician CWS Home Visiting DOH Home Visiting Early Head Start
 Preschool/Childcare Public Health Nursing DHS-CWS Other

Organization/Affiliation:

Address, include city & zip code (if not parent):

How Referral Source Became Aware of EI: Brochure Poster Child Fair/Event Table

***Child's Name:** ***Date of Birth:**

First Last MM/DD/YY

Gender: M F Age: years months weeks

***Legal Guardianship:** Parent(s) Other: Phone:
 CWS: SW Name: Phone: Fax:

***Area(s) of Concern: (check all that apply)**

Developmental: Adaptive Cognitive Communication Fine Motor Gross Motor Social/Emotional
 Medical: Chrom. Ab. Genetic/Congenital Disorder Other:
 Technology Dependent Skilled Nursing Needed: Amount of Hours per week:

Diagnosis: ICD Code:

Developmental and/or Medical Concerns:

Screening/Assessments Done:

ASQ ASQ-SE PEDS M-CHAT Denver HELP Other:

Newborn Hearing Screening Results: Left Pass: Yes No Right Pass: Yes No

Agencies Working w/ Child: Child Welfare Services Children w/ Special Health Needs Program Early Head Start
 CWS Home Visiting DOH Home Visiting Public Health Nursing Other:

***Primary Caregiver Name(s):**

***Relationship to Child:** mother father resource caregiver guardian other:

Primary Caregiver Name(s):

Relationship to Child: mother father resource caregiver guardian other:

***Child's Residence Address (include apt. #, city & zip code):**

***Legal Guardian's Mailing Address (include city & zip code), if different than child's residence:**

***Phone # (h):** **(c):** **(w):**
(primary) (secondary)

(other): Best Call Time: Preferred Call Number:

My signature below provides consent for the Department of Health Early Intervention to share the status of the referral with the referral source.

Legal Guardian Signature: Date:

Vietnamese

Một trẻ em gặp khó khăn trong việc học... không cần phải đương đầu với vấn đề một mình. Chúng tôi có thể giúp được. Chiến Dịch Search Nếu con em Quý vị gặp khó khăn trong việc học hành, nói năng, di chuyển hay hòa đồng với những trẻ em khác, có những nhà chuyên môn tài giỏi có thể giúp đỡ. Chiến Dịch Search giúp tìm ra trẻ em thiếu khả năng, tuổi từ 0 đến 22. Nếu Quý vị nghĩ rằng con em mình có thể học hỏi nhiều điều bổ ích trong một chương trình được soạn thảo đặc biệt, xin gọi chúng tôi. Chúng tôi sẵn sàng giúp đỡ và dịch vụ này miễn phí. Nếu cần biết thêm chi tiết xin gọi Chiến Dịch Search, số điện thoại 305-9810. Chiến Dịch Search do Bộ Giáo Dục của Tiểu Bang Hawaii điều động.

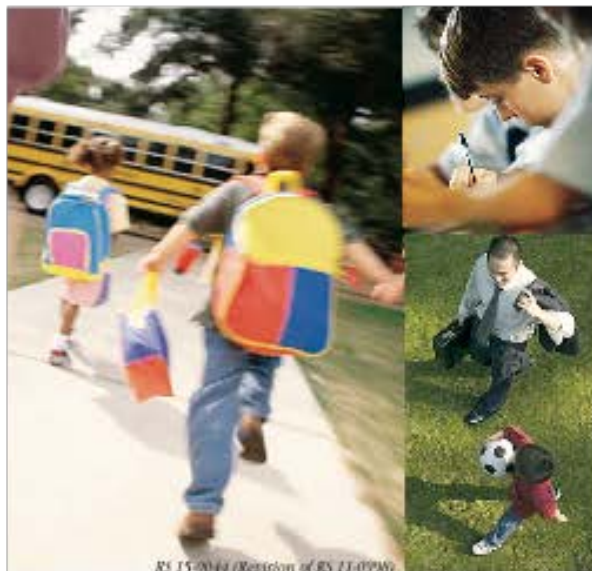
Tongan

Ki he fanau 'oku nau faingata'a'ia 'i he feinga faka'atamai... 'oku 'ikai totonu ke nau fehanga'angai fakafo'ituitui moe ngaahi palopalema ko'eni. Te mau lava pe 'o tokoni. Potungaue Fekumi (Operation Search) Kapau 'oku faingata'a'ia ho'o tamasi'i/ta'ahine 'i he ngaahi tafa'aki ko'eni ako faka'atamai, lea, ngaungaue holo, feohi moe ni'ihiki kehe 'oku 'i ai 'a e kau palofesinale taukei te nau lava 'o tokoni ki he fanau pehe ni. Ko e Potungaue Fekumi 'oku nau hanga 'o tokoni 'i 'a e fanau (ta'u 0-22) 'oku nau tukuhausia mo e ngaahi palopalema. Kapau 'oku ke fakakaukau ko ho'o tamasi'i/ta'ahine 'e ma'u hano faingamalie mo ha tokoni mei he polokalama koe'ni, fakamolemole 'o fetu'utaki mai kia kima'otolu. 'Oku mau 'i heni ke tokoni, pea 'oku ta'etotongi pe. Kapau 'oky ke fiema'u ha toe ngaahi fakamatala kehe 'o fekau'aki moe ngaahi palopalema ko'eni, kataki ka ke fetu'utaki mai (Tel: 305-9810). Koe Potungaue Fekumi 'oku fakalele ia 'e he Potun-gaue Ako 'o e Pule'anga Hawaii.

OPERATION SEARCH



*Help is Within
Reach for
Your Child!*



RS 15-0044 (Revision of RS 11-0596)

If your child

is having trouble learning, he or she does not have to face it alone. **Operation Search** can help! If your child has a difficult time learning, speaking, moving or getting along with others, there are skilled professionals who can help. **Operation Search** helps identify children with disabilities ages 0 to 22. If you think your child may benefit from specially designed instruction, please call us. We are here to help.

Operation Search is conducted by the Hawaii State Department of Education.

For more information, call Statewide:
(808) 305-9810 or 1-800-297-2070

Oahu: Honolulu 733-4977

Central 622-6432 Windward 233-5717

Leeward (Campbell, Kapolei, Waianae) 675-0335

Leeward (Nanakuli, Pearl City, Waipahu) 675-0384

Hawaii: East 974-4401 West 323-0015

South 982-4252 North 775-8895

Maui: 873-3520 Molokai: 553-1723

Lanai: 565-7900 Kauai: 274-3504

For children under the age of 3, call
Hawaii Keiki Information Service System (H-KISS)
(808) 594-0066 or 1-800-235-5477

www.hawaiipublicschools.org/TeachingAndLearning/SpecializedPrograms/SpecialEducation/Pages/home.aspx

Additional Resources

SPIN – the Special Parent Information Network
(808) 586-8126

If you are calling from a Neighbor Island, you can contact us by dialing your island number followed by our extension number:

Kauai: 274-3141, ext. 6-8126

Hawaii: 974-4000, ext. 6-8126

Maui: 984-2400, ext. 6-8126

Molokai & Lanai: 1-800-468-4644, ext. 6-8126

For youths 22 years of age or older, contact:
Hawaii State Department of Human Services,
Vocational Rehabilitation and Services for the
Blind Division at (808) 586-5269 or

the Hawaii State Department of Health - Case Management
and Information Services Branch: (808) 733-9172

Korean

장애로 인하여 배움에 어려움을 겪고 있는 아동은...

혼자서 어려움을 감내하지 않아도 됩니다. 우리가 도와드립니다.

---- < 오퍼레이션 서-치 >

(Operation Search)

만약 당신의 자녀가 배우거나, 말하거나, 몸을 움직이거나, 또는 다른 사람들과 함께 생활하는 데 어려움을 겪고 있다면, 숙련된 전문가들이 이를 도와드립니다. < 오퍼레이션 서-치 >는 0세에서 22세까지 장애가 있는 아동들을 찾아서 도움을 드립니다. 만약 당신의 자녀가 특수교육 과정을 통해 많은 향상을 볼 수 있다고 생각하시면, 저희에게 문의하십시오. 저희는 도움을 드리도록 준비하고 있으며, 이것은 무료입니다.

보다 상세한 사항은 < 오퍼레이션 서-치 >로 문의 하십시오. 전화 305-9810.

< 오퍼레이션 서-치 >는 하와이주 교육국에 의해 운영되고 있습니다.

Chinese

如果你的孩子有学习困难、语言和运动障碍、或难与别人相处等问题，我们有专家来帮助你们解决这些苦难。我们的特殊教育计划能帮助你识别年龄在0岁至22岁之间的孩子的特殊困难。如果你认为你的孩子能从该教育计划中受益，请随时打电话与我们联系。我们乐意为你提供免费服务。

在奥阿湖岛可打电话305-9810询问该教育计划。或可打电话到离你最近的公共学校咨询。



Operation Search is conducted by the State of Hawaii Department of Education

Department of Education
Special Education Section
475 22nd Avenue
Honolulu, Hawaii 96816

This activity is sponsored under the Individuals with Disabilities Education Improvement Act of 2004

Hawaiian

Inā hemahema paha kāu keiki ma ke a'o 'ana i kekahi ha'awina, 'a'ole pono kāu keiki e hana nōna iho. Ua hiki i ka hui Operation Search ke kōkua! (Ka Hui Huli Kōkua) Inā hana nui ka kāu keiki ma ke a'o 'ana, ka 'ōlelo 'ana, ka ne'e kula 'ana a i 'ole ka noho like 'ana me kekahi po'e a i 'ole haumāna paha, ua loa'a no nā kānaka i mākaukau a polopeka ho'i mā kēia hana no ke kōkua 'ana i kāu keiki. E kōkua no ho'i ka hui Operation Search ma ka huli a loiloi ho'i inā keiki i piha 0 makahiki a hiki i 22 makahiki i loa'a kekahi o kēia mau hemahema. Inā mana'o 'oe ua loa'a paha i kāu keiki kēia mau hemahema, 'olu'olu e kelepona mai iā mākou. Aia no mākou ma'ane'i no ke kōkua 'ana. Ua kūkula 'ia ka hui Operation Search ma lalo o ke Ke'ena o Ke Kula 'Aupuni (DOE). No nā hō'ike 'ea'e, e kelepona i kēia helu ma lalo iho nei. Ka nui Moku'aina: 305-9810 a i 'ole 1-800-297-2070.

Japanese

何かの障害を持たれるお子様のことでお悩みでしたら私たちにご相談ください! オペレーション、サーチもしあなたのお子様在学校で学習、話すこと、身体を動かすことにおいて困難を伴っていたり、また人との交際について問題があるようでしたら、是非私たちにご相談ください。経験豊富なエキスパートがあなたのご相談に応じます。オペレーション、サーチは、様々な障害を伴う幼児から青少年(0才~22才)までを対象とし、彼らの抱える問題を理解した上で無料の特別教育プログラムによる援助の手を差しのべるための公営の教育機関です。詳しい情報は、305-9810までお問い合わせください。ハワイ州教育部主催

Chuukese

Ika emon semiriit mei wor an osukosuk ren an keao...esapw weiwen an epwe sotuni feféeri pusin ei chok. Kich mei tongeini ánninnis! Operation Search ika Kinikini Kut Ika noum we semiriit mei osukosuk ren pekin kaeo, pwóróówus, mwokutukut inisin, ika tipemecheres ngeni chiechian, mei wor mei sinenap mei tongeni ánninnis. Operation Search mei ánninnis ne pwanrata ekkewe semiriit mei wor terir seni 0 tori 22 ier. Ika ke ekieki pwe noum we semiriit epwe tufich seni ei prokram mei féérata, kose mochen kekkéeri kich. Kich sia nonom ekkei ach sipwe anninis, me ese kamo! Ren pwan ekkoch enletin porous kokkori Operation Search 305-9810. Operation Search a féériyen ewe Móówun Hawaii Pútáin Echúkeison. Ren semiriit ese tori 3 ier, kekkéeri (808) 594-0066 (ese kamo ika toll free 1-800-235-5477).

Samoan

Matou te fia fesoasoani atu mo se tamaititi o faa-faigata ona malamalama i ana mataupu o ana aoaoga. Sau nei loa i le polokalama o le Operation Search. E aoga le Operation Search mo se tamaititi o lo o faigata ona malamalama i mataupu o le aoga; o lo o vaivai lana tautala; o lo o faa-letonu lana gaioi; po o le le mafia foi ona faa-masani ma teu le va fealoai ma isi tagata. Ua iai i lenei polokalama ni alii ma tamaitai tomai tele latou te faasino ma vaavaai tamaiti o iloga mai ai ia faafitauli. O ia tamaiti e amata le matua mai i le 0 o tausaga e oo Ie 22. Afai e te silafia e ono aoga lenei polokalama mo lou alo, faamolemole telefoni vave mai. Matou te fia fesoasoani atu, ma e leai foi se totogi. Mo nisi faamatalaga auiliili, valaau mai le Operation Search i le telefoni 305-9810. O lo o faafoeina lenei matafaioi po o le polokalama e le Ofisa of Aoga o le Setete o Hawaii.

Tagalog

Kung ang bata ay nahihirapang matuto... di dapat niyang harapin ito na mag-isa. Makatutulong kami! *Operation Search* Kung ang iyong anak ay nahihirapang matuto, magsalita, kumilos o makihalobilo sa iba, may mga dalubhasang propesyonal na makatutulong sa inyo. Ang *Operation Search* ay tumutulong upang kilalanin ang mga bata mula edad na 0 hanggang 22 na may mga problemang ganito. Kung sa palagay mo ay makabubuti sa iyong anak ang isang natatanging programa upang siya'y maalalayan, tawagan niyo kami! Narito kami na handang tumulong, at ito ay libre! Para sa karagdagang impormasyon, tawagan ang Operation Search 305-9810. Ang Operation Search ay itinataguyod ng Departamento ng Edukasyon ng Estado ng Hawaii. Para sa mga bata na ang edad ay hanggang 3, tawagan ang (808) 594-0066 (walang bayad 1-800-235-5477).

Marshallese

Elaññe juon ajiri ewōr an mōjñō ilo an katak... jab jellōk makē iaan kake. Jemaroñ jibañ e! Bikok juon ñan kōmmane juon karōk (Operation Search) Elaññe ajiri eo nejūm ebin an katak, konono ito tak koba ļok ibben ro jet, ewōr ro ewōr aer kabel remaroñ jibañ. Operation Search ej jibañ kalikkar ajiri ro ewōr mōjñō ilo anbwini jilu (0) ļok ñan roñoul (22) iio dettaer. Elaññe kwōj ļomñak bwe ajiri eo nejūm enaj bōk jibañ jan juon program eo emoj karoke, joi im kūr tok kōm. Kōmij bed ijin ñan jibañ, ilo ejellōk wōnān! Nan bōk elapļok melele kūr Operation Search 305-9810. Operation Search ej kōmman in Department eo an Education ilo State of Hawaii. Nan ajiri ro loñļok ñan jilu (3) aer iio, kūr ļok (808) 594-0066 (ejellōk wōnān 1-800-235-5477).

Ilocano

No ti maysa nga ubing ket narigat a makasursuro... di rumbeng a baybay-an lattan. Makatulongkami! Panangammo iti Kasasaad (Operation Search) No ti anakmo ket narigat a makasursuro, nga agsao, nga aggungunay wenna makilangen iti sabsabali, adda dagiti mapagtalkan a propesional a mabalin a sumaranay. Ti Operation Search, makatulong a mangibaga no ti maysa nga ubing nga agtawen iti 0 agingga iti 22 ket addaan iti kakastoy a pagparikutan. Ket no namnamaem a mabalin a matulongan ti maysa a naiduma ti pannakadesiniona a programa dayta anakmo, tawagannakami koma. Addakami ditoy a sidadaan a tumulong, ket libre pay! Para iti ad-adu pay nga impormasion, tumawag iti Operation Search 305-9810. Ti Operation Search ket ipatpatungpal ti Departamento ti Edukasion ti Estado ti Hawaii. Para kadagiti ubbing nga agtawen agingga iti 3, tumawag iti (808) 594-0066 (toll free 1-800-235-5477).

Spanish

Operación Búsqueda Un niño que tiene problema con el aprendizaje...no tiene que enfrentarlo solo. Nosotros podemos ayudarle. Si su niño tiene dificultad con el aprendizaje, el habla, la coordinación, o con relaciones con los demás, hay profesionales que pueden ayudarle. Operación Búsqueda (Operation Search) ayuda identificar a niños con inhabilidades, desde las edades de 0 a 22. Si usted piensa que su niño puede beneficiarse de un programa especializado por favor llámenos. Estamos aquí para ayudarle, y es gratis. Para más información llame Operación Búsqueda 305-9810. Operación Búsqueda es conducido por el departamento de educación de Hawaii.

CONTACTS FOR HEAD START



Maui, Molokai, Lanai

- Maui Economic Opportunity Inc. (<http://www.meoinc.org>)
- Maui Family Support Services (<https://mfss.org/services/>)



Kauai

- Child & Family Service
(<https://www.childandfamilyservice.org/kauai/>)



Hawaii Island

- Parents and Children Together (PACT) (<https://pacthawaii.org>)
- Family Support Services (<https://familysupporthawaii.org>)



Oahu

- Parents and Children Together (PACT) (<https://pacthawaii.org>)
- Honolulu Community Action Program, Inc. (HCAP)
(www.hcapweb.org)

Give Your Child A

Head Start



MEO Early Childhood Services



380 Kolapa Place
Kaunakakai, Hawaii 96748



Recruiting Children Ages 3 – 5 years old for School Year 2020-2021

Eligible participants are:

- ❖ Children who are or will be 3 or 4 years old by July 31, 2020
- ❖ Families who meet the Head Start Selection Criteria.
Parent/Legal Guardian are to complete an application in person
Monday – Friday between the hours of 7:45 am – 3:00 pm.

Please bring the following items to complete an application:

- ❖ Child's State Certificate of Birth, Hospital Certificate, or other documents verifying child's age
- ❖ Household income documentation:
Preferably - 2019 Income Tax Returns,
All household 2019 W-2 Forms, or paystubs.
- ❖ TANF/SSI Financial Printout, Homeless, and Foster Care verification if applicable

Other documents may be needed, for more information, call 553-9805



We serve families with young children by providing comprehensive family services and quality early childhood education - empowering our families to succeed and be lifelong learners.



REASONS FOR DEVELOPMENTAL DELAY

- Many, many possible reasons
- Medical conditions include genetic conditions, neurological conditions, orthopedic conditions, and other conditions whose problems affect brain or body development
- Developmental disabilities such as autism spectrum disorder and intellectual disability
- Child abuse and neglect
- Poverty, poor exposure to interaction with other children, no toys or child games available
- Injury, especially to the brain, from trauma, infection, stroke, etc.

PRIOR TO A CHILD TURNING 9 YEARS OLD

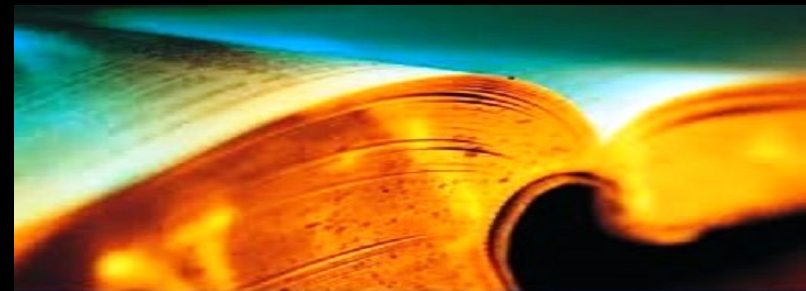
- Are there continued delays (either in the previously identified area or in a new area)?
- Is there another category (in the educational world) or a condition (in the medical world) that makes sense for the child?

WHO DEFINES DISABILITY IN THE EDUCATIONAL WORLD?

- The nation's special education law is called the Individuals with Disabilities Education Act (IDEA).
- IDEA defines the term "child with a disability."
- The IDEA's disability terms and definitions guide how States define disability and who is eligible for special education and related services.
- Students who receive special education and related services are categorized under one of IDEA's disability terms.

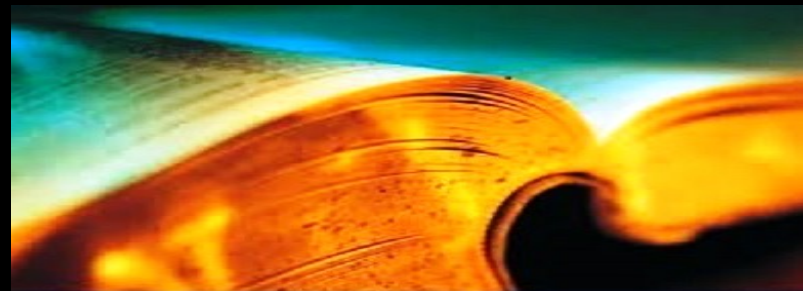
WHO FIGURES THESE OUT?

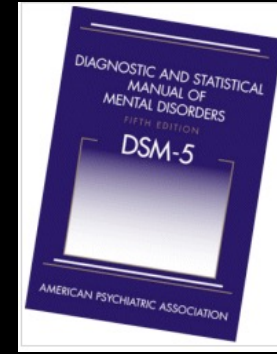
- Developmental delay
- Autism
- Intellectual disability
- Specific learning disability
- Emotional disability
- Other health impairment
- Speech or language impairment
- Hard of Hearing
- Deaf-blindness
- Deafness
- Multiple disabilities
- Orthopedic impairment
- Traumatic brain injury
- Visual impairment, including blindness



LET'S LOOK AT THREE CATEGORIES IN PARTICULAR

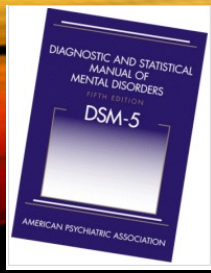
- Developmental delay
- Autism
- Intellectual disability
- Specific learning disability
- Emotional disability
- Other health impairment
- Speech or language impairment
- Hard of Hearing
- Deaf-blindness
- Deafness
- Multiple disabilities
- Orthopedic impairment
- Traumatic brain injury
- Visual impairment, including blindness





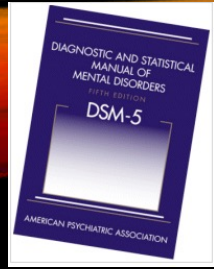
DSM

- The *Diagnostic and Statistical Manual of Mental Disorders* is one of the most important references for clinicians to make diagnoses
- Has mental health diagnoses, but also a variety of neurodevelopmental diagnoses
- No information about treatment
- Current version is the DSM-5
 - This changed from DSM-IV TR in May 2013



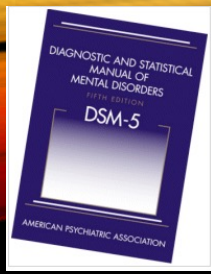
DIAGNOSIS OF AUTISM – DSM-5 CRITERIA

- **All** of the following symptoms describing persistent **deficits in social communication/ interaction** across contexts, not accounted for by general developmental delays, must be met:
 - Problems reciprocating social or emotional interaction, including difficulty establishing or maintaining back-and-forth conversations and interactions, inability to initiate an interaction, and problems with shared attention or sharing of emotions and interests with others.
 - Severe problems maintaining relationships — ranges from lack of interest in other people to difficulties in pretend play and engaging in age-appropriate social activities, and problems adjusting to different social expectations.
 - Nonverbal communication problems such as abnormal eye contact, posture, facial expressions, tone of voice and gestures, as well as an inability to understand these.



DIAGNOSIS OF AUTISM – DSM-5 CRITERIA

- **Two** of the four symptoms related to **restricted and repetitive behavior** need to be present:
 - Stereotyped or repetitive speech, motor movements or use of objects.
 - Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change.
 - Highly restricted interests that are abnormal in intensity or focus.
 - Hyper or hypo reactivity to sensory input or unusual interest in sensory aspects of the environment.



WHAT EXACTLY IS AN INTELLECTUAL DISABILITY?

1. Deficits in intellectual functioning

This includes various mental abilities:

- Reasoning;
- Problem solving;
- Planning;
- Abstract thinking;
- Judgment;
- Academic learning (ability to learn in school via traditional teaching methods);
- Experiential learning (the ability to learn through experience, trial and error, and observation).

These mental abilities are measured by **IQ tests**. A score of approximately two standard deviations below average represents a significant cognitive deficit. These scores would occur about 2.5% of the population. Or stated differently, 97.5% of people of the same age and culture would score higher. The tests used to measure IQ must be standardized and culturally appropriate. This is typically an IQ score of 70 or below.

INTELLIGENCE TESTS

- the Wechsler Preschool and Primary Scale of **Intelligence** (WIPPSI)
- the Wechsler **Intelligence** Scale for Children (WISC)
- the Stanford-Binet **Intelligence** Test
- the Woodcock Johnson Test of **Cognitive** Abilities
- the Comprehensive Test of Nonverbal **Intelligence** (CTONI)
- Not an IQ test: the Differential Abilities Scales (DAS)

- If done by the DOE, usually done by a psychologist

2. Deficits or impairments in **adaptive functioning**

This includes skills needed to live in an independent and responsible manner. Limited abilities in these life skills make it difficult to achieve age appropriate standards of behavior. Without these skills, a person needs additional supports to succeed at school, work, or independent life. **Deficits in adaptive functioning** are measured using standardized, culturally appropriate tests.

Various skills are needed for daily living:

- **Communication:** This refers to the ability to convey information from one person to another. Communication is conveyed through words and actions. It involves the ability to understand others, and to express one's self through words or actions.
- **Social skills:** This refers to the ability to interact effectively with others. We usually take social skills for granted. However, these skills are critical for success in life. These skills include the ability to understand and comply with social rules, customs, and standards of public behavior. This intricate function requires the ability to process figurative language and detect unspoken cues such as body language.
- **Personal independence at home or in community settings:** This refers to the ability to take care of yourself. Some examples are bathing, dressing, and feeding. It also includes the ability to safely complete day-to-day tasks without guidance. Some examples are cooking, cleaning, and laundry. There are also routine activities performed in the community. This includes shopping for groceries, and accessing public transportation.
- **School or work functioning:** This refers to the ability to conform to the social standards at work or school. It includes the ability to learn new knowledge, skills, and abilities. Furthermore, people must apply this information in a practical, adaptive manner; without excessive direction or guidance.

ADAPTIVE FUNCTIONING

Intellectual disability involves impairments of general mental abilities that impact ADAPTIVE FUNCTIONING in three domains, or areas. These domains determine how well an individual copes with everyday tasks:

The **conceptual** domain includes skills in language, reading, writing, math, reasoning, knowledge, and memory.

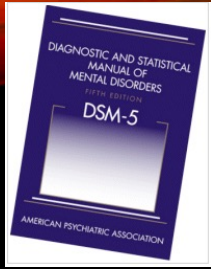
The **social** domain refers to empathy, social judgment, interpersonal communication skills, the ability to make and retain friendships, and similar capacities.

The **practical** domain centers on self-management in areas such as personal care, job responsibilities, money management, recreation, and organizing school and work tasks.

ADAPTIVE FUNCTIONING ASSESSMENTS

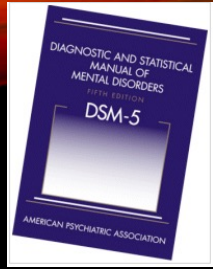
- Vineland-3
- Adaptive Behavior Assessment System, third edition (ABA-3)
- The Adaptive Behavior Evaluation Scale-Third Edition (ABES-3)

If done by the DOE, it is usually done by a social worker



WHAT EXACTLY IS AN INTELLECTUAL DISABILITY?

3. These limitations occur during the developmental period. This means problems with intellectual or adaptive functioning were evident during childhood or adolescence. If these problems began after this developmental period, the correct diagnosis would be neurocognitive disorder. For instance, a traumatic brain injury from a car accident could cause similar symptoms.



WHAT EXACTLY IS AN INTELLECTUAL DISABILITY?

DSM-5 emphasizes the need to use both clinical assessment and standardized testing of intelligence when diagnosing intellectual disability, with the **severity of impairment based on adaptive functioning rather than IQ test scores alone.**



TESTING FOR LEARNING DISABILITIES

LEARNING DISABILITIES

- Learning disabilities are neurologically-based processing problems
- These processing problems can interfere with learning basic skills such as reading, writing and/or math.
- They can also interfere with higher level skills such as organization, time planning, abstract reasoning, long or short term memory and attention.
- Generally speaking, people with learning disabilities are of average or above average intelligence. There often appears to be a gap between the individual's potential and actual achievement.

TESTING FOR LEARNING DISABILITY

- The IDEA requires that a diagnosis of learning disability is not made on the basis of a single test
- Common tests used to diagnose a learning disability include intelligence tests, achievement tests, visual-motor integration, and language testing.

ACHIEVEMENT TESTS

Common **achievement tests** used to diagnose a learning disability include:

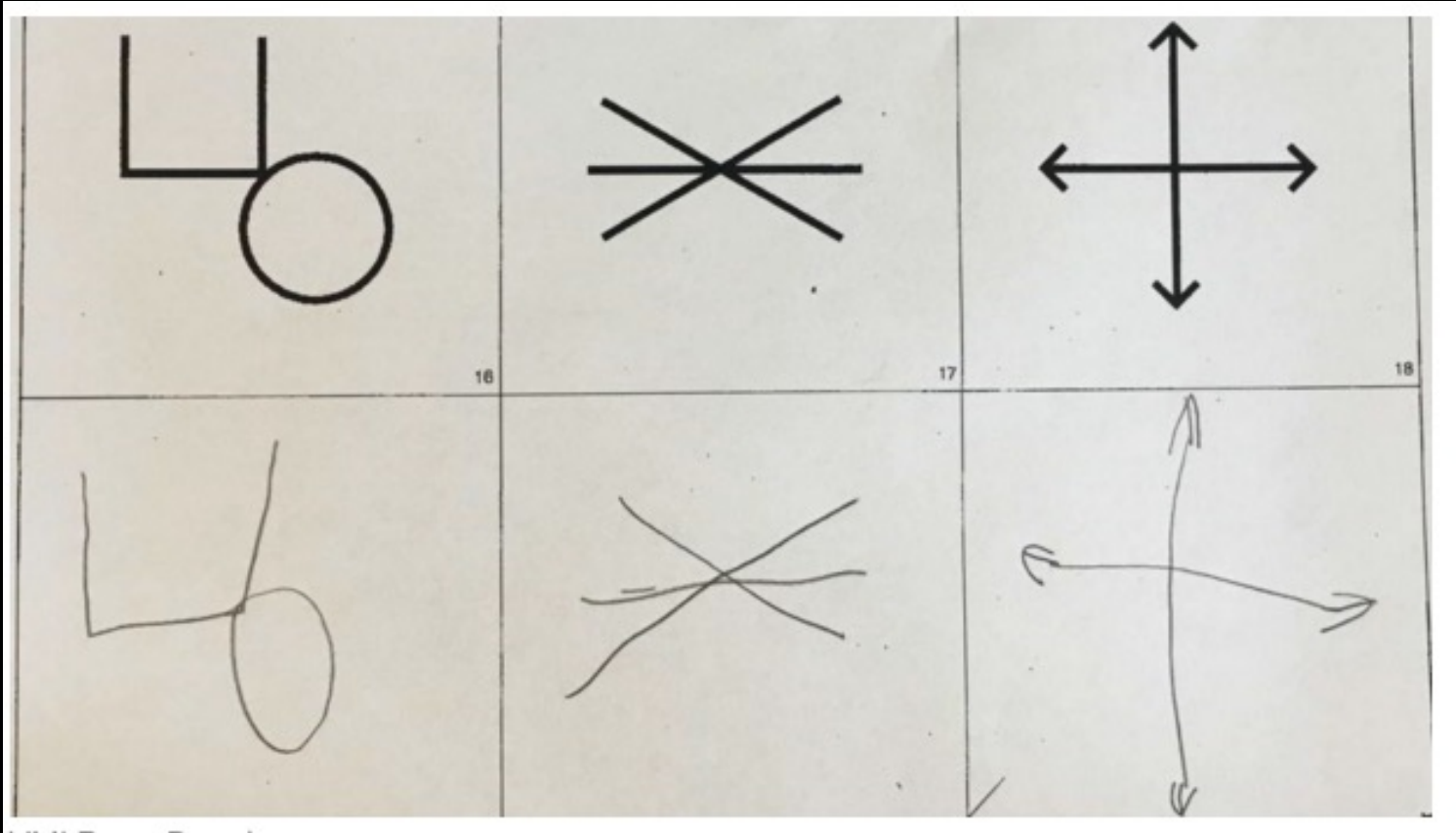
- the Woodcock-Johnson **Tests of Achievement** (WJ),
- the Wechsler Individual **Achievement Test** (WIAT)
- the Wide Range **Achievement Test** (WRAT)
- the Kaufman **Test of Educational Achievement** (KTEA)

VISUAL MOTOR INTEGRATION TESTS

Visual motor integration tests are supplementary tests that many evaluators use to support a learning disability evaluation.

Common visual motor integration tests include:

- the Bender Visual Motor Gestalt Test
- the Developmental Test of Visual Motor Integration.





1. Vertical line



2. Horizontal line



3. Circle



4. Cross



5. Right oblique line



6. Square



7. Left oblique line



8. Oblique Cross



9. Triangle



10. Open square & circle



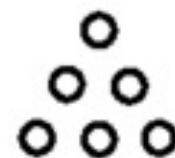
11. 3-line cross



12. Arrows



13. 2-D rings



14. Six circles



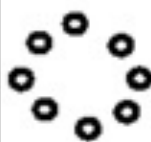
15. Circle & tilted square



16. Vertical diamond



17. Tilted triangles



18. 8-dot circle



19. Wertheimer's Hexagons



20. Horizontal diamond



21. 3-D rings



22. Necker cube



23. Tapered box



24. 3-D Star

LANGUAGE TESTS

Commonly used language tests used in the diagnosis of learning disabilities include:

- the Clinical Evaluation of Language Fundamentals (CELF)
- Preschool Language Scale (PLS)
- Goldman-Fristoe Test of Articulation
- the Test of Language Development.

NEWLY DISCOVERED LEARNING DISABILITIES

GO-CARTITIS

Instead of focussing on topic at hand, kid fantasizes about go-carts.



DOODLER'S SYNDROME

Child insists on drawing, thus completely shutting out teacher's voice.



CLOCK-WATCHING DISORDER

He or she plays mental games with wall clock rather than pay full attention.



JIMMY'S CONDITION

Student gets on own train of thought, and that is the end of THAT.





INTERFACE BETWEEN MEDICINE AND EDUCATION

Schools

Free and Appropriate Public Education
Individualized Education Programs
Determining educational category
Section 504
Classroom environment
Least Restricted Environment
Related Services

Interface

Emergency Action Plans (for children with for example seizure disorder or diabetes)
Medications in School
Links to other agencies – Department of Health, Division of Vocational Rehabilitation, Social Security Disability Insurance
Special Parent Information Network
School-based Health Centers

Medical Clinics and Hospitals

Physical Exam and growth measurements
Hearing and Vision Screening
Imaging and Diagnostic (including Blood) Tests
Primary Care
Referral to Subspecialists
Making Diagnoses
Medication, therapies and other treatments

JEFFREY OKAMOTO, MD

DEVELOPMENTAL-BEHAVIORAL PEDIATRICIAN,
THE HAWAII PACIFIC HEALTH MEDICAL GROUP
AND

THE JOHN A. BURNS SCHOOL OF MEDICINE
UNIVERSITY OF HAWAII AT MANOA

808-373-7555

jokamoto@hawaii.edu

