

**DIRECTIONS FOR COMPLETING  
0-5 CHILD FIND SCREENING, REPORTING AND DATA COLLECTION FORM**

The Illinois State Board of Education (ISBE) operates the Child Find Project (the "Project"). The Project is funded through IDEA Part B, Preschool Discretionary funds to develop and disseminate public awareness materials to Local Education Agencies (LEAs), Special Education Cooperatives, and the Child and Family Connections (CFC) offices. One activity of the Project is to collect data on the number and location of developmental screenings taking place across the State of Illinois for children between 0 and 5 years of age. The purpose of the 0-5 Child Find Screening, Reporting and Data Collection Form (the "Form") is the collection of said data by the Project. If your program administers developmental screenings, you should report screening data to the Project using the Form. This applies to developmental screenings only and not to other types of screenings, such as those for vision or hearing. Agencies are required to complete each section of the Form.

The following are certain definitions that may be useful when completing the Form:

**Health Department** – A certified public health department of a county or the City of Chicago that strives to meet the public health needs of its jurisdiction.

**Health Care Provider** – A primary care physician, clinic, etc.

**Home Visiting** – A voluntary program serving pregnant women and children up to the age of 5 that promotes positive parenting practices and builds healthy parent-child relationships, which makes them an essential strategy for reducing child abuse and neglect, improving health outcomes for mothers and children, and increasing school readiness. Home visiting services use evidence-based, intensive, outcome-driven models that promote parent-child attachment; provide developmental screening, monitoring, and referrals; and provide linkages to community resources and services. Additional information pertaining to home visiting in Illinois can be found at <http://www.igrowillinois.org/>.

**Multi-Funded Program** – A program receiving separate funds from two or more program funding streams that are integrated or blended in order to pay for total program expenditures.

**SECTION I: IDENTIFYING INFORMATION**

This information allows the tracking of locations of screenings that occur, what programs or entities are involved in screenings, at what frequency screenings occur in a particular area, and who participates in screening activities.

**Current Date** – Insert the date the screening form is completed.

**Month/Year of Screening** – For cumulative reporting, insert the month and year the screenings took place.

**CFC Submitting Form** – CFCs should insert their CFC #, if a CFC is submitting a completed form.

**Name of Screening Agency** – Insert the name of the agency or provider undertaking the screening. Please note that such an agency or provider may include, but is not limited to, the following: Child Care Provider (CC); Head Start/Early Head Start (HS/EHS); Home Visiting (HV); Multi-Funded Program (MFP); Child and Family Connections (CFC); School District or Local Education Agency (LEA); Early Intervention (EI) Provider; Health Department (HD); Health Care Provider (HC); Women, Infants and

Children (WIC); Illinois Department of Children and Family Services (DCFS); or Family Case Management (FCM).

*This information is gathered for data collection purposes only. If the screening is a joint effort between two or more CFCs or two or more school districts, indicate all CFCs and school districts involved in the joint effort, in order to show the area in which screenings are taking place. If a joint screening takes place with a CFC and a school district, the screenings will be attributed to the CFC or school district based on the ages of the children screened. Separate reports may be submitted if easier on reporting entities.*

**Type of Program/Entity** – Insert the type of program or entity that describes the Screening Agency. Options include the following: Child Care Provider (CC); Head Start/Early Head Start (HS/EHS); Home Visiting (HV); Multi-Funded Program (MFP); Child and Family Connections (CFC); School District or Local Education Agency (LEA); Early Intervention (EI) Provider; Health Department (HD); Health Care Provider (HC); Women, Infants and Children (WIC); Illinois Department of Children and Family Services (DCFS); or Family Case Management (FCM).

**Zip Code of the Locations of Screenings** – Identify the zip code of the location of the screening event. One form should be submitted per event, as such, only one zip code should be entered here.

**Screening Tool** – Identify name of Developmental Screening tool(s) administered (e.g., ASQ3, ASQ-SE, DIAL, Brigance, other) by listing all that apply on the Form. Do not include other screenings performed such as Vision, Hearing, etc.

**Contact Person (Name, Phone Number and Email Address)** – Insert the name, telephone number and email address of the individual in charge of the screening session.

**Name of Agency** – List agency(ies) or individual provider(s) conducting the screening activity(ies), if screening event is community-wide or a joint-effort.



## SECTION II: SCREENING INFORMATION

This information allows the tracking of the number of children screened and their age at the time of screening. Please note that the data for Section II refers to the total number of children screened (and is not separated out by zip codes as in Section I above).

**Total Children Screened** – Total number of children screened during event of cumulative monthly report.

**Age 0-61+ Months** – In the appropriate box, indicate the number of children by age who were screened.

**Not Referred** – Children who were screened but no referral was needed.

**Total Referred** – Children who were screened and a referral was needed.

The "Total Children Screened" count in Section II of the Form should equal the number of children referred *plus* the number of children not referred.

For purposes of the Form, a **Referral** occurs when a provider completes a screening and provides

information on how to connect families to a service provider that can meet the child and family's needs as indicated on the screening. Guidance on *referring families* may be found at the websites for (i) ExceleRate Illinois (including, the following link: <http://www.excelebrateillinoisproviders.com/docman/resources/91-three-steps-to-screening/file>) and (ii) U.S. Department of Health and Family Services—Office of Administration for Children and Families for *Birth to 5: Watch Me Thrive!* (including, the following link: [https://www.acf.hhs.gov/sites/default/files/ece/ece\\_providers\\_guide\\_march2014.pdf](https://www.acf.hhs.gov/sites/default/files/ece/ece_providers_guide_march2014.pdf))

For purposes of data related to the screenings of children involved with DCFS (which is collected in the second table in Section II), please note the following:

**# of Children in Intact Family Services Screened** – refers to the number of children screened who are involved with DCFS but are not in DCFS protective custody and are residing with their families as part of DCFS's Intact Families program.

**# of Children of Teen Wards Screened** – refers to the number of children screened whose parents are wards of DCFS.

**# of Children in Foster Care Screened** – refers to the number of children screened who are in DCFS care and residing with a foster family.

### SECTION III: SCREENING RESULTS – REFERRAL COUNTS

The information submitted here allows the tracking of referrals made for children ages 0-35 months and 36-50 months.

Indicate the number of children referred for further evaluation in the appropriate referral count box identified. If a referral type is not listed, please indicate the name of the agency(ies) receiving referral(s) and the number of children involved. Please note that the numbers used in Section III will overlap and will not always match-up to the number used in the category of "Total Referred" in Section II above.

**# Referred to Other Services** – Indicate the number of children referred to community based programs/agencies (i.e., speech, hearing, vision).

**# Referred for Rescreening** – Indicate the number of children who did not score a concern on the screening, but are determined to benefit from a repeat screening at a later date (due to parent report of functioning variance, unable to screen, other concerns screener may have, etc.).

**# Referred to Multiple Services** – If more than one of the other categories in this Section III has been checked, then also check "Referred for Multiple Services". *Please note that some children may be referred to multiple services and we want to know how many children present like that.*

Please **fax or email** completed reports to the local Child and Family Connections (CFC) office, attention Local Interagency Council (LIC) Coordinator. The LIC Coordinator is responsible for collecting all 0-5 Screening Collection forms relating to screening activities for children 0 5 years of age occurring in the service area. These reports are forwarded monthly to the State's Child Find Project Coordinator for statewide analysis and data compilation.