

I. MULTI-DOMAIN SCREENING INSTRUMENTS THAT MAY BE COMPLETED BY FAMILIES OR OTHER CAREGIVERS

Name of Instrument	Description	Age Range	Time Frame	Scoring	Psychometric Information	May be administered by
Ages and Stages Questionnaire (ASQ) - 2 nd Ed.	<p>The Ages & Stages Questionnaire (ASQ) system is designed to be implemented in a range of settings & can easily be tailored to fit the needs of many families. Clear drawings & simple directions help parents indicate children's skills in language, personal-social, fine & gross motor, & problem solving. The ASQ involves separate copy-able forms of 30 items for each age range (tied to well-child visit schedule). The measure can be used in mass mail-outs for child-find programs as a first-level screening tool to determine which children need further evaluation to determine their eligibility for early intervention or preschool services. The questionnaire can also be used to monitor the development of children at risk for disabilities or delays.</p> <p>Published in English, Spanish, French & Korean, other translations are in development.</p> <p>A video is available that demonstrates completion of the questionnaire for two children. Their family is introduced & guided through questionnaire completion by a home visitor. Viewers discover how to explain the ASQ screening process, redefine items to reflect a family's values & culture, create opportunities for child learning & development, & promote positive parent-child interaction.</p>	Birth to 60 months	~ 15 - 20 minutes, less if parents complete independently (each questionnaire takes 10-20 minutes to complete, with 2-3 minutes to score)	<p>A 2 SD below the mean cut-off score is used for questionnaires at 4, 8, 12, 16, 24, 30 & 36 months</p> <p>A 75 developmental quotient is the cut-off for questionnaires at 6, 10, 14, 18, 22, 27 & 33 months.</p> <p>Scores provide guidance on which children to refer for diagnostic testing, which to provide with skill-building activities & recommend to re-screen, & which children simply to provide activities for.</p>	<p>The normative sample consisted of educationally, economically, and ethnically diverse families (Caucasian, African American, Hispanic, and Native American), but the sample was not nationally representative.</p> <p>Test-retest reliability, inter-rater reliability, and internal consistency: acceptably high to strong results.</p> <p>Internal consistency and predictive validity: moderate results. Under-referral rates ranged from 1% to 13% across the age intervals; over-referral rate ranged from 7% to 16%.</p> <p>Sensitivity range from 38% to 90% across the intervals, while specificity ranged from 81% to 90%.</p> <p>Concerns: The normative sample was not nationally representative – parents from Asian backgrounds appear underrepresented.</p> <p>Product information: http://www.brookespublishing.com/store/books/bricker-asq/index.htm</p>	Parents; home visitors; other providers; requires a 6 th grade reading level. Professionals score the questionnaires.
Child Development Inventories (CDI)	<p>Three separate instruments [the Infant Development Inventory (IDI), Early Child Development Inventory (ECDI), & the Preschool Development Inventory (PDI)] each with 60 yes-no descriptions. Inventories measure a child's development in five domains: gross motor, fine motor, language, comprehension, and person-social. Items tap the better predictors of developmental status only. A 300-item assessment-level version may be useful in follow-up studies or sub-specialty clinics & produces age equivalent & cutoff scores in each domain.</p>	3 - 72 months; IDI for 3-18 months; ECDI for 18-36 months; PDI for 36-60 months	~ 10 minutes, less if parents complete independently	The ECDI & the PDI produce a single cutoff tied to 1.5 standard deviations. T-scores may be calculated from this information. The IDI provides cutoffs for each of five developmental domains & illustrates both significantly advanced & delayed development.	<p>The normative sample reported in 1995 consisted of 1,322 children; it was three times larger than the original MCDI sample for the same ages (1-4 yrs), and represented a broader range of demographics. A February 2006 article in the <i>Journal of Clinical Psychology</i> reports that a review of 132 cases utilizing parental report on the CDI found these data to be highly correlated ($r = 0.92$) with mental ages obtained during formal psychometric evaluation.</p> <p>Product information: http://ags.pearsonassessments.com/group.asp?nGroupInfoID=a9670</p>	The CDIs can be mailed to families, completed in waiting rooms, administered by interview or by direct elicitation.

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Kent Inventory of Developmental Skills – 3 rd Edition (KIDS)	Completed by the child's caregiver, and based on repeated observations of behavior across a wide range of conditions. The 252 items on the KIDS questionnaire assess the following domains: motor, self-help, cognitive, communication, and social skills. Linguistically adapted and standardized versions are available for the Netherlands, Spain, Russia, and Hungary.	Infancy through 15 months (or up to age 6 when a severe developmental delay is present)	45 minutes	Developmental age scores and standard scores which highlight a child's strengths and needs. Provides information about whether a child has developmental delays, is at risk for delays, or is not delayed.	Standardized on 706 infants in the United States and in Europe. The reliability of the domains is particularly high for infants between 2 and 12 months; for those older than 12 months the analysis of the Motor and Self-Help domain is less reliable. Internal consistency = 0.95 for full development scale & between 0.93 and 0.99 for the 5 domains. Test-retest reliability between 0.86 and 0.98. Scale validity: 0.95 for the full scale and somewhat lower values for the 5 domains (between 0.80 and 0.88). Product information: http://portal.wpspublish.com/portal/page?_pageid=53,105083&_dad=portal&_schema=PORTAL	Parent or other caregiver who spends significant amounts of time with the child. Can be completed at home or elsewhere and returned for scoring.
The Ounce Scale	The Ounce Scale is an observational, functional assessment that can be used effectively with children living in poverty, children at risk or with disabilities, and children growing and developing typically. The Ounce Scale is organized around eight age levels and six areas of development: Personal Connections-How children show trust; Feelings about Self-How children express who they are; Relationships with Other Children-How children act around other children; Understanding and Communicating-How children understand and communicate; Exploration and Problem Solving-How children explore and figure things out; and Movement and Coordination-How children move their bodies and use their hands. English and Spanish versions available.	Birth through 42 months – divided into 8 intervals	The Ounce Scale involves ongoing observation that is periodically summarized.	The Ounce Scale has a twofold purpose: (1) to provide guidelines and standards for observing and interpreting young children's growth and behavior, and (2) to provide information that parents and caregivers can use in everyday interactions with their children. It is not scored, but provides rating on individual indicators.	Pilot and field testing of the Scale occurred over two years across 5 states in early childhood sites. Validation and reliability studies underway. Product information: http://pelcatalog.pearson.com/program_multiple.cfm?site_id=1021&discipline_id=802&subarea_id=0&program_id=942	Early interventionists, Early Head Start programs, child care centers, Even Start programs, home visiting programs, and family child care homes.
Parents' Evaluations of Developmental Status (PEDS)	This screening & surveillance tool provides decision support & both detects & addresses a wide range of developmental issues include behavioral & mental health problems. It promotes parent-provider collaboration & family-centered practice by relying on 10 carefully constructed questions eliciting parents' concerns. Domains screened include: global/cognitive, expressive language and articulation, receptive language, fine motor, gross motor, behavior, social-emotional, self-help, and school. In English, Spanish & Vietnamese with additional translations in development.	Birth to 8 years	2 – 10 minutes, less if parents complete independently	Yields high, moderate, & low risk for developmental & behavioral/mental health problems. A longitudinal score & interpretation form organized by the AAP's well-visit schedule remains in the medical record. Identifies when to refer, screen a second time, advise or support families, postpone referral, and/or monitor development, behavior, & academic progress. Resources on the PEDS can be downloaded from: http://www.pedstest.com/content.php?content=download_resources.html	Normative sample: not nationally representative. Inter-rater reliability, internal consistency, and predictive validity: acceptably high to strong results; concurrent validity: moderate results. Concerns: diversity of normative sample. Product information: http://www.pedstest.com/	Written at the 4th to 5th grade level, parents can complete the measure while they wait for appointments.

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Pediatric Symptom Checklist	This tool, which consists of a 35-item checklist for emotional and behavioral problems, screens for social-emotional delays or disorders in order to identify need for additional assessment. English, Spanish, and Japanese versions available.	4 to 16 years	10 – 15 minutes	Items are rated on a 3 point scale of “never,” “sometimes,” or “often.”	Test-retest reliability and internal consistency: acceptably high to strong results; predictive validity: moderate results. Product information: http://psc.partners.org/	Parent or caregiver, with interpretation by a practitioner with advanced training and experience in psychology.

II. MULTI-DOMAIN SCREENING INSTRUMENTS TO BE COMPLETED BY PROFESSIONALS

Name of Instrument	Description	Age Range	Time Frame	Scoring	Psychometric Information	May be administered by
Battelle Developmental Inventory Screening Test (BDIST)	The 96 items use a combination of direct assessment, observation, & parental interview. The BDIST taps a range of discrete domains including receptive & expressive language, fine & gross motor, adaptive, personal-social, & cognitive/academic. It is intended to identify children at-risk for delay and in need of full evaluation with the full-scale Battelle Developmental Inventory (BDI).	12 – 96 months	~ 20 minutes	Yields cut-off scores and age equivalents. Cutoffs at 1.0, 1.5, & 2.0 SD below the mean, with 1.5 providing optimal sensitivity & specificity. Test also produces age equivalents.	Normative sample of 800 children is nationally representative, and based on the BDI. Test-retest reliability and concurrent validity: acceptably high to strong results. The receptive language subtest appears accurate as a brief prescreen. Concerns: the age equivalent scores appear deflated & thus are best used only when cutoffs fall at or below 1.5. In addition, while the normative sample is considered nationally representative, the sub-sample of children at any particular age may be quite small. Furthermore, Asian or Native American families were not included in the sample. Product information: http://www.assess.nelson.com/test-ind/bdi.html	Members of multi-disciplinary evaluation teams; can be administered by paraprofessionals who have had supervised practice.
Bayley Infant Neurodevelopmental Screener (BINS)	The BINS is designed to identify infants who are developmentally delayed or who have neurological impairments. It emphasizes a process approach by considering how an ability is expressed, rather than simply whether the ability is exhibited. Each of the six item sets that comprise the BINS is appropriate for different developmental ages; each covers a 3 -6 month age range. The sets contain 11 to 13 items. The four conceptual areas of ability assessed by the BINS are basic neurological functions/intactness; receptive functions; expressive functions; & cognitive process. A single form covers all age ranges & a carrying case of needed materials is provided. A videotape is also available to facilitate learning to administer the measure. The BINS is published in English only.	3 - 24 months	~ 10 minutes/set	Cut scores of low, moderate or high risk for each of the domains. Items are scored as optimal/non-optimal. Those performed optimally by the infant are summed, & the total score is located in relation to the cut scores to determine the infant's risk classification.	Normative sample is nationally representative. Test-retest reliability, inter-rater reliability, international consistency: acceptably high to strong results. Concurrent validity: moderate results. Product information: http://harcourtassessment.com/haiweb/cultures/en-us/productdetail.htm?pid=015-8028-708	A professional with training & credentials & meeting the requirements specified by the particular test instrument or test company.
Birth to Three Assessment and Intervention System, 2 nd Edition (BTAIS-2), Screening Test of Developmental Abilities	The Screening Test of Developmental Disabilities consists of 85 items for identifying problems in the following areas: language comprehension, language expression, nonverbal thinking, social/personal development, and motor development.	Birth to 3 years	15 minutes	Instrument is norm-referenced and yields standard scores. It can be scored by observation or parental report, with the score for each subtest plotted on a graph to show child's performance level in months.	Normative sample of 357 typically developing children from 4 ½ to 36 months from 3 states. Children were evenly divided between rural and urban, male and female, with children from various ethnic backgrounds and socio-economic status. Concerns: limited evidence for both validity and reliability. Because no children younger than 4 months were included in the normative sample, then the screening may not be appropriate for very young infants. Product information: http://psycan.com/Default.aspx	A professional with training & credentials & meeting the requirements specified by the particular test instrument or test company.

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Brigance Screens	Nine separate forms, ~ one for each 12-month age range, the Brigance Screens tap speech-language, motor, readiness & general knowledge, & for the youngest age group, social-emotional skills. All Screens use direct elicitation & observation except the Infant & Toddler Screen, which can be administered by parent report. All Screens are available in English & Spanish.	Birth to ~ 90 months	~ 10 minutes/ screen	Cutoff, age equivalents, percentiles, & quotients in motor, language, & readiness at all age levels except Infant & Toddler, which provides scores for nonverbal & communication. Cutoff scores should identify at least 75% of the children who need further evaluation and 82% of those who do not. Overall scores generated at all age levels. The screens also provide criterion-referenced and norm-references scores and growth indicator scores to measure a child's progress.	The 1995 standardization sample (for children two and older) included 408 children and families, representing the geographic regions of the United States and the demographic characteristics of the U.S. population as a whole. The parents of children in the normative sample reflect the current U.S. demographics (educational attainment, ethnicity, etc.) In 2001, the Infant/Toddler Screens were standardized on children from 29 sites across the country. Testing results reflect the average performance of children according to ethnicity, gender, age, socioeconomic differences, etc. Production information: http://www.curriculumassociates.com/products/detail.asp?title=BrigScreenInfant&Type=SCH&CustId=9875959122908171408293	Widely used in educational settings & often administered by paraprofessionals (a video is available to facilitate learning the test). I/T screen can be done by parent report.
Denver Developmental Screening Test II (DDST-II)	The purpose of the DDST-II is to screen children or possible developmental problems, to confirm suspected problems with an objective measure, to monitor children at risk for developmental problems. 125 Performance-based and parent report items are used to screen children's development in four areas of functioning: fine motor-adaptive, gross motor, personal-social, and language skills. There is also a testing behavior observation filled out by the test administrator. English and Spanish versions available.	1 month to 6 years of age	10 to 20 minutes	Child's exact age is calculated and marked on the score sheet; for premature infants, scorer should subtract the number of months premature from the infant's chronological age. Scorer administers selected items based on where the age line intersects each functional area. The scorer can then determine if child's responses fall into or outside of the normal expected range of success on that item for the child's age. The number of items upon which the child scores below the expected age range determines whether the child is classified as within normal range, suspect, or delayed. Those with suspect scores are monitored by more frequent screening, while those with delayed scores are referred for further assessment.	Normative sample: Originally, 1036 English-speaking children from Colorado, approximating the occupational and ethnic distribution of that state. 1990 re-standardization included 2096 children, also from Colorado, Test-retest reliability and inter-rater reliability: acceptably high to strong results. Concerns: normative sample not nationally representative – re-standardization sample overrepresented Hispanic infants, underrepresented African American infants, and had a disproportionate number of infants from Caucasian mothers with more than 12 years of education. In addition, the screening is reported to miss children with developmental delays. Product information: http://www.denverii.com/DenverII.html	Trained paraprofessionals and professionals administer the test.

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Developmental Indicators for the Assessment of Learning-Third Edition (DIAL-3) and Speed DIAL	Screens all five early childhood areas: motor, language, concepts, plus self-help and social development. The test also includes a 9-item rating scale of the child's social-emotional behavior and a rating of the child's intelligibility. The Speed DIAL, included with the DIAL-3, is a brief screen. English and Spanish versions available.	3-0 through 6-11	20-30 minutes; Speed DIAL: 15-20 minutes	The DIAL-3, like DIAL-R, provides scores for <i>Motor</i> , <i>Concepts</i> , <i>Language</i> , plus an overall composite, and behavioral observation cutoffs. The DIAL-3 also provides standardized scores for <i>Self-Help</i> and <i>Social Development</i> , assessed by a Parent Questionnaire. Percentile ranks and standard scores are also provided. Speed DIAL yields one total score.	Normative sample: 1,560 English-speaking and 605 Spanish-speaking children throughout the U.S., based on 1994 Census Data. The Speed DIAL total score is reported to be reliable and highly correlated with the DIAL-3. Internal consistency for the scales ranges from 0.66 to 0.87. Content and concurrent validity are reported to be good. Product information: http://ags.pearsonassessments.com/group.asp?nGroupInfoID=a13700	Useful for early childhood specialists, preschool and kindergarten teachers, Head Start programs, and child development centers. Speed DIAL is appropriate for quick screening in smaller settings such as departments of public health, pediatric offices, health fairs, homes, and classrooms. The supervisor of those who use these screening instruments should have completed graduate training in measurement, guidance, individual psychological assessment, or special appraisal methods.
Developmental Profile 3 (DP-3)	Adaptive behavior scales, in 5 domains: physical, self help skills, social, academic and communication.	Birth to 12 years	20 – 40 minutes	The DP-3 yields norm-based standard scores (including a General Development Score) that can be used to determine eligibility for services; percentiles, stanines, age equivalents, and descriptive ranges.	Standardized on a nationally representative (in terms of ethnicity, geography, and socioeconomic status) sample of 2,216 children who were typically developing. Product information: http://portal.wpspublish.com/portal/page?_pageid=53,186601&_dad=portal&_schema=PORTAL	Interview or parent/caregiver checklist (to be used when an interview is not possible). User should have training in child development and experience interviewing families.
Early Childhood Inventory-4 (ECI-4)	Modeled closely on the <i>Child Symptom Inventory-4 (CSI-4)</i> , the <i>Early Childhood Inventory-4 (ECI-4)</i> screens for emotional and behavioral disorders in children from 3 to 5 years of age. A Teacher Checklist and a Parent Checklist, based on DSM-IV criteria, cover symptoms for the same disorders as the CSI-4, except that they do not cover schizophrenia but add reactive attachment disorder, selective mutism, and eating, sleeping, and elimination problems. In addition, a brief developmental section gives a global impression of the child's speech and language abilities, fine and gross motor coordination, and social skills.	3 to 5 years	10 – 15 minutes for each checklist	The ECI-4 offers a Screening Cutoff Score and a Symptom Severity Score; together these provide a picture of the child's symptoms and groundwork for a DSM-IV diagnosis.	The ECI-4 Manual addresses appropriate concerns and cautions about applying DSM-IV diagnostic criteria to preschool children. Product information: http://portal.wpspublish.com/portal/page?_pageid=53,69469&_dad=portal&_schema=PORTAL	By a professional, using checklists completed by parents and teachers.

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Early Screening Inventory – Revised (ESI-R)	ESI-R is designed to be a brief developmental screening tool that accurately identifies children who may need special education services in order to perform successfully in school. The test consists of performance-based items that test the child's capabilities in the areas of visual motor/adaptive, language, and cognitive development. It enables programs to quickly address any possible learning blocks, such as developmental delays, learning problems, or lack of school preparedness. Parents are present for the test administration and fill out a Parent Questionnaire, which is used for supplementary information. English and Spanish versions available.	3 – 6 years	15 – 20 minutes	<p>Norm-referenced rating scale. This instrument has two versions, each normed for a different age range:</p> <ul style="list-style-type: none"> • ESI-P is for children ages 3 to 4 1/2 • ESI-K is for children ages 4 1/2 to 6 	<p>Normative sample: 5,034 children enrolled in 60 sites from 10 states. Classrooms were drawn from Head Start (N = 20), public schools (N = 26) and other child care and early childhood programs. This sample included approximately equal numbers of girls and boys. Seventy percent of the children were white (non-Hispanic), 16% were African-American, 32% were enrolled in Head Start programs, and 20% had mothers who had less than a high school education.</p> <p>Reliability data indicate that the inventory is a highly stable and consistent screening device. The test accurately identified 9 out of 10 students who were "at risk" of school problems and also correctly excluded most students who were not at risk from further assessments. Reliability: Inter-rater = 0.97 - 0.99; Test-retest = 0.87 - 0.98. Validity: Predictive = 0.73. Sensitivity 92-93%. Specificity 80%.</p> <p>Product information: http://www.pearsonearlylearning.com/</p>	Individuals who have some background in early childhood behavior and development can administer the scale, such as teachers, students of child development, school psychologists, or allied health professionals. Experienced paraprofessionals have also been successfully trained to administer the scale.
ESP: Early Screening Profiles	A comprehensive, yet brief, multi-dimensional screening instrument for children. The ESP is a tool that uses multiple domains, settings, and sources to measure cognitive, language, motor, self-help, and social development. It also surveys the child's articulation, home environment, health history, and test behavior. The three basic components, called Profiles, are supplemented by 4 Surveys. You can administer all of the profiles and surveys-or just the ones you need. The Profiles are: Cognitive/Language, Motor, and Self-Help/Social. The 4 Surveys are: Articulation, Home, Health History, and Behavior. Only available in English.	2-0 through 6-11	For most children, administration of the Profiles takes 15 - 30 minutes. The Surveys require an additional 15-20 minutes.	Two levels to choose from: Level I -Screening indexes of one to six corresponding to standard deviation units on the normal curve; Level II - Standard scores with confidence intervals, percentile ranks, and age equivalents.	<p>Normative sample of 1149 children, stratified by gender, geographic region, parental education level, and race/ethnic group, ages 2 years, 0 months through 6 years, 11 months.</p> <p>Reliability: Internal consistency = 0.60 - 0.90; Test-retest = 0.55 - 0.93; Inter-observer = .80 - .99; Validity: studies are extensive and correlations vary. Sensitivity 53 - 92%. Specificity 65 - 88%.</p> <p>Product information: http://ags.pearsonassessments.com/group.asp?nGroupInfoID=a3500</p>	Useful for early childhood specialists, preschool and kindergarten teachers, Head Start programs, hospitals, clinics, and family health centers. Supervisor should have completed graduate training in measurement, guidance, individual psychological assessment, or special appraisal methods.

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Infant-Toddler and Family Instrument (ITFI)	ITFI allows family service providers to gather information and impressions about a child and family and their home environment that help providers decide whether further referrals and services are needed. The areas screened include gross and fine motor, social and emotional, language, coping, and self-help. Components include a Caregiver Interview (covering home and family life, child health and safety, and family issues and concerns), a Developmental Map, a post-visit Checklist for Evaluating Concern to alert providers to areas that are or may become problems and should be monitored, and a Plan for the Child and Family.	6 – 36 months	Two 45- to 60-minute sessions to conduct the Caregiver Interview and the Developmental Map; one 45- to 6-minute session to share findings and develop a plan.	Scoring for the ITFI is completed using a three-part Checklist for Evaluating Concern, after the provider leaves the family’s home. The checklist summarizes the provider’s impressions of family and child strengths and concerns based on information from the Caregiver Interview, the Developmental Map, and observations of the caregiver-child interaction and the home environment. For each item in the checklist, the provider indicates whether the condition is present, is of concern, or if the provider is unsure of its presence.	Not normed; field test involved 55 Connecticut families with 59 children ages 6 to 36 months. Product information: http://www.brookespublishing.com/store/books/apfel-4935/index.htm	Family service providers. Can be used in home visiting or center-based programs by family service providers from different fields, with varying levels of education and experience.
Infant-Toddler Developmental Assessment	Screens developmental functioning in several domains: gross motor, fine motor, relationship to inanimate objects (cognitive), language/communication, self-help, relationship to persons, emotions and feeling states, and coping. Identifies the need for additional assessment and intervention. Two or more professionals perform six phases of screening: referral and pre-interview data gathering; initial parent interview; health review; developmental observation and assessment; integration and synthesis; and sharing findings, completion, and reporting. Available in English and Spanish versions (parent report).	Birth – 42 months	Varies	Child’s behavior rated as “present and observed,” “not present and not observed,” “reported present and not observed,” “emerging,” or “refused.”	Normative sample: not nationally representative. Inter-rater reliability and internal consistency: acceptably high to strong results; concurrent validity: moderate results. Concerns: diversity of normative population. Product information: http://www.riverpub.com/products/ida/index.html	Administered, scored, and interpreted by highly trained individuals, using parent report and observations.

III. SOCIAL-EMOTIONAL SCREENING INSTRUMENTS THAT MAY BE COMPLETED BY FAMILIES AND OTHER CAREGIVERS

Name of Instrument	Description	Age Range	Time Frame	Scoring	Psychometric Information	May be administered by
Ages and Stages Questionnaires: Social-Emotional (ASQ:SE)	Parent completed questionnaires designed to identify children in need of additional assessment. Personal-social areas assessed include self-regulation, communication, autonomy, coping, and relationships. Varies from 21-32 items, depending on age interval. English and Spanish versions available.	3 – 66 months	10-15 minutes	Scores on the ASQ: SE can be compared with empirically derived cutoff scores that indicate whether a child needs additional evaluation.	National normative sample of 3014 children from diverse backgrounds. Validity and reliability established in supporting studies. Sensitivity = .75 – 0.89; specificity = 0.82 – 0.96; alpha = 0.67 = 0.91; test-retest reliability = 0.94. Inter-observer reliability under study. Internal consistency, concurrent validity, and predictive validity: acceptably high to strong results. Concerns: normative sample not nationally representative. Product information: http://www.brookespublishing.com/store/books/squires-asqse/index.htm	Parent, caregiver; requires a 5 th – 6 th grade reading level.
Behavioral Assessment of Baby's Emotional and Social Style (BABES)	Behavioral screening instrument, consisting of three scales – temperament, ability to self-soothe, and regulatory processes. This instrument is intended for use in pediatric practices, clinics, and early intervention programs. Available in both English and Spanish.	0 – 36 months	10 minutes	The maximum possible score for this instrument is 48, with higher scores indicating more problematic behaviors.	Standardized on 128 caregivers (primarily mothers) in California. Concerns: Psychometric data are limited; additional standardization has been reported to be underway. Product information: California School of Professional Psychology—Los Angeles (818) 284-2777, extension 3030	Parent or other caregiver.
Brief Infant/Toddler Social Emotional Assessment (BITSEA)	This screening assessment, designed to quickly assess emerging social-emotional development, encompasses 60 items. It is intended to identify children who may need further, more comprehensive evaluation. The Parent Form includes 42 items and can be completed in the home or clinic. The Child Care Provider form allows screening across multiple settings. The available online items are from the Infant/Toddler Social Emotional Assessment – Revised (ITSEA – R), a comprehensive measure. Areas assessed are problem and competence, including activity, anxiety, and emotionality. Available in English, Spanish, French, Hebrew, and Dutch.	12 – 36 months	7 – 15 minutes	Yields both problem and competence total scores.	Clinical groups in the normative sample included young children who had delayed language, were premature, and those who had other diagnosed disorders. Adequate validity and reliability. Internal consistency for Problem = 0.83 – 0.89; for Competence = 0.66 – 0.75. Test-retest reliability, inter-rater reliability, internal consistency: acceptably high to strong results. Concurrent validity: moderate results. Concerns: normative sample of 600 children (1280 in the ITSEA normative sample) was not geographically representative. Product information: http://harcourtassessment.com/haiweb/cultures/en-us/productdetail.htm?pid=015-8007-352	Parent, caregiver, child-care provider; requires 4 th to 6 th grade reading level.

Name of Instrument	Description	Age Range	Time Frame	Scoring	Psychometric Information	May be administered by
Carey Temperament Scales	These scales consist of questionnaires for five age groupings: The <i>Early Infancy Temperament Questionnaire</i> (EITQ) for infants 1-4 months; the <i>Revised Infant Temperament Questionnaire</i> (RITQ) for infants 4-11 months; the <i>Toddler Temperament Scale</i> (TTS) for children 1-3; the <i>Behavioral Style Questionnaire</i> (BSQ) for children 3-7; and the <i>Middle Childhood Questionnaire</i> (MCTQ) for children 8-12. Each questionnaire comprises 75-100 behavioral descriptions that are rated on a 6-point frequency of occurrence scale. Available in English.	1 month – 12 years	20 minutes	Provides norms for nine categories of behavioral style as defined in the classic <i>New York Longitudinal Study</i> (NYLS). May be scored by hand or by computer. Items are tabulated to yield a category score for each of the nine areas. The Caregiver Report includes the temperament profile and an interpretive report of scores written for the caregiver. The authors emphasize the importance of supplementing the results from the CTS with information gathered from interviews, observations, and other information collected by trained professionals.	Normative sample: not nationally representative. Reliability: Internal consistency (Cronbach's alphas): EITQ: scale ranged from 0.43 to 0.76 (median = 0.62); RITQ: scale ranged from 0.49 to 0.71 (median = 0.57); TTS: scale ranged from 0.53 to 0.86 (median = 0.70); BSQ: scale ranged from 0.47 to 0.80 (median = 0.70); MCTQ: scale ranged from 0.71 to 0.83 (median = 0.82). Test-retest reliability: EITQ (20 day test interval): scale ranged from 0.64 to 0.79 (median = 0.68); RITQ (25 day interval): scale ranged from 0.66 to 0.81 (median = 0.75); TTS (1 month interval): scale ranged from 0.69 to 0.89 (median = 0.81); BSQ (1 month interval): scale ranged from 0.67 to 0.94 (scale median = 0.81); MCTQ (75 day interval): scale ranged from 0.79 to 0.93 (median = 0.88). Validity: Literature on the clinical evidence for validity and appropriate use of temperament data in practice can be found in <i>Coping with Children's Temperament</i> (1995), written by Carey and McDevitt or in <i>Developmental-Behavioral Pediatrics</i> (1992), edited by Levine, Carey, and Crocker. Concerns: lack of diversity of normative sample, which was primarily a White middle-class Eastern US population. Product information: http://harcourtassessment.com/haiweb/cultures/en-us/productdetail.htm?pid=015-8040-015	Parent or other caregiver, with an early high school reading level. Scored and interpreted by a licensed or certified professional.
Devereaux Early Childhood Assessment Program (DECA)	This screening instrument includes 37 items, which are designed to assess 27 positive and 10 problem behaviors. Behaviors are rated as occurring "never," "rarely," "occasionally," "frequently," or "very frequently." It includes guidelines for supportive interactions and partnerships with families. English and Spanish versions available.	2 -5 years	10 minutes	Standardized and norm-referenced.	National normative sample of 2000 children with adequate validity and reliability studies. Internal reliability = 0.80 for parents, 0.88 for teachers. Test-retest reliability = 0.55 – 0.80 for parents, 0.68 – 0.91 for teachers. Interrater reliability = 0.59 – 0.77. Construct validity 0.65; Criterion validity 0.69. Product information: http://www.kaplanco.com/store/trans/productDetailForm.asp?CatID=17%7CEA1000%7C0&CollID=2329	Parent, caregiver; scoring and interpretation completed by a highly trained individual.

Name of Instrument	Description	Age Range	Time Frame	Scoring	Psychometric Information	May be administered by
Early Screening Project	This screening instrument is meant to identify children at-risk for adjustment problems, acting-out, and withdrawn behavior patterns. It comprises 3 successive stages of assessment, combining parent, teacher, and other professional observations. Available in English.	3 -5 years	At least 10 minutes/stage	Based upon their scores, children may be classified as "at risk," "high risk," or "extreme risk."	Normative sample: not nationally representative. Psychometric studies have supported the technical adequacy (reliability and validity) of the ESP. Test-retest reliability, inter-rater reliability, and concurrent validity: acceptably high to strong results. Predictive validity: moderate results. Concerns: lack of national representation in the normative sample. Product information: http://www.nekesc.k12.ks.us/esp.html	Teachers nominate children for screening who act out or are withdrawn. In the 2 nd stage, the teacher completes a behavior checklist; in the 3 rd stage a trained professional observes the child for two 10-minute sessions and the parents complete a questionnaire.
Eyberg Child Behavior Inventory (ECBI) and the Sutter-Eyberg Student Behavior Inventory – Revised (SESBI-R)	The 36 items of the ECBI and the 38 items of the SESBI-R focus on oppositional behaviors (e.g., attention, conduct, and oppositional-defiant) at home and in school, for children with and at-risk for these behaviors. Parents complete the ECRI, while teachers complete the SESBI-R. They rank each behavior on two scales: Intensity (frequency of behavior on a 7-point scale from "never" to "always") and Problem (yes/no for whether this behavior is a problem). Available in English, with a number of unofficial translations.	2 – 16 years	10 - 15 minutes	Yields Total Intensity Score and Total Problem Score.	This instrument has adequate validity and reliability studies. Test-retest reliability = 0.87 for intensity; 0.93 for problem. Inter-rater reliability: acceptably high to strong results. Internal consistency = 0.98 for intensity; 0.96 for problem. Concurrent validity: acceptably high to strong results, while predictive validity has moderate results. Discriminant validity = 0.80. Concerns: small normative sample of 798 children (although it was representative of 1992 census). Product information: http://www3.parinc.com/products/product.aspx?Productid=ECBI	Parent or caregiver, requiring 6 th -grade reading level. Graduate-level clinical training needed to interpret the results.
Greenspan Social-Emotional Growth Chart	This individually administered screening instrument utilizes a 35-item questionnaire for parents or other caregivers; the items are presented in the order in which they are typically mastered. It can be used to identify social-emotional deficits, to monitor development of social-emotion capacities, and to establish goals for intervention.	Birth – 42 months	10 minutes	The items on this instrument are rated using a 5-point scale; results are reported as cut scores.	Reliability: 0.83 – 0.94, depending on age band. Product information: http://harcourtassessment.com/haiweb/cultures/en-us/productdetail.htm?pid=015-8280-229	Parent, caregiver
Infant-Toddler Symptom Checklist	This 21 item general screen is appropriate for clinic use. There are 5 separate age-related checklists, screening the areas of self-regulation, self-care, communication, vision, and attachment. The checklists are for 7-9 months; 10-12 months; 13-18 months; 19-24 months; and 25-30 months. Available in English.	7 – 30 months	10 – 20 minutes	Most items rate behaviors as "never or sometimes," "most times," or "past."	Adequate validity and reliability. False positive = 0.03 – 0.13; false negative = 0.0 – 0.14. Concerns: size (221 children) and diversity (majority, white middle class) of normative sample. Product information: http://harcourtassessment.com/haiweb/cultures/en-us/productdetail.htm?pid=076-1643-559	Parent, with scoring and interpretation by highly trained program staff.

Name of Instrument	Description	Age Range	Time Frame	Scoring	Psychometric Information	May be administered by
Mental Health Screening Tool (MHST)	Developed to determine a child's need for more in-depth mental health evaluation. Intended for use by those in contact with young children, particularly those in out-of-home placements, who do not have extensive experience with or expertise in evaluating mental health.	0 – 5 years	10 minutes	This screening instrument can be used as a resource to identify those children most in need of more intensive mental health screening and/or assessment.	Three sites in California pre-tested this instrument as it was being developed. Product information: http://www.cimh.org/downloads/ScreeningTool0-5.pdf	County department of social services or mental health caseworkers, public health nurses, childcare staff and providers, foster parents, early intervention service providers, receiving home/shelter staff, and pediatricians.
Pediatric Symptom Checklist (PSC)	The original 35-item checklist is a screening tool for psychosocial dysfunction. It has been validated in other forms and translated into a number of languages. All forms can be downloaded without charge from http://www.massgeneral.org/allpsych/psc/psc_home.htm	4 – 16 years	10 – 15 minutes	Items on this tool are rated as “Never,” “Sometimes,” or “Often” present and scored 0, 1, and 2, respectively. The examiner calculates the total score by adding together the score for each item. For children ages 4 and 5, the PSC cutoff score is 24 or higher. A positive score on the PSC indicates the need for further evaluation by a qualified health or mental health professional.	Validity studies have revealed agreement between the PSC and the Child Behavior Checklist (CBCL) and the Children's Global Assessment Scale (CGAS). The authors report high rates of overall agreement (79%; 92%), sensitivity (95%; 88%) and specificity (68%; 100%) with the CGAS with samples of children drawn from both middle and low SES. Product information: http://www.brightfutures.org/mentalhealth/pdf/professionals/ped_symptom_chk_lst.pdf	Checklist completed by families. A positive score indicates that additional evaluation is needed by a physical or mental health practitioner.
Preschool and Kindergarten Behavior Scales – 2 nd Edition (PBKS-2)	These scales include 34 items in the social skill scale (includes social cooperation, social interaction, and social independence sub-scales) and 42 in the problem behavior scale (includes externalizing and internalizing sub-scales). It is specifically designed to screen the preschool through kindergarten population and for intervention planning. Available in English and Spanish.	3 – 6 years	15 – 20 minutes	Behaviors are rated as occurring “never,” “rarely,” “sometimes,” or “often.”	Normative sample of 2855 children. Test-retest reliabilities are .69-.78. Internal consistency is .96-.97. There is high concurrent validity. Inter-rater reliability: moderate results. Concerns: normative sample was not nationally representative. Product information: http://www.proedinc.com/customer/productView.aspx?ID=2285	Parent, teacher, primary caregiver; interpretation requires a professional with training in psychological testing.
Social Skills Rating System	This instrument focuses on positive behaviors; ratings produce social skills, problem behaviors, and academic competence scales. There are 49 items on the parent's version, with 40 on the teacher's. Versions available in English and Spanish.	3 – 5 years	10 – 15 minutes	Scores for this instrument yield 3 scales: Social Skills, Problem Behaviors, and Academic Competence scales. For each scale, standard scores and percentile ranks are available. In addition scores indicate Behavior Levels (fewer, average, and more) for both the scales and subscales. Frequency and Importance ratings for the items reveal behaviors that may need intervention.	Normative sample: not nationally representative. Internal consistency: 0.73 - 0.95. Test-retest reliability: is 0.85 for teachers and 0.87 for parents. Concurrent validity: moderate results. Concerns: The preschool norms are from a separate sample of 200 children. Reviewers note that additional studies on the preschool version of this system are needed. In addition, normative sample not representative of the nation. Product information: http://ags.pearsonassessments.com/group.asp?nGroupInfoID=a3400	Parent, teacher

Name of Instrument	Description	Age Range	Time Frame	Scoring	Psychometric Information	May be administered by
Strengths and Difficulties Questionnaire (SDQ)	The SDQ comprises a brief questionnaire, with several versions to meet the needs of researchers, clinicians and education specialists. All versions of the SDQ ask about 25 attributes divided among 5 scales: emotional symptoms, conduct problems, hyperactivity/ inattention, peer relationship problems, and pro-social behavior. Designed to identify the need for more in-depth assessment. Versions available in English, Spanish, and more than 45 additional languages.	3 – 16 years	10 minutes	25 items are divided among 5 scales (Emotional Symptoms Scale, Conduct Problems Scale, Hyperactivity Scale, Peer Problems Scale, and Prosocial Scale) of 5 items each, generalizing scores for conduct problems, hyperactivity, emotional symptoms, peer problems, and prosocial behavior; the first four of these can be summed to yield a total difficulties score.	Normative sample: not nationally representative. Test-retest reliability: acceptably high to strong result; internal consistency and predictive validity: moderate results. In a British study published in 2000, multi-informant SDQs (parents, teachers, older children) identified individuals with a psychiatric diagnosis with a specificity of 94.6% (95% CI 94.1-95.1%) and a sensitivity of 63.3% (59.7-66.9%). Concerns: lack of national representation in normative sample. Product information: http://www.sdqinfo.com/	Parent, teacher, with interpretation by trained program staff.
Temperament and Atypical Behavior Scale (TABS screener)	Screener consists of a 15-item, single-sheet form. Responses are yes/no. Only children whose scores indicate a potential problem need to be assessed with the more extensive TABS Assessment Tool. Areas screened are temperament, attention and activity, attachment and social behavior, neurobehavioral state, sleeping, play, vocal and oral behavior, senses and movement, and self-stimulatory behavior. Available in English.	11 to 71 months	5 - 30 minutes	Identifies when more extensive assessment is needed (i.e., when one or more of the 15 items is marked “yes”). The more extensive TABS Assessment Tool can be used to qualify a child for early intervention services.	Normative sample: not nationally representative. 0.72 agreement with full TABS. Test-retest reliability, internal consistency, and predictive validity: acceptably high to strong results. Concerns: studied only in relationship to full TABS; lack of national representation in normative sample. Product information: http://www.brookespublishing.com/store/books/bagnato-tabs/index.htm	Written at a 3 rd grade reading level, this screening instrument is to be completed by parents or other caregivers. Although this could be used by a professional as a screening instrument, using parental responses is preferred.

IV. SOCIAL-EMOTIONAL ASSESSMENT INSTRUMENTS TO BE COMPLETED BY PROFESSIONALS

Name of Instrument	Description	Age Range	Time Frame	Scoring	Psychometric Information	May be administered by
Achenbach System of Empirically Based Assessment – Preschool Module (ASEBA)	The ASEBA is used to assess adaptive and maladaptive functioning using a set of rating forms and profiles: the Child Behavior Checklist (CBCL/1.5-5) and the Caregiver-Teacher Report Form (C-TRF) , revised in 2000. The profiles for the two instruments have the following 6 cross-informant syndromes: Emotionally Reactive, Anxious/Depressed, Somatic Complaints, Withdrawn, Attention Problems, and Aggressive Behavior. The CBCL/1.5-5 also has a Sleep Problems syndrome; while both forms have parallel Internalizing, Externalizing, and Total Problems scales. Examiners use the C-TRF ratings from day daycare providers & teachers on 99 items, plus descriptions of problems, disabilities, what concerns the respondent most about the child, & the best things about the child. Similarly, they used the CBCL/1.5-6 to obtain parents' ratings of 99 problem items; plus descriptions of problems, disabilities, what concerns parents most about their child, & the best things about the child. The CBCL/1.5-5 also includes the Language Development Survey (LDS), which uses parents' reports to assess children's expressive vocabularies and word combinations, as well as risk factors for language delays. This scale indicates whether a child's vocabulary and word combinations are delayed relative to norms for young children from 18-35 months of age; it can also be used for older children with language delays, for comparison with norms up to 35 months. Some scales available in Spanish, French and English.	18 to 60 months	20 – 30 minutes	The preschool profiles feature empirically-based scales and DSM-oriented scales for the following 5 DSM-oriented categories: Affective Problems, Anxiety Problems, Attention Deficit/Hyperactivity Problems, Oppositional Defiant Problems, and Pervasive Developmental Problems. Scores are available as percentiles and T scores for each DSM-oriented scale in relation to norms for the national sample.	Norms are nationally representative, but only of English-speaking parents. Test-retest reliability, inter-rater reliability, internal consistency, concurrent validity, and predictive validity: acceptably high to strong results psychometrically. Concerns: normative sample represents only English-speaking parents. Product information: http://www.assess.nelson.com/aseba/aseba.html	The surveys can be completed by parents, teachers, or caregivers with at least a 5 th grade reading level. The interpretation of the materials, according to the publishers, requires graduate training in standardized assessment procedures of at least the Master's degree level, plus thorough knowledge of the relevant Manuals and documentation.
Behavior Assessment System for Children, 2 nd Edition (BASC-II)	The BASC-II can be used for both assessment and intervention planning. It comprises two rating scales and forms: the Teacher Rating Scales (TRS) and the Parent Rating Scales (PRS). Teachers or other qualified observers complete the TRS to measure adaptive and problem behaviors in the preschool setting. A child's specific behaviors are rated on a four-point scale of frequency, ranging from "Never" to "Almost Always." Similarly, the PRS measures adaptive and problem behaviors in the community and home setting, using a four-choice response format. Results yield two functional scales (functional communication and social skills) and eight clinical scales for children ages 2 to 5. Available in both English and Spanish versions.	2.0 – 21.11 years	10 - 20 minutes/scale	The scales yield T scores and percentiles, for general and clinical populations.	The BASC-II was normed based on current U.S. Census population characteristics. Internal consistency: acceptably high to strong results. Test-retest reliability, inter-rater reliability, and concurrent validity: moderate results. Validity and response set indexes to evaluate the quality of completed forms are available. Product information: http://ags.pearsonassessments.com/group.asp?nGroupInfoID=a30000	Completing the PRS requires approximately a 3 rd to 4 th grade reading level. School and clinical psychologists to interpret results; training and credentials specified by the test company.

Name of Instrument	Description	Age Range	Time Frame	Scoring	Psychometric Information	May be administered by
Early Coping Inventory	This inventory's 48 items measure behavior in three coping clusters: sensorimotor organization, reactive behavior, and self-initiated behavior. Used for intervention planning. English version only.	4 – 36 months	~ 1 hour	Summing the numeric values of scale items yields raw score totals in each of the 3 areas. Using the table provided, the examiner converts the raw scores into Effectiveness scores, which can be plotted on the Coping Profile and used to compare the child's level of effectiveness in the three categories. A second table is provided to convert the sum of the effectiveness scores into an Adaptive Behavior Index score.	Test-retest reliability and inter-rater reliability: moderate results. Product information: http://ststesting.com/COPI.html	Observations of the child are completed by someone with knowledge of child development; results should be interpreted by a professional with a background in early childhood development and mental health.
Functional Emotional Assessment Scale	Measures social and emotional functioning, as well as caregivers' capacity to support a child's emotional development. For this instrument, social-emotional development includes regulation and interest in the world; forming relationships; intentional two-way communication; development of a complex sense of self; representational capacity and elaboration of symbolic thinking; and emotional thinking or development and expression of thematic play. Designed to reveal need for additional clinical assessment. English version only.	7 – 48 months	20 minutes	Yields both child and caregiver scores.	Normative sample: not nationally representative. Inter-rater reliability: acceptably high to strong results. Predictive validity: moderate results. Product information: http://www.icdl.com/dirFloortime/research/FunctionalEmotionalAssessmentScale.shtml	Highly trained individual observes play sessions (live or video) between a child and caregiver.
Vineland Social-Emotional Early Childhood Scales (Vineland SEEC)	These scales are based on the popular Vineland Adaptive Behavior Scales and measure early childhood social-emotional development. There are three scales— Interpersonal Relationships, Play and Leisure Time, and Coping Skills—and the Social-Emotional Composite – which assess social-emotional. Results identify strengths and weakness in specific areas of social-emotional behavior and can be used for program planning or to monitor progress and evaluate child outcomes, as well as to identify the need for further assessment. Available in English, with a Spanish version of reports for parents.	Birth – 5 years, 11 months	15 – 25 minutes	Interviewer-assisted parent report. Yields standard scores (M = 100, SD = 15), percentile ranks, stanines, age equivalents	Normative sample: nationally representative. Test-retest reliability and internal consistency: acceptably high to strong results; inter-rater reliability and concurrent validity: moderate results. Product information: http://ags.pearsonassessments.com/group.asp?nGroupInfoID=a3600	Level 3; Vineland SEEC test users should have a Ph.D. in psychology or be a certified or licensed school psychologist or social worker