



## Pediatric Practice Health Check Developmental Screening & Surveillance Checklist

This worksheet guides you through the planning process for developing procedures and implementing developmental screening and surveillance in your office. You can get the best results by going through it systematically as a team.

### What surveillance resource will be used by the practice?

- Health Supervision III       Other: \_\_\_\_\_

**What standardize developmental screening tool will be used by the practice to screen children at the Georgia Medicaid/PeachCare required screening intervals of 9, 18, 24 and 36\* months?** *Note tool must have at least a 70-80 percent sensitivity and specificity and be appropriate for the above listed age ranges.*

- Ages & Stages Questionnaire (ASQ)     Parents Evaluation of Developmental Status (PEDS)  
 Other \_\_\_\_\_

### Who will discuss importance of the 9, 18, 24 and 36\* month visits with family?

- RN     Nurse Practitioner     Physician Assistant     Pediatrician     Other \_\_\_\_\_

### Who will maintain the office supply of these items?

- Office Clerk     Office Manager     Medical Assistant     RN     Nurse practitioner  
 Other \_\_\_\_\_

### When will tool be used?

- |   |   |
|---|---|
| <input type="checkbox"/> Mailed to family prior to office visit     | <input type="checkbox"/> Completed by practice staff in exam room |
| <input type="checkbox"/> By phone prior to scheduled office visit   | <input type="checkbox"/> Completed by physician in exam room      |
| <input type="checkbox"/> Completed by family in office waiting room | <input type="checkbox"/> Other _____                              |
| <input type="checkbox"/> Completed by family in exam room           |   |

### Who will score the tool?

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> RN                  | <input type="checkbox"/> Pediatrician |
| <input type="checkbox"/> Nurse practitioner  | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Physician Assistant |                                       |

### Who will discuss results with family?

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> RN                  | <input type="checkbox"/> Pediatrician |
| <input type="checkbox"/> Nurse practitioner  | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Physician Assistant |                                       |

### If a referral is indicated, where shall the child be referred?

- |  |  |
|--|--|
| <input type="checkbox"/> Children 1 <sup>st</sup> written referral | <input type="checkbox"/> Neurologist       |
| <input type="checkbox"/> Babies Can't Wait written referral        | <input type="checkbox"/> Private therapist |
| <input type="checkbox"/> Developmental Pediatrician                | <input type="checkbox"/> Other _____       |

### Who will discuss referrals offered to family?

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> RN                  | <input type="checkbox"/> Pediatrician |
| <input type="checkbox"/> Nurse practitioner  | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Physician Assistant |                                       |

\* The 36-month screening is optional.