



## Developmental Screening Pre-Survey for Professionals

The purpose of this survey is to gather information that will help us work together to improve the practice of implementing developmental screening. We want to learn about your experiences with providing developmental screening to your patients in Nassau County, including what would be helpful, what would be least helpful, and how the system can better assist you and the needs of the families you work with.

The survey contains 10 questions and takes approximately 3-5 minutes to complete.

1. What is your role at your practice?

- Pediatrician
- Intern/Resident
- Nurse Practitioner
- Nurse
- Administrator
- Registrar
- Social Worker/Counselor
- Other (Specify) \_\_\_\_\_

2. If you are a board certified pediatrician, are you in need of MOC credit?

- Yes
- No



N/A

**PLEASE READ THE INSTRUCTIONS CAREFULLY:**

**Please indicate the extent to which you agree with the following, or how often they apply to you or someone at your practice. There is no right or wrong answer. Your responses are strictly confidential.**

**For the purpose of this survey, please refer to the following definitions:**

**Developmental Surveillance= Informal observations of child development**

**Early Intervention= The Early Intervention Program (EIP) is a statewide program administered by the NYS Department of Health. The EIP provides many different types of services to infants and toddlers.**

3. I feel that developmental screening is an important part of well-child care

Strongly Agree       Agree       Disagree       Strongly Disagree

4. I am familiar with the following general developmental screening tools (check all that apply)

ASQ-3

PEDS

SWYC

Other (please specify) \_\_\_\_\_



5. I am using evidence-based practice tools (methods informed by research, such as ASQ-3, SWYC, or a specific screening questionnaire that is formally scored) to screen for development in children at 9, 18, and 30 months.

- All of the time       Most of the time       Some of the time       Never

6. I feel that the following are barriers to implementing developmental screening in my practice (Check all that apply)

- Parental literacy issues
- Lack of time
- Issues with workflow
- Lack of parental interest
- Surveillance is adequate (universal screening is not necessary)
- Unaware of how to score screens
- Lack of awareness of community resources
- Other (please specify) \_\_\_\_\_

7. My practice has a standard process in place for completing developmental screenings.

- Strongly Disagree       Disagree       Agree       Strongly Agree

8. I am satisfied with the developmental screening process at my practice.

- Strongly Agree       Agree       Disagree       Strongly Disagree



9. I routinely make referrals directly to Early Intervention when I am concerned about a child's development.

- Never                       Some of the time                       Most of the time                       All of the time

Please describe the mechanism by which you make an Early Intervention referral.

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10. Please describe any existing parent questionnaires that are distributed for a parent to fill out including, to the extent that you are aware, the process by which the screens are administered and reviewed.

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11. Please share any additional comments or concerns you have about this topics.

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