



## Partner Collaboration Plan

Thank you for considering adding screening to the work that you are already doing to promote healthy development for Long Island's young children! This Partner Collaboration Plan helps Help Me Grow – Long Island (HMG-LI) and you (the partner) determine the best course of action for implementing screening.

Help Me Grow – Long Island's mission is to optimize developmental outcomes for Long Island's youngest children. HMG-LI works with many partners to provide standardized developmental and social emotional screens using the Ages and Stages Questionnaire (ASQ) and the ASQ Online system. HMG-LI provides the screens, documents, trainings for screening implementation and access to the ASQ Online. In return, partners are expected to use the ASQ Online to capture screening results. Trends from screening results entered into ASQ Online can show us how children on Long Island are developing, with the ultimate goal of directing resources and improving systems to address child development.

### Section A: Screening Plan

#### **1. Partner Site Specifications:**

- County: \_\_\_\_\_
- Name of Child Care Council trainer, if applicable: \_\_\_\_\_
- Quality Stars NY (circle one)? Yes No
  - If yes, QSNY coach: \_\_\_\_\_
- Estimated # of unique children/year: \_\_\_\_\_
- Age range: \_\_\_\_\_
- Are you already using a screening tool (circle one)? Yes No
  - If yes, what tool?: \_\_\_\_\_
- Language/Cultural Considerations: \_\_\_\_\_

#### **2. Which screens would you like to implement?**

- ASQ-3 (Developmental Screen)
- ASQ-SE (Social Emotional Screen)

#### **3. When will the screens be administered?**

- Upon entry to program
- Upon exit from program
- At set points during the calendar year: \_\_\_\_\_
- At set age intervals: \_\_\_\_\_

#### **4. Who will complete the screen and how?**

- Teachers
- Parents
- Other: \_\_\_\_\_

To Contact Help Me Grow – Long Island Directly:

Call: 516-548-8924

Visit: [www.helpmegrowny.org](http://www.helpmegrowny.org)

Email: [info@hmgli.org](mailto:info@hmgli.org)



**5. How will the screen be administered?**

- Paper version will be used, and then entered into ASQ Online
- Screens will be entered directly into ASQ Online, either via a Family Access link or entered manually

**6. Who will enter the results into the ASQ Online?**

- Designated staff member: \_\_\_\_\_
- Each individual teacher
- Parent (via Family Access Link)

**7. How will the results be reviewed with families?**

- During parent/teacher conference or other meeting
- Via letter or email sent to parents
- Other: \_\_\_\_\_

**8. What will happen if a concern is identified and the parent wants a referral?**

- Site will handle all referrals
- Site will refer family to HMGLI
- Other: \_\_\_\_\_

**Section B: Staff and Family Preparation**

**1. Site needs training on the following:**

- ASQ-3
- ASQ-SE
- ASQ Online
- Other: \_\_\_\_\_

**2. Type of staff needing training: \_\_\_\_\_**

**3. Number of staff needing training: \_\_\_\_\_**

**4. Staff needs OCFS credit**

- Yes (Number of staff needing certificates: \_\_\_\_\_)
- No

**5. Consent**

- Screening and data sharing is already covered by existing consent form and will be shared with HMGLI as needed
- HMGLI screening/data sharing will be incorporated into my existing consent form
- We will use a separate HMGLI consent form
- Other: \_\_\_\_\_



<p><b><u>Partner Site agrees to:</u></b></p> <ul style="list-style-type: none"> <li>• Participate in the initial training, and have at least one staff member participate in ongoing trainings at minimum once annually for as long as the site continues to screen</li> <li>• Enter screening results into their ASQ Online account</li> <li>• Contact Help Me Grow with any questions or comments regarding the screening process at their site</li> </ul>	<p><b><u>Help Me Grow – Long Island agrees to:</u></b></p> <ul style="list-style-type: none"> <li>• Provide training to the staffers specified in this plan</li> <li>• Provide ongoing access to ASQ Online</li> <li>• Provide technical assistance as needed</li> </ul>
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By signing this document, I agree to the above plan and responsibilities.

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<p><b>Partner Site Name</b></p>	<hr/>
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<p><b>Partner Site Representative Name</b></p>	<p><b>HMG-LI Representative Name</b></p>
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<p><b>Partner Site Representative Phone</b></p>	<p><b>HMG-LI Representative Phone</b></p>
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<p><b>Partner Site Representative Email</b></p>	<p><b>HMG-LI Representative Email</b></p>
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<p><b>Partner Site Representative Signature</b></p>	<p><b>HMG-LI Representative Signature</b></p>
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<p><b>Date</b></p>	<p><b>Date</b></p>