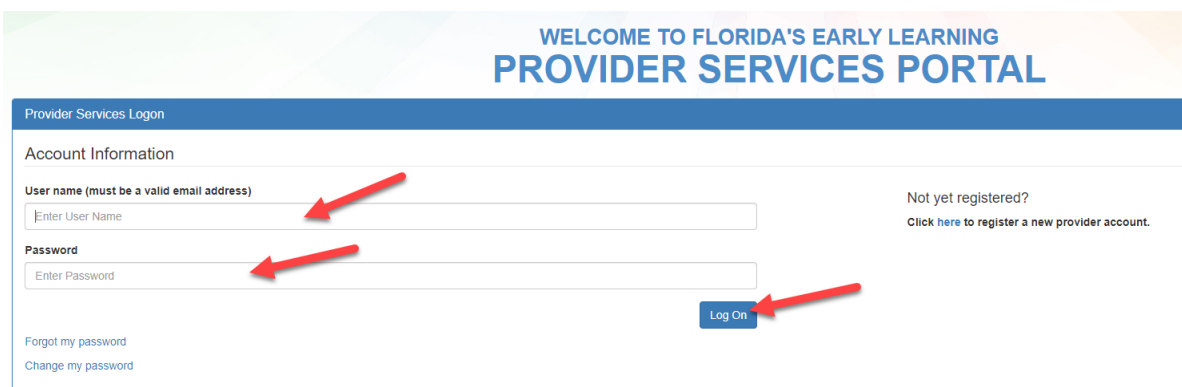


Developmental Screenings (ASQ) on the Statewide Provider Portal

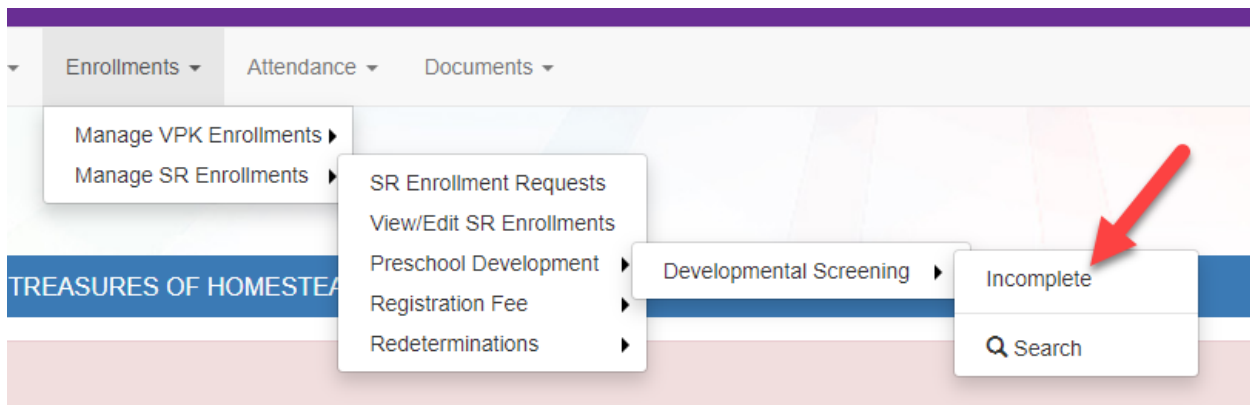
❖ Entering the Ages & Stages Questionnaires®, 3rd Edition (ASQ®-3 and ASQ®: SE-2) on 'Florida's Early Learning Provider Services Portal'

1. Log onto the FOEL Provider Services Portal using your email and password.

<https://providerservices.floridaearlylearning.com/Account/Login>

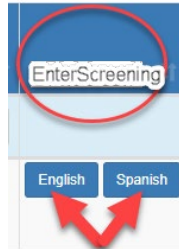


2. Click on 'Enrollments', 'Manage SR Enrollments', 'Preschool Development', 'Developmental Screening', and 'Incomplete' to access any pending screenings you are responsible for.



- Click on the English or Spanish tab under 'Enter Screening' column for the child you are ready to input a screening for. You may have to scroll to the right to see the option on your screen.

Child ID	Child Name	DOB	Assigned Counselor	Provider ID	Provider Name	Screening ID	Request Date	Enrollment Actual Start Date	Due Date	Days Until Due	Questionnaire	Do Screening
----------	------------	-----	--------------------	-------------	---------------	--------------	--------------	------------------------------	----------	----------------	---------------	--------------



- Enter or confirm the child's accurate DOB. Enter the number of weeks the child is premature. Choose whether you are screening the child today or are entering results for a previous screening. Please note it will read 'my child' due to the parent having the first opportunity to complete. Click 'Submit'.

ELC of Miami Dade/Monroe - EFS MOD
305-646-7220 ext 2321
aespinos@elcmdm.org
18951 Southwest 106 Avenue Suite 202
Miami, Florida 33157

Child Date of Birth

Month Day Year

--	--	--

Weeks Premature

(put "0" if not premature)

For ASQ-3™ English

Screening Date

- I am screening my child today (2025-01-22)
- I screened my child and am entering in the responses to a previous screening

List others assisting with completion of the questionnaire

For ASQ:SE-2™ English

Screening Date

- I am screening my child today (2025-01-22)
- I screened my child and am entering in the responses to a previous screening

List others assisting with completion of the questionnaire

I have read the provided information about the Ages & Stages questionnaires, and I wish to have my child participate in the online screening program. I will fill out the questionnaire about my child's development and promptly submit the completed questionnaire through this Family Access online questionnaire completion system.

Note: By clicking "Submit", you are agreeing to both our [Family Access End User License Agreement](#) and any other consent or authorization information outlined on this page.

5. View the correct screening to use here. Print out the ASQ®-3 and ASQ®: SE-2 questionnaires if needed. Otherwise, click directly on 'enter your results'.

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ASQ-3™ English

Based on the information you have entered for your child, we recommend using the 60-month ASQ-3 questionnaire.

You may [print out the recommended questionnaire and return to this site to enter your responses at anytime](#) (we recommend you do so within one week).

Note: You may need to [download Adobe Reader](#) to view this questionnaire.

ASQ:SE-2™ English

Based on the information you have entered for your child, we recommend using the 60-month ASQ:SE-2 questionnaire.

You may [print out the recommended questionnaire and return to this site to enter your responses at anytime](#) (we recommend you do so within one week).

Note: You may need to [download Adobe Reader](#) to view this questionnaire.

We recommend you try each activity on the questionnaire with your child before marking a response, making completing this questionnaire a game that is fun for you and your child. Make sure your child is rested and fed.

Enter your results

6. Enter or confirm the child's address and phone number. Next, enter the information of the person who completed the screening.

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aespino@elcmdm.org
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Miami, Florida 33157

ASQ-3™ English

Please provide the following information. When you have completed this section, click on the "Next" button to enter your questionnaire results.

Child Address 1*

Child Zip/Postal Code*

Child Gender*

Male Female

Child Phone*

Your Information

Note: all fields with a red asterisks are required

Your First Name*

Your Last Name*

- Select 'relationship to the child'. If the parent/guardian completed the screening, please choose them from the dropdown. Add your email and click 'next'.

Your Relationship to the Child*

-

-
- Mother
- Father
- Grandparent or other relative
- Foster parent
- Guardian
- Teacher
- Child care provider
- Other

Your Zip/Postal Code*

Your Country*

United States

Your Phone*

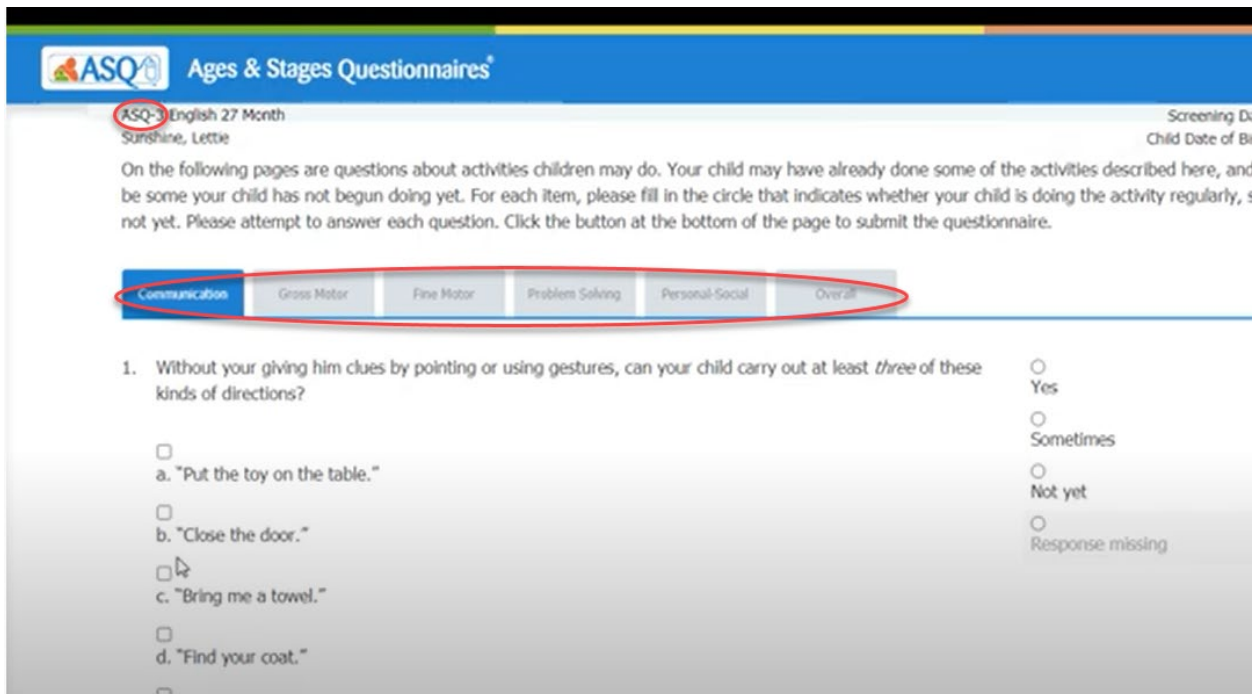
Your Email*

Your email address may be used by the program to contact you regarding the screening.

I do not have an email address.

Next

- Enter the answers for the questionnaires in the order in which they appear.



ASQ-3 English 27 Month
Sunshine, Lettie

Screening Date
Child Date of Birth

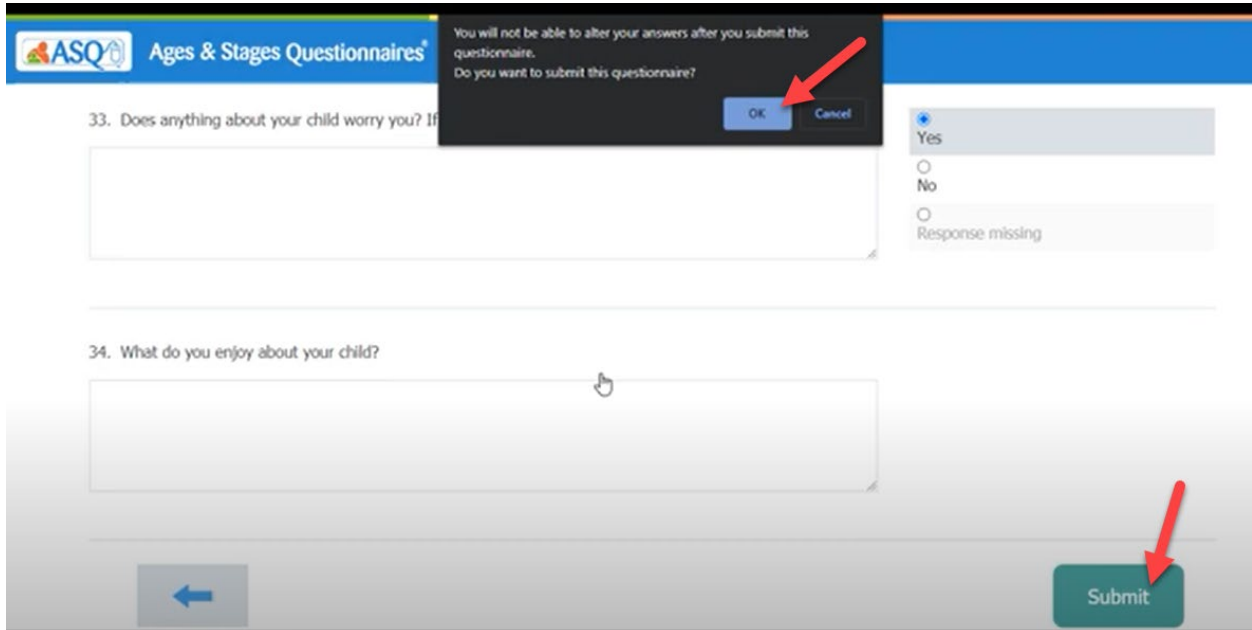
On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, or not yet. Please attempt to answer each question. Click the button at the bottom of the page to submit the questionnaire.

Communication | Gross Motor | Fine Motor | Problem Solving | Personal-Social | Overall

1. Without your giving him clues by pointing or using gestures, can your child carry out at least *three* of these kinds of directions?

Yes
 Sometimes
 Not yet
 Response missing

a. "Put the toy on the table."
 b. "Close the door."
 c. "Bring me a towel."
 d. "Find your coat."



ASQ® Ages & Stages Questionnaires®

You will not be able to alter your answers after you submit this questionnaire.
Do you want to submit this questionnaire?

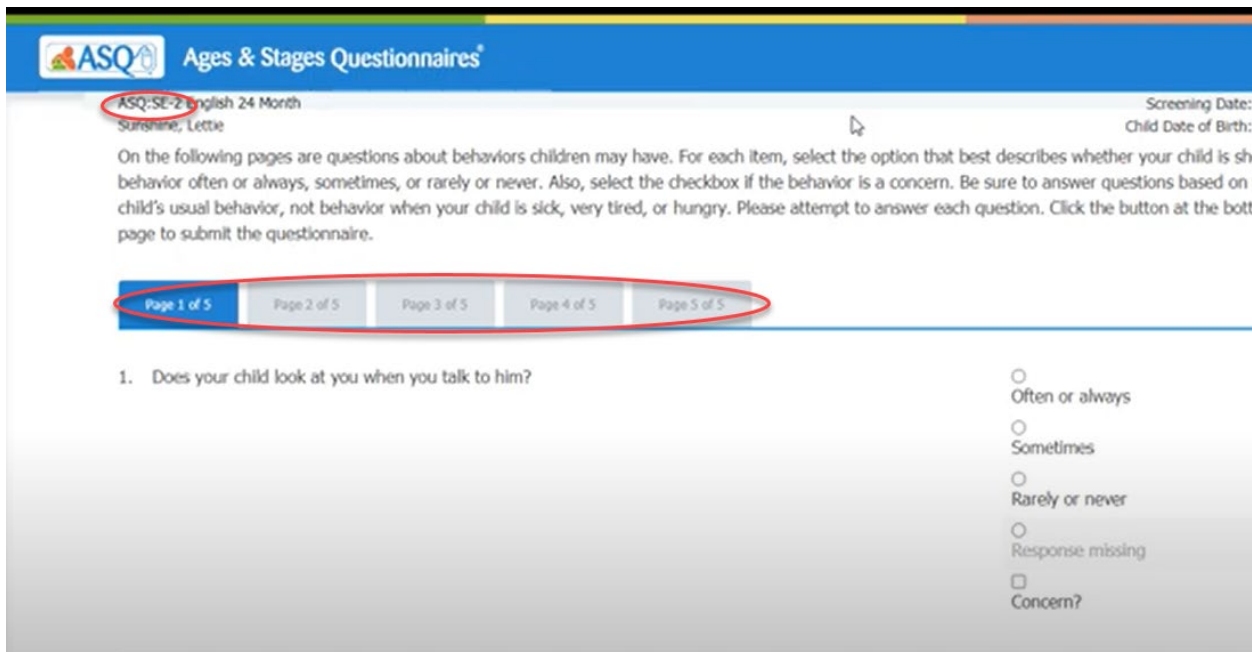
33. Does anything about your child worry you? If

34. What do you enjoy about your child?

Submit

Options: Yes, No, Response missing

- If required, enter the results for the ASQ®: SE-2. *Remember parents choose to opt in or out of the ASQ: SE-2.



ASQ® Ages & Stages Questionnaires®

ASQ-SE-2 English 24 Month
Sunshine, Lettie

Screening Date:
Child Date of Birth:

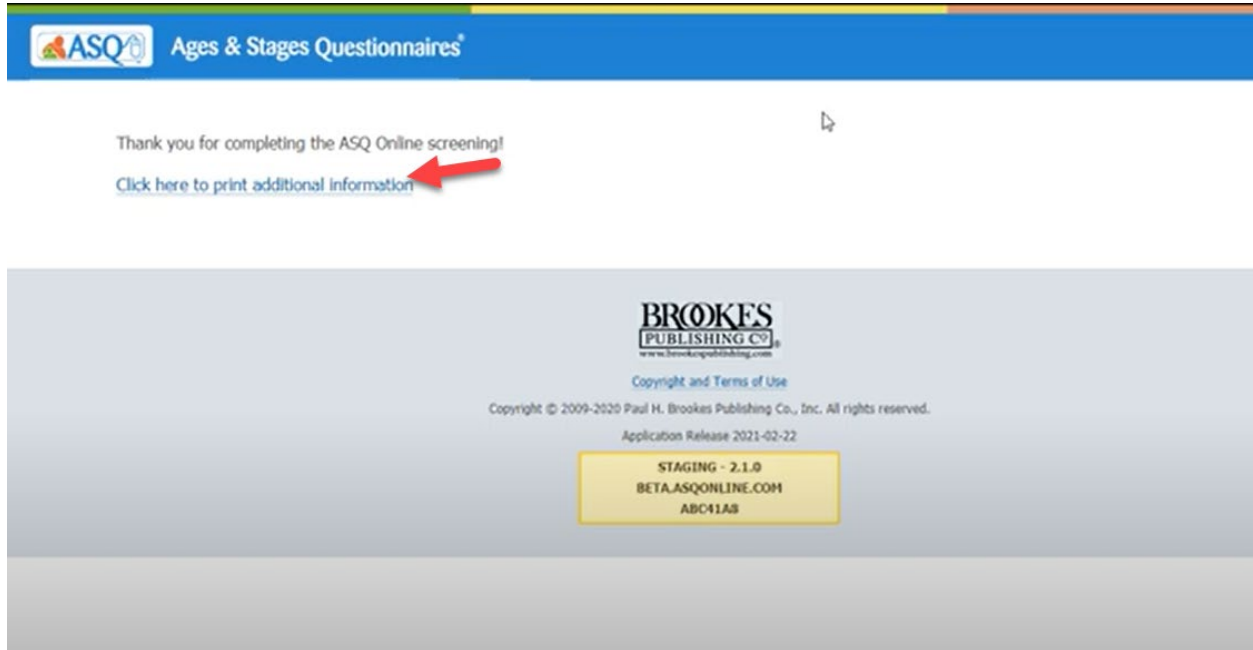
On the following pages are questions about behaviors children may have. For each item, select the option that best describes whether your child is sh behavior often or always, sometimes, or rarely or never. Also, select the checkbox if the behavior is a concern. Be sure to answer questions based on child's usual behavior, not behavior when your child is sick, very tired, or hungry. Please attempt to answer each question. Click the button at the bott page to submit the questionnaire.


Page 1 of 5 | Page 2 of 5 | Page 3 of 5 | Page 4 of 5 | Page 5 of 5

1. Does your child look at you when you talk to him?

Options: Often or always, Sometimes, Rarely or never, Response missing, Concern?

10. Once answers are entered for both questionnaires you will reach a link with activities that you may print.



 Ages & Stages Questionnaires®

Thank you for completing the ASQ Online screening!

[Click here to print additional information](#)

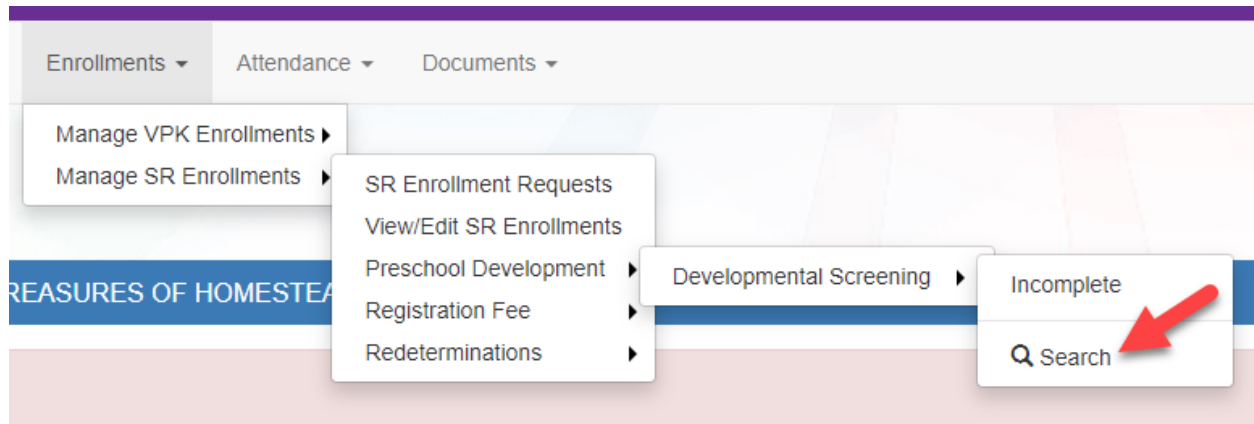
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Application Release 2021-02-22

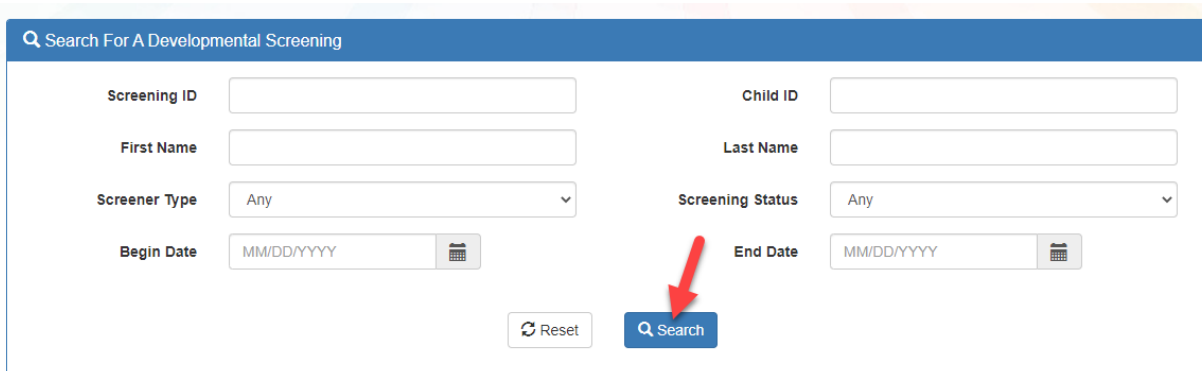
STAGING - 2.1.0
BETA.ASQONLINE.COM
ABC11AB

❖ **Searching for the ASQ®-3 and ASQ®: SE-2 results on ‘Florida’s Early Learning Provider Services Portal’**

1. Click on ‘enrollments’, ‘manage SR enrollments’, ‘preschool development’, ‘developmental screening’ and ‘search’.



2. Enter information on search fields or leave blank to view all. Click ‘search’.



3. Click on the blue, number hyperlink.

	Screening ID	Reques
	Filter	Filter
F	number hyperlink	06/08

- View the screening results for the ASQ[®]-3 and ASQ[®]: SE-2 (if completed). If the child scored in the concern/monitoring zone for any domain, Citrus Health Network will contact the parent/guardian for follow up/intervention as needed.

Screening

Status Screener Provider	Request Date Completed Date Post to Family Portal Date
--------------------------------	--

ASQ-3 Screening Result
48 Months

Domain	Cutoff 1	Cutoff 2	Score	Results
Communication	30.72	41.82	35.00	Monitoring
Gross Motor	32.78	42.74	40.00	Monitoring
Fine Motor	15.81	30.58	40.00	Typical
Problem Solving	31.30	42.04	50.00	Typical
Personal - Social	26.60	38.47	50.00	Typical

ASQSE-2 Screening Result
48 Months

Domain	Cutoff 1	Cutoff 2	Score	Results
Social-Emotional	85.00	70.00	95.00	Concern

ASQ-3 Overall Responses

Question	Answer	Comment
Hears well?	Yes	
Talks like other children his age?	Yes	
Understand most of what your child says?	Yes	
Others understand most of what your child says?	Yes	
Walks, runs, and climbs like other children?	Yes	
Family history of hearing impairment?	No	
Concerns about vision?	No	
Any medical problems?	No	
Concerns about behavior?	Yes	Hyperactive
Other concerns?	Yes	