



Grow Along with Me

Annual Report

March 1, 2007 to
April 31, 2008

Innovative Approaches to Preschool
Developmental Screening
and Follow-up Services Initiative

Table of Contents

I. Narrative Report	4
II. Primary Evaluation Outcomes	8
III. Other Outcomes by Major Category.....	16
Steering Committee	16
Evaluation	17
IV. Challenges and Opportunities.....	20
V. Updates to Operational and Evaluation Plan	22
VI. Appendices	22
Appendix 1.....	22
Appendix 2.....	23
Appendix 3.....	25
Appendix 4.....	31
Appendix 5.....	43
Appendix 6.....	43
Appendix 7.....	45
Appendix 8.....	46

Project Name: Grow Along with Me

Administrative Leads	Project Lead	Evaluation Co-Leads
<p>Diane Conley Vice President Chinook Health Phone: (403) 388-6381 Email: dconley@chr.ab.ca</p> <p>Carolyn Irby Director Children's CARE Services Chinook Health Phone: (403) 329-5255 Email: cirby@chr.ab.ca</p>	<p>Mark Moland Developmental Screening Coordinator, Children's CARE Services Chinook Health</p> <p>Phone: (403) 329-5255 Email: mmoland@chr.ab.ca</p>	<p>Marcy Burka-Charles Health Care Analyst Chinook Health Phone: (403) 388-6000 Email: mburka-charles@chr.ab.ca</p> <p>Dr. David Gregory Faculty, School of Health Sciences Phone: (403) 329-2432 Email: david.gregory@uleth.ca</p>

Signatures:

Administrative Lead: Diane Conley, VP Chinook Health

Signature

Date

Project Lead: Mark Moland: Developmental Screening Coordinator Children's CARE Services

Signature

Date

Our Vision

To build a foundation for families to provide children with the best possible start, enhancing their readiness to learn, and giving them opportunities to reach their maximum potential. Through increased access to integrated community partnerships, increased awareness, education and collaboration, we will ensure that the whole community will assist parents to raise their children. We will strive to ensure the best emotional, social, communicative, intellectual, and physical development for all children in the Chinook Health Region. It is our intent, to have developmental screening as an ongoing, regular milestone that parents look forward to at each stage in their child's development.

Our Mission

- Support parents who have the primary responsibility for their children;
- Provide screening, assessment, intervention and family support services; and
- Offer educational information to parents in order to facilitate learning and development for their children

...Thereby improving outcomes for children and their families.

I. Narrative Report

The Grow Along with Me project commenced operation in September 2007 with the hiring of the 2.0 FTE Speech Language Pathologists (SLP), 0.5 FTE Occupational Therapist (OT) and 3.0 FTE Infant Preschool Development Educators (IPDE). The Health Analyst for the Project was hired in August of 2007. Between October and November of 2007, 4.2 FTE Grow Along with Me Educators (GAWMEs) were hired through the Parent Link Centres (PLC) and Parents as Teachers (PAT) programs. The administrative support for the project was also hired during this time.

During the first three months of program start-up, the focus was on building capacity and operationalizing key aspects of the project. Several training events were held for staff from partner agencies and other interested staff from organizations throughout the region. The focus was on providing training in the core programs targeted by the Grow Along with Me Project. These included COPEing with Toddler Behaviour, Responsive Teaching, and the Hanen programs, You Make the Difference, Learning Language and Loving it and Target Word. Infant Preschool Educators from Children's CARE Services offered a 2 day Invest in Kids training session that brought together the staff from the partner organizations. In addition to increasing the knowledge and skill of participants, these training events offered important opportunities for networking and the development of relationships among the staff from a number of agencies throughout southern Alberta.

The Grow Along with Me Educators and the staff hired through Children's CARE Services also spent time familiarizing themselves with programs and people who were working in their area. Staff attended Parent Link Centres, daycares and preschools and participated in organizational meetings thus allowing them to better understand the services available to families in this area. Connections have begun to grow in the communities that are being served throughout the region. As a result, opportunities to work more collaboratively and to better understand the unique strengths and challenges of each community have begun to develop. Some examples of the connections made include presentations to Aboriginal programs offered in Lethbridge and information sessions provided to a number of Aboriginal committees and groups in our region. Also, staff have been asked to provide information and education as part of a program being offered to Low German Speaking Mennonite Families in the Taber area. The Grow Along with Me Educators have also built strong connections with other staff from the Parent Link Centres and have been able to provide information and support to parents who are attending other Parent Link programs. The importance of having staff visible and present in these communities and programs cannot be under estimated. Additionally, the Grow Along with Me Educators have been receiving increasing numbers of requests to complete the Ages and Stages Questionnaire (ASQ) with families.

Staff have commenced to offer a number of the core courses to parents across the region. There have been challenges associated with the start up of these groups, including coordination of courses, provision of child-care, and costs. Early feedback from parents has already indicated that such programming has been very well received and is meeting

a significant need for families in a number of communities. Included in Appendix 1 is a letter from a parent who recently participated in a Parenting the Strong Willed child course. It has been included with the permission of the parent. Furthermore, staff from partner agencies had opportunities to co-facilitate these groups, foster collegial working relations, and support the development of an integrated service delivery model.

As indicated in the Operational Plan, the initial focus of the project has been to increase capacity to offer follow-up services through the delivery of training to staff in the core programs. Upon completing of this phase, the project has begun to increase the availability of developmental checkups throughout the region. In February 2008, training was held for public health nurses (PHN) from across the region. It focused on the background of the Grow Along with Me Project and in the use of the ASQ. In addition to this training event, training has been provided for the administrative support staff that facilitate the implementation of the 18 month developmental checkups through the Wellness and Community Health Program. A second training event was held for staff from community agencies in March 2008.

In February 2008, the Wellness and Community Health Program began to provide the ASQ at the 18 month Well Child Clinic Visit. Parents were requested to come in and complete the ASQ prior to seeing the PHN. From the period between February and March, the Wellness and Community Health Program were completing a backlog reduction in the immunization visits. This saw the appointment time set at 20 minutes. During this period, the intake PHN scored the ASQ and completed any follow-up by phone. Starting on April 1, 2008, the ASQ was completed by the parent in the waiting room and then scored and interpreted with the PHN during the Well Child Clinic Visit.

In addition to the use of the ASQ at the 18 month, Well Child Clinic Visit it is also being utilized via the same process for all children who complete their 6 month visit. Information about the ASQ and the Grow Along with Me project is also being distributed to parents during the 4 month visit. It is anticipated that these strategies will increase the awareness and ultimately parents' comfort with completing the tool. Further, the community-based screening sessions that have been held across this region were planned to occur in April and May of 2008. In past years these sessions focused on children between 36 and 60 months of age. In 2008, the target age is between 30 and 60 months of age. It is anticipated that this will increase the number of children who receive a developmental checkups before they reach 36 months of age. The ASQs that are being completed by Parent Link Centres, Parents as Teachers and the Chinook Health Home Visitation Program are also being collected and entered into Meditech. Discussions have been underway with the regulated daycare community to increase the capacity of these programs to use the ASQ. It is anticipated that the programs that are partnering with the Grow Along with Me Project will also be providing copies of the ASQs for data collection and entry into Meditech.

During the first several months of the project, staff from Children's CARE Services began to pilot the Short Term Assessment and Responsive intervention Team (START). This is a group based assessment and follow-up process that was

conceptualized to provide timely and efficient services to children identified with mild/moderate delays. The format involves three children being seen in a group setting by an Infant Preschool Educator and a Speech Language Pathologist and as required an Occupational Therapist. The Grow Along with Me Educators have also been involved in supporting these sessions. The therapist then schedules a follow-up meeting individually with the parents one week later to discuss results and provide information and intervention recommendations. Follow-up group-based, intervention sessions are scheduled and the child is eligible to attend for up to six months. At that time needs are reassessed and recommendations offered as appropriate. Two pilots were run in November of 2007. START has continued to evolve and opportunities and issues are being explored to improve the process as more children access this service. To date 18 children have been assessed by START.

The evaluation co-leads and the Evaluation Subcommittee completed a number of required activities during the first several months of the project. These included gaining approval from the University of Lethbridge Ethics Board and the Chinook Health Ethics Review Committee. Additionally, a Privacy Impact Assessment was completed with the assistance of Chinook Health's Privacy Impact Officer. The co leads were also active in discussion and meetings regarding the provincial evaluation planning. A number of tools have also been developed that will provide great detail and understanding of the project. These include a service provider survey that examines the perceptions and beliefs regarding developmental screening and follow-up services, and a survey and focus group interview that will examine the effectiveness and impact of the Grow Along with Me Steering Committee. Further, interview guides and focus group interview questions have been developed to explore the perceptions of parents regarding screening and follow-up services.

The Communications Subcommittee has also been very active during the initial phase of this project. A number of materials have been designed and produced including a growth chart, brochures, and presentation boards. Highlights of the work of this committee also include coordinating the official launch of the project in January 2008. This event brought together 225 people to hear about the project and to listen to Dr. Fraser Mustard and Dr. Bryan Kolb speak on the importance of early child development and research on brain development. Those in attendance represented government, board members and senior executives from health, education and social services, Lethbridge College, the University of Lethbridge, front line staff and other key stakeholders. The event had many spinoff benefits including increased awareness of activities occurring in the region including the Grow Along with Me Project which has fostered a growing connection between Chinook Health and the University of Lethbridge. A DVD of the event was produced. Another important accomplishment of the communication subcommittee was the development and launch of the Grow Along with Me website (www.growalongwithme.ca). This site is designed to share information with parents and professionals about the importance of early child development. It also provides information about activities to support child development, dates and locations of core groups offered regionally through the Grow Along with Me project, and information and links to workshops and research related to early child development.

All of the work completed to date would not have been possible without the dedication and commitment of the members of the Grow Along with Me Steering Committee. The committee has met monthly and has been integral to the development and implementation of the project. From initial conceptualization through to start up and ongoing problem solving the commitment, knowledge and skill of members have been essential to the success of the project. Opportunities and challenges have been identified by the group but a commitment to working together to solve problems has been evident since the inception of the Committee. Connections have been established and the ongoing development of trust will certainly continue to support not only this project but pave the way for other future collaborative initiatives.

II. Primary Evaluation Outcomes

Goal 1: To identify children with a developmental delay as early as possible
Objective 1.1: To increase a child and their family's access to evidence-based developmental screening by December 31, 2009.
Operational Strategies <ul style="list-style-type: none">■ Provide Chinook Health and partner's staff ASQ training.■ Develop a coordinated regional child development screening system■ House all 18-36 month ASQs completed by the partner agencies in Chinook Health's secure database (i.e., Meditech) to support the collection and the evaluation data used to calculate rates and document the demographics of children/families receiving developmental screening services. The Meditech system will also be used to identify groups of children that have not yet received developmental screening

Objective 1.1 Indicators

Two training sessions focused on developmental checkups and the use of the Ages and Stages Questionnaire (ASQ) were completed. The first was held in February 2008 and was attended by 40 Public Health Nurses from across the region. The topics covered in this training included the rationale and research evidence around developmental screening, scoring and interpretation of the ASQ, referral guidelines, and community resources related to the Grow Along with Me project. Case studies were used to familiarize participants with the ASQ scoring and interpretation.

In March 2008, a second training event was held for 28 staff from community agencies. This session covered the same topics as above and also used case studies to become more familiar with the ASQ. In addition, the format for the community-based screening sessions was reviewed.

The development of a coordinated system of referrals is being supported by standardized referral guidelines. These have been provided to the staff who attended the training sessions, supplied to public health nurses who did not attend the training and has been distributed to the members of the Grow Along with Me Steering Committee. (Appendix 2 contains the Grow Along with Me referral guidelines).

Data entry of completed ASQs into Meditech began in January 2008. All data from ASQs for children between 18 and 36 months of age completed by the partner organizations are being entered.

The following table indicates the number of Ages and Stages Questionnaires from which data were entered between January 1, 2008 and March 31, 2008.

Ages and Stages: Identified Delays (Age: 18 mos - 36 mos.)

	2007-08	
	4th Quarter (January –March 2008)	
	Total Number of concerns by ASQ domain/Question	% of concerns per domain/ question compared to total ASQs completed
Identified delays 18 - 36 mos ASQ		
Communication	37	10.2%
Gross motor	15	4.1%
Fine motor	14	3.9%
Problem-solving	18	5.0%
Personal social	11	3.0%
Talks like other children	67	18.5%
Understands child	55	15.2%
Walks, runs, climbs like other children	11	3.0%
Hears well	7	1.9%
Family history of hearing impairment	21	5.8%
Vision OK	7	1.9%
Recent medical problems	47	12.9%
Other concerns	57	15.7%
Total number of 18 - 36 mos. ASQs	367	

During the fourth quarter of 2007, 367 ASQs were completed and data entered into Meditech. The highest area of concern noted is in the area of communication. This includes the concerns in the Communication area and in the two overall questions (Do you think your child talks like other children his age? Do you understand you child?) High percentages were also noted in the recent medical question and other concerns area. Future reporting of ASQs will be able to provide more detail regarding the number of ASQs completed, the agency that facilitated the ASQ, the ASQ interval and the geographic region where it was completed. This detailed information will provide a better picture of the trends in ASQ completion. Additionally, comparisons related to the numbers of delays per domain/ question can be compared to data that are being collected through the 6 month Well Child Clinic Visit and the community-based session that includes children over the 36 month interval reported here. Early indications have identified more motor concerns noted in the six month interval.

Staff who participated in the two developmental checkup training events completed a questionnaire in order to better understand their attitudes, perceptions and knowledge regarding developmental screening, s. The questionnaire was designed by Marcy Burka Charles and Dr. David Gregory. Preliminary results are reported in Appendix 3 and the Service Provider survey is in Appendix 4.

Goal 1: To identify children with a developmental delay as early as possible
Objective 1.2 To increase parent knowledge of... (a) early childhood development by December 31, 2009. (b) the importance of periodic developmental screening by December 31, 2009.

Operational Strategies

- Development and implementation of a comprehensive communication plan focused on marketing the ‘Grow Along With Me’ project to parents and early childhood development service providers within project jurisdictional boundaries.
- Professional staff will co-facilitate education and intervention services with partner staff (i.e., Parent Link Centers and Parents as Teachers). Further, time will be dedicated for consultation with partner agency staff regarding program development and client services (Parent Link Centres, Parents as Teachers, and licensed day care facilities).

Objective 1.2 Indicators

The Grow Along with Me Steering Committee established a Communication Subcommittee. This subcommittee has completed a number of key activities during the first year of the Grow Along with Me project. These include:

- Developed of a Grow Along with Me Growth Chart Appendix 5
- Developed two pamphlets: “Wondering about your Child’s Development” and “Grow Along with Me” (See Appendix 6)
- Produced posters for the community based screening sessions
- Coordinated the official launch of the Grow Along with Me project. Keynote presenters were Dr. Bryan Kolb and Dr. Fraser Mustard. The event was attended by 225 people and the audience was comprised of front line staff, managers, senior executives from health, education and Children’s Services. A DVD has been produced of the launch event and is available through the project lead.
- Coordinated a number of media activities to support the community-based screening sessions including TV and radio interviews, public service announcements and press releases.
- Created advertisement at the local movie theatre to highlight the project and website during community-based developmental checkups
- Placed an ad in the spring 2008 edition of the Chinook Health “Thrive” magazine which includes a short article highlighting the website.
- A website has been developed and launched for the purpose of providing information related to early child development. The website homepage is included in Appendix 7 and the domain name is www.growalongwithme.ca
- Created two poster displays have been created to be used at public and professional events. A poster presentation was made at the Health Boards of Alberta Conference

Meetings have also occurred with Dr. Bryan Kolb from the Neuroscience Department at the University of Lethbridge to explore opportunities to take the research experience from his department and translate it and disseminate it to staff and families throughout the region.

Staff from the partner agencies have provide a number of programs including You Make the Difference, Parenting the Strong Willed Child and COPEing with Toddler Behaviour. This has provided the opportunity for collaborative learning and the sharing of skills and knowledge. In addition professional staff have had some opportunity to network with other organizations and to present information and provide consultation to families. An example of this is the involvement of one of the IPDE staff attending the Stay and Play at a Parent Link Centre. The IPDE staff provided the ASQ to the families who were in attendance and allowed for information sharing and the timely referral of three children who were identified as needing assessment. In-services and information sessions have also been offered to the Lethbridge Aboriginal Headstart program, OpoKaa'sin Early intervention society, Chinook Health Aboriginal Health Steering Committee, Blackfoot Cultural Society, First Nations Community Association, Kainawa and the Board of Education. Parent education sessions have been offered to Aboriginal mothers and plans are underway to begin an Aboriginal Fathers involvement workshop.

Workload measures have been drafted and trialed with the staff funded through the Grow Along with Me Project. Initial feedback has allowed for the modification of the data collection methods to provide required detail with the minimum burden on staff for reporting. The staff will complete this workload measure for four weeks every quarter and this information will be available for the 2008/2009 annual report.

<p>Goal 1: To identify children with a developmental delay as early as possible.</p>
<p>Objective 1.3 To adopt a consistent regional referral pathway across partnering service providers in relation to a positive screen for a developmental delay by December 31, 2009.</p>
<p>Operational Strategies</p> <ul style="list-style-type: none"> ■ Develop and train Chinook Health and partner agency staff in a developmental referral and follow-up services pathway.

Objective 1.3 Indicators

Standardized referral criteria were developed. Criteria are based on the recommendations from the ASQ authors and in consultation with professional staff in the region (Audiologists). Appendix 2 contains the referral guidelines. This information has been shared with partner organization staff.

<p>Goal 1: To identify children with a developmental delay as early as possible.</p>
<p>Objective 1.4 Increased Chinook Health staff involvement with community-based programs.</p>

Operational Strategies

Children's CARE staff (SLP, IPDE and OT) will make on-site visits to partner agencies and provide consultation and support.

Objective 1.4 Indicators

See objective 1.2

Goal 2:

To develop a comprehensive continuum of services that provides the right level of service, at the right time, by the right person as near to the child's residence as possible.

Objective 2.1

To provide a child and his/her family timely screening and assessment services beginning October 2007.
--

Operational Strategies

- | |
|---|
| <ul style="list-style-type: none">■ Implement S.T.A.R.T. team as a means to provide children timely access to assessment and intervention services (i.e., for mild-moderate delay cases). |
|---|

Goal 2.1 Indicators

Between October and December 2007, staff from Children's CARE Services began to operationalize the START. This team includes Speech Language Pathologists, Infant Preschool Development Educators and an Occupational Therapist. The Grow Along with Me Educators also attend some of the START sessions. START is utilizing the Assessment, Evaluation and Programming System (AEPS) as the foundation for assessments. It is set up so that three children are seen at a time. Parents are provided general information at the end of the session. Reports are completed that day and parents return one week later for the post assessment meeting. Parents are then given the specific recommendations for their child. Two pilot sessions were held in October 2007. From November 2007 to March 31, 2008 18 children were assessed by the START Team.

Planning is underway to operationalize the Pathway Audits. These Audits will look at a number of factors associated with a child's journey from completing the ASQ, to assessment, through to intervention and discharge. Included will be information on wait times, assessment outcomes, treatment types and duration. Parents will also be interviewed at the end of the process to gain insight into their experience. The Pathway Audits will also provide information to evaluate the impact of children who require clinical services. This will include the number of children who are identified as requiring immediate or urgent assessment and/or treatment.

<p>Goal 2: To develop a comprehensive continuum of services that provides the right level of service, at the right time, by the right person as near to the child’s residence as possible.</p>
<p>Objective 2.2 (a) To increase Chinook Health’s professional staff involvement with partnering community agencies (i.e., Parent Link Centres, child care facilities, and community agencies) beginning October 1, 2007. (b) To increase the utilization of paraprofessional staff to support the enhancement of developmental screening and follow-up services in Chinook Health beginning October 1, 2007.</p>
<p>Operational Strategies</p> <ul style="list-style-type: none"> ■ Identify and engage professional staff in opportunities to participate and/or consult with Parent Link Centres and licensed day care programs in the region.

Goal 2.2 Indicators

An information session was held to provide an overview of the project to the Daycare Directors of Regulated child care facilities in the region. The purpose of this meeting was to provide an overview the project and to discuss the opportunity to partner with providers to bring the Hanen Learning Language and Loving It program to their centres. Though the turnout was lower than desired, a number of centres did express interest in taking part in this program. Planning is underway and this program will be conducted with one center and will include 14 staff.

<p>Goal 2: To develop a comprehensive continuum of services that provides the right level of service, at the right time, by the right person as near to the child’s residence as possible.</p>
<p>Objective 2.3 • To increase partner agency staff knowledge regarding early childhood development, the importance of periodic developmental screening, and the importance of services available to support children and families by December 31, 2009.</p>
<p>Operational Strategies</p> <ul style="list-style-type: none"> ■ Professional staff will develop and present learning modules to paraprofessionals/families in Parent Link Centres and licensed day care centres. Provide educational programs and services to Community Links. Develop a web page to improve partner awareness of service options; best practices in developmental screening and interventions; parent information regarding partner services; and project findings.

Objective 2.3 Indicators

Invest in Kids: This training was provided by the Infant Preschool Development Educators from Children’s CARE Services. Participants included staff from all the partner agencies as well as other regional service providers such as Opokaa’sin Early Intervention Society, Head Start and the Child Care Mentors from the Alberta Resource Centre for Quality Enhancement. The Training was completed by 26 staff.

Meetings have been held with Community Links to identify opportunities to support their mandate as an information and referral source. Work has begun to develop a system of sharing information about the dates time and locations for the core courses offered by Grow Along with Me Project.

A website has been developed and is online at www.growalongwithme.ca. The webpage has information for both parents and professionals; this information includes an up-to-date section that identifies the dates time and locations of core programs being offered in the region. In addition, it will be a dynamic site that includes information on the latest research and courses that are being offered for service providers. An analytics package has been acquired as part of this website that will provide information on the number of hits, number of unique users, locations that users were from and other details that will provide an indication of the effectiveness of this site and of other communication activities.

Goal 2:
To develop a comprehensive continuum of services that provides the right level of service, at the right time, by the right person as near to the child’s residence as possible.
Objective 2.4
To increase Chinook Health’s capacity to offer core training programs to all partner staff beginning October 1, 2007.
Operational Strategies
<ul style="list-style-type: none">■ Provide staff training in Hanen Programs and team developed modules (e.g., child development, motor development, personal-social skills, etc).■ Professional staff will develop and present training modules to service providers in Parent Link Centres and licensed day care centres, Chinook Health staff, and other community-based professionals and paraprofessionals.■ Offer parent education sessions around speech and language development (Hanen Programs), social emotional development (Responsive Teaching, Parenting the Strong willed Child and COPEing with Toddler Behaviour), and motor development.

- SLP assistants will work under the supervision of the project SLPs to provide direct individual and group intervention services based on the specific needs of the child and community.

Objective 2.4 Indicators

Number of Courses offered – These were provided by staff from Children’s CARE Services and partner organizations. This baseline information includes courses from January 2007- December 2007.

Course Name	Number of groups provided
You Make the Difference	0
Learning Language and Loving it	0
It Takes Two to Talk	1
Target Word	3
Parenting the Strong Willed Child	6
COPEing with Toddler Behaviour	0

Goal 2:

To develop a comprehensive continuum of services that provides the right level of service, at the right time, by the right person as near to the child’s residence as possible.

Objective 2.5

(a) To increase parent’s knowledge of partner services beginning January 1, 2008.

(b) To increase service providers’ knowledge and abilities to support early child development beginning January 1, 2008.

Operational Strategies

- Provide multiple opportunities for children to complete the ASQ through partner agencies.
- Provide support, when needed, to parents/guardians accessing developmental screening and services
- Develop and market a website that links to evidence-based research in early child development, screening, assessment, and follow-up services, as well as links the consumer to a continuum of local early childhood development services. This website will serve both parents/guardians, regional, and community agency staff.
- Work in conjunction with partner agencies to provide developmental screening services to eligible population (i.e., children 18-36 months of age).

- Work with partners to provide parents/guardians of the eligible population (i.e. children between 18-36 months of age) information regarding early childhood development, as well as project partner services.

Objective 2.5 Indicators

In February 2008, The Wellness and Community Health Program changed the method of delivery of the ASQ during the 18 month Well Child Clinic Visit. The process from February to March 31, 2008 had parents being asked to come to the clinic visit at a time that was 15 minutes before the regular time of the appointment. It was identified that parents would have the opportunity to complete a questionnaire that looked at their child's development.

Community developmental check-up sessions were planned by the Grow Along with Me Project member organizations. They were scheduled to occur in April and May of 2008. Twenty-four sessions were scheduled in 17 communities across the region. Results from these sessions will be reported in the 2008/2009 Annual Report.

An analytics package has been acquired as part of the Grow Along with Me website that will provide information on the number of hits, number of unique users, locations that users were from and other details that will provide an indication of the effectiveness of this site and of other communication activities.

III. Other Outcomes by Major Category

Steering Committee

The Grow Along with Me Steering Committee has been meeting monthly to discuss and provide input into the implementation of the Grow Along with Me Project. In addition to the Steering Committee, there have been three subcommittees developed. These included Evaluation, Training/Education and Communication. Each of these committees included the project lead, members of the Grow Along with Me Steering Committee, and several front line staff from the partner organizations. These subcommittees have been instrumental in problem solving related to the implementation of this program across the region. There have been a number of spin off benefits from the Steering Committee. Increased awareness of programs, enhanced coordination of services and a collective movement to advance the agenda of early child development are a few examples. Further exploration of the benefits of this collaboration will be explored in 2008 through the use of a Partnership Self-Assessment Survey and focus group interviews with Steering Committee members

Evaluation

Grow Along With Me Project Evaluation - Key Milestones: August 2007 – December 2007

1. **Ethical Approval:** the Grow Along with Me Project sought and received ethical approval from two key research committees:

a) Human Subject Research Committee, University of Lethbridge: Approval was received on October 25, 2007. This proposal addressed all external data elements generated by the School of Health Sciences at the University of Lethbridge on behalf of the Grow Along with Me partnership. Project consent forms and interview guides were enhanced and surveys were drafted. These documents were re-submitted to this committee in January 2008 for an expedited review.

b) Research Committee, Chinook Health: Approval was received on November 28, 2007. The Chinook Health Research Committee reviews all regional projects to ensure ethical approval was received, that the proposed research and/or evaluation methodologies are sound, and that the project can be supported administratively by the region.

2. **Privacy Impact Assessment (PIA):** the Grow Along with Me Project's PIA was officially submitted December 21, 2007.
3. **Evaluation Sub-committee:** the Grow Along with Me Project Steering Committee established this sub-committee in October 2007 to partake in the implementation of the proposed project evaluation methodology consistent with a participatory approach to evaluation. Members of this committee include partner representatives, a Grow Along with Me staff member, and the project evaluators (i.e., internal and external evaluator).
4. **Evaluation Framework:** Enhanced to include data collection timelines and report run/data analysis benchmarks.
5. **Data Collection Methods:** Plans for project data collection processes and procedures were established for the January 2008 data collection activities.
6. **Database Developed:** to track key indicators for the Grow Along with Me Project

Grow Along With Me Project Evaluation - Key Milestones: January 2008 – March 31, 2008

Since January 2008, the GAWM evaluators have designed the following data collection instruments:

1. **Service Provider Survey:** This self-administered questionnaire was designed for implementation at ASQ training sessions to determine

trainee's attitude(s), perspectives, and behaviours toward developmental screening, assessment, and follow-up services. Peer reviewed literature was used to support the inclusion of 23 items developed on a five-point Likert scale. Data analysis intends to observe differences in trainee responses at three time points (i.e. pre (baseline), post ASQ, and six months after the ASQ training session). Further data analysis will observe these differences in more detail (i.e. by discipline, agency, and geography). The GAWM Project intends to use the results of the Service Provider Survey to improve ASQ training sessions and/or GAWM program development.

2. **Partnership Inventory and Focus Group Interview (FGI) Guide:** the GAWM Steering Committee requested that the project evaluators design a method to assess the committee's capacity to sustain the GAWM Project beyond the project time frame. A Partnership Inventory Survey and corresponding Focus Group Interview (FGI) guide were developed using peer reviewed and grey literature. Sixty question items were developed to address principle factors associated with successful partnerships and teams; perceived benefits of the partnership; and level of satisfaction with the partnership. A focus group interview will be conducted to discuss partnership strengths and issues that require enhancement and the steering committee's perceived progress. Quantitative and qualitative data analysis will establish the differences in responses at two time intervals (i.e. at the beginning and the end of the GAWM Project).

The Grow Along with Me Steering Committee established an Evaluation Sub-Committee to review data collection instruments developed by the project evaluators, to review and approve the changes to the evaluation methodology(s) and to review all data finding prior to release. A data showing protocol was developed. It entails: i) Data/findings presented to the Evaluation Sub-committee, ii) Findings/data are then forwarded to the Steering Committee for a final review, iii) The Steering Committee then releases data/findings for report writing and for sharing with other jurisdictions as appropriate. Upon the Evaluation Sub-Committee's approval, the Service Provider and Partnership Surveys were submitted to the Human Subject Research Committee, University of Lethbridge for ethical approval. Ethical approval for the Service Provider Survey was received on January 17, 2008. Ethical approval for the Participation Survey and its corresponding FGI Guide was received on April 24, 2008.

The Service Provider Survey and the Partnership Inventory and Focus Group Interview (FGI) Guide along with corresponding Consent forms are included in Appendix 4.

IV. Challenges and Opportunities

In reviewing the implementation of the Grow Along with Me Project over the last seven months a number of key challenges have emerged. Firstly, the implementation has been across all communities within the geographic boundary of Chinook Health (Map of geographic area included in Appendix 8). This factor has led to a number of challenges. Travel, both for hired project staff and management to attend steering committee and subcommittee meetings serves as a barrier to the project. This includes both budget limitations and the amount of time to travel. Telehealth has been utilized when feasible, but limited availability at partner sites has decreased the efficiency of this communication option. In addition, there are diverse issues that impact each of the communities being served. These may include the demography of the area, and the availability of trained staff for both Grow Along with Me Project and support positions. The level of other services available also varies across the region. Small population density has also been a factor that has limited the types and frequency of services provided.

The amount of in-kind expenses being incurred by the partner organization has also been a challenge. This includes food and supplies for groups, time from administration and other departments such as Issues Management have placed increased pressure on already limited resources. Costs not budgeted include increased photocopying and increased administrative support. Additionally, the Grow Along with Me Educators have also received other training from the partner organizations to support their professional development and to build the requisite skills to match the organizational requirements.

Recruitment efforts for both the staff hired by Children's CARE Services and the Parent Link Centres were difficult. The availability of Speech Language Pathologists resulted in only two of the three planned positions being filled for the 1st year of the project. Ongoing recruitment efforts have been occurring, but this is a challenge for Children's CARE Services. Additionally, the recruitment and turnover of staff from the Parent Link Centres has been challenging. Of the 4.2 FTE's hired, two positions have been filled twice. This has presented difficulties related to continuity and the ability to provide core training programs. There is concern among the partners that because this is a time-limited project the staff that have been trained are integral to the success of the project will leave prior to the completion date to find other employment if there cannot be any assurance of a continued position.

Core program delivery has been challenging because of several logistical factors. These have included the overall coordination of where, when and by whom core courses have been offered. In addition, these core courses must fit in with other courses being offered in the communities such that duplication does not occur. The costs associated with the provision of these courses constitute a barrier and they will need to be reviewed in relation to the budgeting for these activities. The difficulty in providing childcare has been one of the greatest challenges. This has been both from the cost associated with paying staff to provide child care, but perhaps more difficult has been finding qualified

and available staff to take on this role. The Training Subcommittee is exploring options to remedy this challenge.

There have been some specific challenges associated with the implementation of the ASQ in the Well Child Clinic Visit. These have included parents not attending the appointment at the identified time and consequently not having the time to complete the ASQ prior to seeing the nurse. Literacy issues with non-English speaking families and the parents' need for interpretation of some of the ASQ questions suggests that the literacy level of the tool may require additional consideration.

Communication among partners has also been a challenge during the initial phase of the project. The monthly Steering Committee meetings have provided the opportunity to discuss the higher level issues and opportunities, but time to discuss specific challenges has been limited. Building a common understanding across all levels of the partner organization takes time. Limited opportunity to meet with frontline staff has resulted in limited understanding of the core activities related to the project. Opportunities to connect the partner organizations staff have been discussed at the Steering Committee and will be incorporated into the second year of the project.

The amount of time spent achieving the required approvals for the evaluation plan has been a challenge to the collection of data during year one. The Evaluation Co-Leads and the Evaluation Subcommittee have been continuing to update the evaluation plan to ensure that the indicators are available to support the evaluation of the project. This has led to the creation of a number of tools such as the Service Provider Survey and Interview and Focus Group Guides. Concern has been raised regarding the ability to evaluate the longer term impacts of this project. To understand the implications for individual children a longitudinal approach is required.

V. Updates to Operational and Evaluation Plan

At this time, there are no major changes indicated for either the Operational or Evaluation Plans. Ongoing evaluation of the project, supported by the evaluation indicators will allow for adjustment and modification of core activities. The indicators for the evaluation plan are reviewed by the co-leads in consultation with the Evaluation Subcommittee and will be adjusted when necessary to support the overall program evaluation.

VI. Appendices

Appendix 1

Parenting the Strong Willed Child Letter

Appendix 2

Referral Guidelines for the “Grow Along with Me” Project

One or more score(s) below the identified cut-off on the Ages and Stages

Questionnaire: All children whose score in one or more developmental area is below the established cut-off should be referred to children’s CARE for assessment.

No Score below the cut-off but the parent indicates a concern in the overall section

of the ASQ: All parent concerns should be reviewed with the parent. Whenever possible the parent should be provided information regarding their child’s current level of development and connected to another service provider if you are unable to answer their specific question. Specific recommendations are outlined below for referrals based on responses to specific questions.

Note the questions identified below are for those contained in the 18 – 36 months Ages and Stages Questionnaires.

Speech Concerns

Parents who indicate they have a concern regarding their child’s speech development should be referred to Children’s CARE Services. These concerns will most likely be noted in questions #2, #3 or occasionally #8.

Hearing Concerns

Urgent children recommended for Audiology assessment:

Children who would be seen as an urgent assessment include:

- Child suspected of having Autism Spectrum Disorder
- Child assessed with a severe speech and language delay
- Children with a recently diagnosed genetic disorder

Urgent assessments will be completed within 30 days of referral.

Non-urgent children recommended for Audiology assessment:

Children with immediate family (mother, father, siblings) who wear hearing aids.

- If there is a family history of hearing loss (**OUTSIDE OF THE IMMEDIATE FAMILY**) and no other hearing concerns and no speech or language concerns no follow-up indicated
- Family History of hearing loss (**OUTSIDE OF THE IMMEDIATE FAMILY**) and speech and language concerns noted on the ASQ they would be recommended to be assessed by the Speech Language Pathologist at Children’s CARE Services. The SLP would make the recommendation as to whether they should have an Audiology assessment.

History of ear infections (NON-URGENT):

Recommendation that the family should discuss concerns with family doctor. Recommend that they receive a second ASQ in 6 months. If on the second ASQ there are hearing concerns noted they would then be referred to Audio. Any other concerns noted on the follow-up ASQ such as Speech/Language, they would be referred to the SLP as usual.

Other Hearing Concern noted:

If the parent notes on the ASQ that they have concerns regarding their child's ability to hear and it does not fit into any of the categories above they should be referred for an Audiology assessment.

Motor Concerns: Parents who answer no to question #4 should be referred to Children's CARE if there concerns are not related to typical development for a child of that age.

Vision Concerns: The parent should be referred to an optometrist and/or family physician for follow-up.

Other Concerns: Referral to community organizations/health care professionals will be completed as required. If the concerns are related to their child's behaviour you may consider a referral to Children's CARE Services (Infant Preschool Development Educator) or to a local Parent Link Centre. There are a number of parenting courses being offered as part of the Grow Along with Me project.

Follow-up Ages and Stages Questionnaire

If you feel the parent would benefit from completing a follow-up Ages and Stages Questionnaire and the parent agrees, please complete the Future ASQ Request Form and send it to Children's CARE Services.

Appendix 3

Service Provider Survey Findings

The Service Provider Survey was administered at two separate ASQ training events:

- **Cohort 1:** Public Health Nurses (PHNs) from Wellness Services, Chinook Health. ASQ training session was held on February 13, 2008.
- **Cohort 2:** Health care providers representing GAWM partner agencies. ASQ training session was held on March 11, 2008.

Preliminary findings are presented in this report. The paragraphs that follow summarize these findings.

Trainee Demographics

Descriptive statistics, identified by the proportion of those trainees that represent a standard set of demographic characteristics, were generated. The results of this analysis are illustrated in Table 1. These results are to be used for descriptive purposes only.

Table 1: Trainee Demographics (Cohort 1 & 2)

Demographic Characteristics	Sub-variables	Cohort 1	Cohort 2
		n (%)	n (%)
Gender	Female	40	25
Age	20-29 years	13 (32.5%)	2 (8.0%)
	30-39 years	12 (30.0%)	9 (36.0%)
	40-49 years	6 (15.0%)	9 (36.0%)
	50-59 years	7 (17.5%)	4 (16.0%)
	60-69 years	2 (5.0%)	1 (4.0%)
	Missing data	--	--
Discipline	Public Health Nurse	38 (95.0%)	--
	Occupational Therapist	--	1 (4.0%)
	Educator	--	10 (40.0%)
	Day Care/Home Staff	--	2 (8.0%)
	Missing variable(s)	2 (5.0%)	12 (48.0%)
Highest Level of Education	University (Masters)	--	2 (8.0%)
	University (Bachelors)	34 (85.0%)	12 (48.0%)
	College Certificate	--	7 (28.0%)
	Diploma	--	4 (16.0%)
	Missing data	6 (15.0%)	--
Years in Current Practice	0-9 years	26 (65.0%)	19 (79.2%)
	10-19 years	4 (10.0%)	1 (4.2%)

	20-29 years	2 (5%)	2 (8.3%)
	30-39 years	7 (17.5%)	2 (8.3%)
	40-49 years	0 (0.0%)	0 (0.0%)
	Missing data	1 (2.5%)	1 (4.2%)
Practice Location	Urban	23 (57.5%)	7 (28.0%)
	Rural	13 (32.5%)	11 (44.0%)
	Urban/Rural	4 (10.0%)	7 (28.0%)
Previous ASQ Training	Yes	33 (82.5%)	8 (32.0%)
	No	7 (17.5%)	17 (68.0%)
Last time trainee was trained to use the ASQ.	2008	25 (62.5%)	--
	2007	1 (2.5%)	4 (16.0%)
	2006	6 (15.0%)	3 (12.0%)
	2004	--	1 (4.0%)
	2003	2 (2.5%)	--
	Missing data	7 (17.5%)	17 (68.0%)

One hundred percent of the PHN trainees were women. Approximately 53% of the trainees were less than 40 years of age (i.e. 32.5% were 20-29 y.o.a. and 30.0% were 30-39 y.o.a.); the remaining 47% of trainees were more than 40 years of age (i.e. 15.0% were 40-49 y.o.a., 17.5% were 50-59 y.o.a., and 5.0% were 60-69 y.o.a.). Sixty-five percent of the trainees have worked in their current profession for approximately 9 years with the remaining 35% of trainees working more than 10 years in their current profession. Over 50% of the trainees primarily worked in an urban setting (i.e. Lethbridge) while 32.5% of trainees had primarily worked in a rural setting; the remaining 10% of trainees worked in both settings. Approximately 80% of the trainees had previous ASQ training in the last two years whereas 17.5% were obtaining ASQ training for the first time.

One hundred percent of cohort # 2 were women. Approximately 36% of the trainees were 30-39 y.o.a. and 40-49 y.o.a. respectively. The remaining 28% of the trainees were either 20-29 y.o.a. (8.0%) or more than 50 y.o.a. (20.0%). This group consisted of trainees representing many disciplines. Forty percent of the trainees were Educators (i.e. paraprofessionals), 8% were day care/home staff, 4% represented a professional group (e.g. Occupational Therapist), and the remaining 48% chose not to respond to this question. More than 50% of the respondents were university educated (i.e. 48% had a Bachelors degree and 8% had a Masters degree). The remaining 44% of respondents had earned a college certificate (28%) or a diploma (16%). Approximately 80% of the trainees had worked in their current profession for less than 10 years. The remaining 20% have worked in their current profession for more than 20 years. Approximately 44% of the trainees worked in rural locations, 28% worked in an urban centre (i.e. Lethbridge), and the remaining 28% worked in both rural/urban settings. Approximately 68% of the trainees

had no previous ASQ training whereas 32% had received ASQ training in the past 3-5 years.

Survey Findings

The difference between trainee’s responses at Time 1 (T1; immediately before the ASQ training session) and Time 2 (T2; immediately after the ASQ training session) were assessed using paired t-tests. The paired t-test compares the mean (i.e. average) response of two paired observations (on the same matched individuals or groups). This test will determine were significant differences (i.e. $p \leq 0.05$) occurred in the trainee’s responses from T1 to T2. Each cohort was treated separately for this analysis. Preliminary findings are discussed in the following paragraphs.

A) PHN Cohort

Few differences were also observed between T1 and T2 responses from the PHN cohort. However, significant differences were observed for question items 3, 7, 8, and 15:

- **Question # 3:** The ASQ can effectively detect a developmental delay in 18-36 month old children. Trainee’s responses ranged from ‘strongly agree’ to ‘undecided’.
- **Question # 7:** I have time in my work day to screen 18-36 month old children for a developmental delay. Trainee’s responses ranged from ‘agree’ to ‘strongly disagree’.
- **Question #8:** Once I identify a developmental delay in a child, I feel confident in managing referrals. Trainee’s responses ranged from ‘strongly agree’ to ‘disagree’
- **Question #15:** Once I identify a potential developmental delay, I am confident that follow-up services are available. Trainee’s responses ranged from ‘strongly agree’ to ‘undecided’.

Eighty five percent of the trainees stated they were interested in learning more about early childhood development (ECD) at T1; however, by T2 72.5% of trainees were interested in learning more about ECD. Table #2 illustrates the ECD interests of the trainees at T1 and T2. When asked if they were interested in learning more about early screening, approximately 88% of trainees were interested in learning more about developmental screening at T1. By T2, 70% of trainees were interested in learning more about this topic. Table #3 illustrates the developmental screening interests of the trainees at T1 and T2.

Table #2: Early Childhood Development Interests of PHN ASQ Trainees

Time 1	Time 2
<ul style="list-style-type: none"> ■ ECD review including developmental milestones at various age stages (e.g. 	<ul style="list-style-type: none"> ■ Brain development in babies and toddlers ■ I would enjoy presentations with each

<p>language and motor)</p> <ul style="list-style-type: none"> ■ Strategies used to promote development ■ Brain/neurological development and early experiences/stimulation etc. ■ Explaining to parents what the delay means and how to handle situations which are abnormal - what to look for? ■ Gender differences, premature babes ■ Obtaining info re. developmental stages. Ability to observe these without formally conducting an ASQ ■ Statistics showing # of children with developmental delays. Evaluation (e.g. effectiveness of screening) 	<p>separate area especially speech- and physiotherapists</p> <ul style="list-style-type: none"> ■ More information on autism, physiotherapist, speech, as well as resources ■ normal markers for various ages, and when to be concerned ■ Specific services obtained from PTs, OTs, behaviour therapists, etc. ■ More information on developmental landmarks (e.g. tip-toes, jolly jumpers, feeding, etc)
---	---

Table #3: Screening Interests of PHN ASQ Trainees

Time 1	Time 2
<ul style="list-style-type: none"> ■ Learn how to screen for developmental delays, as well as obtaining information to do so, without having to refer to an ASQ ■ Learn how to conduct a developmental screen at a Well Child Clinic Visit ■ Proper screening implementation and assessment skills ■ More information on specific delays (e.g. physical development, speech, etc) ■ How the ASQ works in defining developmental delays ■ How to screen low- to no-English populations (i.e. extreme low literacy) ■ Knowing what the normal parameters of development to notice the delays ■ Statistics showing # of children with developmental delays. Evaluation (e.g. effectiveness of screening) 	<ul style="list-style-type: none"> ■ autism, ocd (i.e. how they are identified?) ■ Cut offs for developmental milestones ■ ESL, low literacy, and combination of both ■ Information from disciplines about areas that may be of concern (e.g. PT = gross motor skills child not doing a particular thing) ■ More on resources available ■ Review program, access – A contact name for questions/concerns ■ What to monitor without the ASQ in front of us

B). March 2008 Cohort

Few differences were also observed between T1 and T2 responses from the March 2008 trainee cohort. However, significant differences were observed for question items 10, 16, and 17:

- **Question #10:** Parental concerns about their child's development are valid indicators of a developmental delay(s). Trainee's responses ranged from ___ to ___.
- **Question #16:** A developmental check-up is effective in determining developmental delays in children. Trainee's responses ranged from ___ to ___.
- **Question #17:** A developmental check-up offers immediate benefits to a child and their family. Trainee's responses ranged from ___ to ___.

Eighty percent of the trainees stated they were interested in learning more about early childhood development (ECD) at T1; however, by T2 72% of trainees were interested in learning more about ECD. Table #4 illustrates the ECD interests of the trainees at T1 and T2. Seventy six percent of the trainees stated they were interested in learning more about early screening for developmental delays at T1; however, by T2 56% of trainees were interested in learning more about this topic. Table #5 illustrates the developmental screening interests of the trainees at T1 and T2.

Table #4: Early Childhood Development Interests of March 2008 ASQ Trainees

Time 1	Time 2
<ul style="list-style-type: none"> ■ Behaviour ■ Brain/neurological development ■ Pre-school screening (i.e. early detection and intervention of developmental delays) ■ Methods of working with day cares/homes ■ Course work: 'Learning Language & Loving It' 	<ul style="list-style-type: none"> ■ All areas of ECD ■ Brain/neurological development (e.g. ways to stimulate brain development in different age groups) ■ Course work: 'Learning Language & Loving It' ■ Parenting styles and early childhood development ■ Personal-social development ■ Pre/Post natal education/training sessions ■ Ways to encourage skills development

C) Overall Summary

Significant differences observed within T1 and T2 trainee responses from either cohort may be associated to ASQ training (i.e. the ASQ training may have changed this cohort's perspectives regarding the ASQ's effectiveness; perceived amount of time to administer and score an ASQ;

the validity of parental concerns in the assessment of a child's development; the effectiveness and perceived benefit of a developmental check-ups; and confidence in the referral sources and follow-up services). The paired t-test results demonstrated that there were no commonalities between the two trainee cohorts. This may be associated to their discipline, education level, age, or practice location (i.e. rural, urban, or rural/urban). These differences require further inquiry. The results of this analysis will be shared in future reports.

Table #5: Screening Interests of March 2008 ASQ Trainees

Time 1	Time 2
<ul style="list-style-type: none"> ■ Any further training & practice ■ More in-depth information about developmental delay. ■ Communication with parents; encouraging them to follow-up with services. ■ Accurately scoring ASQs when questions are missed ■ Implementation of ASQs and referral mechanisms ■ Implementation of the Social-Emotional ASQ ■ Method(s) of approaching parents about developmental screening ■ Other developmental screening tools besides the ASQ 	<ul style="list-style-type: none"> ■ All areas ■ I am eager to use what I have gained and go from there ■ More information on various developmental delays ■ Preschool/training sessions ■ Referral to other services (i.e. convincing parents to follow through with suggested referral) ■ Social-Emotional ASQ ■ Training will assist me in helping parents get developmental check-up services ■ Workshops (e.g. autism, average (typical) child development, etc)

Appendix 4

Service Provider Survey, Consent and Partnership Effectiveness survey and Focus Group Guide

Please contact the Evaluation Co-Lead to obtain information or permission to use the tools included in this report.

Service Provider Survey & Corresponding Consent Form



4401 University Drive
Lethbridge, Alberta, Canada
T1K 3M4

Phone 403.329.2699
Fax 403.329.2668

health.sciences@uleth.ca
www.uleth.ca

February 13, 2008

Dear Workshop Trainee:

Chinook Health and community partners are implementing an integrated initiative entitled the 'Grow Along With Me' project. Your training constitutes capacity development with regards to implementing this universal screening initiative. Part of the evaluation of this initiative includes your perspectives and attitudes about developmental check-ups before a training session (Time 1), at the end of a training session (Time 2), and 6months following a training session (Time 3).

Completing this self-administered survey will require about 10 minutes of your time. We are simply interested in your perspectives. There are no anticipated risks or discomforts related to this study. By participating in this study, you may also benefit others by helping people understand the impact of the training sessions on attitudes toward developmental check-ups.

Several steps will be taken to ensure your anonymity and confidentiality. The surveys will not identify your name or any other information that would link you with them. A master list of participant names and addresses will be secured (kept under lock and key) in Dr. Gregory's office at the University of Lethbridge. Your completed survey and the master list of names will be kept in separate, locked filing cabinets at the University of Lethbridge. Only Dr. Gregory or his research assistants (sworn to confidentiality) will have access to the anonymous surveys. Thus, the risk of linking your name with the completed survey is extremely low. In addition, all information gathered from the surveys will be aggregated (grouped together) and no individual responses will be revealed. All information will be destroyed as confidential waste after seven years time.

Your participation in this study is completely voluntary; you may decide to withdraw from the study at any time for any reason. There are no negative consequences should you decide not to participate in this study. If you decide not to participate after Time 1 (e.g., Time 2 or Time 3), you may notify Dr. Gregory and no additional surveys will be sent to you. There is no compensation for participation in this study.

The results from this study will be presented in Chinook Health newsletters (e.g., Interchange, The Compass), a Chinook Health hosted webpage (<http://www.growalongwithme.ca/>), local newspapers, etc. The results may also be presented in person at professional conferences or published in journals read by clinicians and researchers interested in early childhood development. At no time, however, will your name be used or any identifying information revealed.

If you require any information about this study, or would like to speak to one of the researchers, please call Dr. David Gregory at 329-2432 or e-mail him at david.gregory@uleth.ca at the University of Lethbridge. If you have any other questions regarding your rights as a participant in this study, you may also contact the Office of Research Services at the University of Lethbridge at 403-329-2747.

I have read (or have been read) the above information regarding the 'Grow Along With Me' project.

_____ (Printed Name)

_____ (Signature)

_____ (Date)



Service Provider Survey

The 'Grow Along With Me' project was designed to enhance existing developmental screening services for 18-36 month old children residing in the Chinook Health region. The purpose of this project is to create an integrated continuum of services across the region by bringing together the knowledge and expertise of project partners and their staff to build an evidence-based service model that will better serve children and their families in the communities where they live.

An evaluation framework has been developed for this project. Part of the evaluation includes surveying care provider's knowledge, attitudes, and perspectives about developmental check-ups at three time intervals: (i.e., before a training session; immediately after a training session; and 6 months after the training). We will need approximately **10 minutes** of your time to complete this survey. Please begin by completing the demographics section and then move onto the next page.

I. DEMOGRAPHICS

1. Age: _____ years		
2. Gender:	<input type="radio"/> Male	<input type="radio"/> Female
3. Education	<i>(i.e., highest level attained. Fill in only one circle)</i>	
	<input type="radio"/> High school completed	<input type="radio"/> University. Highest level achieved: _____
	<input type="radio"/> Trade/business school	<input type="radio"/> Other? _____
	<input type="radio"/> College certificate	_____
4. Discipline:	<i>(Fill in all circles that apply)</i>	
	<input type="radio"/> Speech Language Pathologist	<input type="radio"/> Behaviour Management Specialist
	<input type="radio"/> Occupational Therapist	<input type="radio"/> Educator (IPDE, Parent Link, or GAWM Educator)
	<input type="radio"/> Physiotherapist	<input type="radio"/> Day Care/Day Home Staff
	<input type="radio"/> Public Health Nurse	<input type="radio"/> Other? _____
5. Years in current practice: _____ years		
6. Practice location:	<input type="radio"/> Urban (i.e., Lethbridge)	
	<input type="radio"/> Rural (e.g., Coalhurst, Crowsnest Pass, Pincher Creek, Raymond, Taber, etc.)	
	<input type="radio"/> Both urban and rural settings	
7. (a) Have you had Ages and Stages Questionnaire (ASQ) training?		<input type="radio"/> Yes <input type="radio"/> No
If 'yes'...		
7 (b) when was the last time you were trained to use the ASQ? _____ (mm/yyyy)		

Service Provider Survey

II. STATEMENTS: Please fill in the circle that you agree with most.

Statements	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
1. Screening for developmental delays is a part of my role as a care provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Screening 18-36 month old children for a developmental delay is effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The Ages and Stages Questionnaire (ASQ) can effectively detect a developmental delay in 18-36 month year old children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My post-secondary training enables me to conduct a developmental check-up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My current knowledge is adequate to use an ASQ.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I have the clinical expertise to identify most children with developmental delays in my practice without the use of a formal screening instrument (e.g., ASQ).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I have time in my work day to screen 18-36 month old children for a developmental delay.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Once I identify a developmental delay in a child, I feel confident in managing referrals .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Once I identify a developmental delay in a child, I feel confident in managing follow-up services .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Parental concerns about their child's development are valid indicators of a developmental delay(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I am concerned that false positives (i.e., suggesting a delay when none exists) are commonly associated with developmental screening tools.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I am uncomfortable sharing poor results of a developmental check-up with a family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please go to the next page 

Continue to fill in the circles that you agree with most...

Statements	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
13. Once I identify a potential developmental delay, I am confident that the follow-up services are timely .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Once I identify a potential developmental delay, I am confident that the follow-up services are accessible .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Once I identify a potential developmental delay, I am confident that the follow-up services are appropriate .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. A developmental check-up is effective in determining developmental delays in children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. A developmental check-up offers immediate benefits to a child and their family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My supervisor/manager supports developmental check-ups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. My practice colleagues/peers support developmental check-ups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. There are sufficient resources in my community to provide follow-up services to children with developmental delays.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I am confident in scoring an ASQ.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am interested in learning more about....	Yes		No			
22. Early childhood development (ECD).	<input type="radio"/>		<input type="radio"/>			
<i>If 'Yes', please identify your ECD interest(s) in the space below.</i>						
23. Screening for developmental delays.	<input type="radio"/>		<input type="radio"/>			
<i>If 'Yes', please identify your developmental screening interest(s) in the space below.</i>						

Thank you for completing this survey!
Please hand your completed survey in to the ASQ Trainer.

Partnership Self-Assessment Inventory & FGI Guide

A) GAWM Partnership Self-Assessment Inventory

There are numerous factors associated to a successful partnership. Key elements are listed below. Read each of the following statements and rate your agreement to each statement by filling in the bubble you agree with most. There are no right or wrong answers as we are seeking your opinions and perspectives.

Foundational Factors:						
<i>Those actions that need to be addressed in the initial stages of forming a partnership.</i>						
1	Shared Vision & Goals	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
1.1	I have a clear understanding of what the GAWM project is trying to accomplish.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.2	The GAWM vision is used as a reference point in prioritization of activities and resources and keeping the partnership on track.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.3	My ideas about what we want to accomplish in the GAWM project seems to be the same as the ideas of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.4	Steering committee members know and understand the project goals and objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.5	Steering committee member's roles and responsibilities are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Strong & Shared Leadership	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
2.1	Steering committee members share leadership where appropriate, not overly relying on any one person for all of the leadership functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2	Leadership is facilitative rather than directive , involving steering committee members in decisions, problem solving, and planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.3	Steering committee members are willing and supportive followers, contributing to planning, problem solving, and assisting the project lead in other ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.4	Steering committee members use both successes and mistakes as learning opportunities to increase skills in analysis and future decision making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Shared Problem Definition	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
3.1	Steering committee members can articulate others' concerns and/or interests in the problem being addressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.2	Steering committee members have and use a common approach or framework for addressing problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.3	Meetings are held with the frequency required to ensure full communication, adequate problem solving, and efficient progress towards project goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Interdependency & Complementarity	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
4.1	The GAWM partnership uses and respects the diverse skills, knowledge, and backgrounds of its members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.2	What we are trying to accomplish with the GAWM project would be difficult for any single organization to accomplish by itself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.3	Steering committee members believe that each member's contribution is essential for the total outcome of GAWM's goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continue Interdependency & Complementarily...	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
4.4 Steering committee members and/or their parent organizations have the skills necessary to achieve the GAWM project's goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.5 Steering committee members can speak for the entire organization they represent, not just a part.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Mutual Accountability	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
5.1 Steering committee members share a sense of responsibility for partnership results.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2 Steering committee members pitch-in and help others who are experiencing problems or needing assistance to meet deadlines or outputs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.3 Steering committee members give timely and specific feedback to each other when asked for and when appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sustaining Factors: <i>Those actions which maintain the energy, commitment, and enthusiasm necessary for the partnership over time.</i>					
6. Attention to Process	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
6.1 Steering committee members respond to feedback and criticism without getting defensive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.2 Steering committee members express ideas openly and honestly without irritating others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3 Steering committee members ensure that all voices are heard before decisions are made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.4 The GAWM partnership has agreements for how it will work together and these are used and periodically checked for consistency of use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Communication	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
7.1 Steering committee members are appropriately informed about problems, accomplishments, and progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.2 In partnership discussions that are somewhat argumentative, steering committee members emphasize the open, inclusive, and respectful sharing of thoughts and ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.3 Steering committee members deal openly and constructively with problems and conflict not allowing these to hinder the partner's performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.4 Steering committee members keep their parent organization informed about GAWM partnership's activities, challenges, and progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Decision Making/Power Equity	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
8.1 The partnership's decision making process is clear and transparent to all members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.2 Steering committee members can provide input and have equal opportunity to influence decisions and the direction of GAWM project's strategy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.3 Resource allocation within the GAWM partnership is transparent and in line with principles agreed upon by the partnership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.4 Decisions are recorded and shared with all those involved or affected by the decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Trust	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
9.1 Steering committee members share and act according to agreed upon values regarding the expected output of the partnership and the processes for carrying out the work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.2 Steering committee members deliver on promises and commitments made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.3 Steering committee members are direct about organizational interests and expectation; keeping covert and hidden agendas to a minimum.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.4 Steering committee members are willing to compromise or make organizational sacrifices of self-interest so that the needs of others are met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Credit	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
10.1 The GAWM partnership has explicit agreements on how to handle visibility, authorship, and intellectual property of individual members/organizations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.2 Steering committee members recognize contributions to the GAWM partnership by individuals and their organizations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.3 Steering committee members share responsibility to ensure parent organizations demonstrate commitment to broader partnership goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.4 Steering committee members are watchful for opportunities to acknowledge others for their contributions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sources:

- 1) Partnership Self Assessment Inventory was developed by the Simmons Institute for Leadership and Change, Simmons College, Boston, MA (May 1999). Inventory was retrieved on April 8, 2008 from <http://www.trg-inc.com/orgchange/PartnershipSelf-assessmentformwithcover2.pdf>
- 2) Hasnain-Wynia R, Sofaer S, Baxxoli GJ, Alexander JA, Shortell SM, Conrad DA, Chan B, and Sweney J. Members' perceptions of community care network partnerships' effectiveness. Medical Care Research and Review, Vol. 60(4):40S-62S.
- 3) The Wilder Collaboration Factors Inventory Form was retrieved on April 8, 2008 from <http://www.cahs.colostate.edu/ccp/PDF/The%20Wilder%20Collaboration%20Factors%20Inventory-Reformat.pdf>

B) Benefits of Participating in the GAWM Project

A number of benefits may occur, or may have already occurred, as a result of your participation in the 'Grow Along With Me' project. Please read the following statements and rate your agreement with each statement by filling in the bubble you agree with most.

Example benefits or participation...	Great benefit	Moderate benefit	Don't know	A little benefit	No benefit
1 Developing collaborative partnerships with other organizations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Helping my organization move towards its goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Accessing target populations (i.e. 18-36 month old children and their parents) with whom we've previously had little contact.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Having my organization receive funding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Getting client services for children and their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Getting client referrals for children and their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Being perceived as a leader in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Raising the public profile of my organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Increasing my professional skills and knowledge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Staying well informed about early childhood development (ECD) in a rapidly changing environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Increasing my sense that others share my goals and concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Learning about specific early childhood development and developmental screening services/programs available in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Hasnain-Wynia R, Sofaer S, Baxxoli GJ, Alexander JA, Shortell SM, Conrad DA, Chan B, and Sweney J. Members' perceptions of community care network partnerships' effectiveness. Medical Care Research and Review, Vol. 60(4):40S-62S.

C) Level of Satisfaction Associated to Involvement in the GAWM Project

Some problems may occur, or may have already occurred, as a result of you and your organizations participation in the 'Grow Along With Me' project. Please read the following statements and rate your agreement to each statement by filling in the bubble you agree with most.

I am satisfied...	Good	Fair	Poor	No Opinion
1). with the GAWM project's steering committee functioning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please explain:				
2). with the GAWM project's communication sub-committee functioning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please explain:				
3). with the GAWM project's evaluation sub-committee functioning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please explain:				
4). with the GAWM project's training sub-committee functioning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please explain:				
5). with the GAWM project's training activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please explain:				
6). with the GAWM project's current accomplishments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please explain:				
7). that my personal participation in the GAWM project is worthwhile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please explain:				
8). with the GAWM project's overall progress to date?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please explain:				

Source: Question 6 is based on the 'Coalition Effectiveness Questionnaire' developed by the Chicago Southeast Diabetes Community Action Coalition. This document was sourced on March 5, 2008 from www.uic.edu/jaddams/csdcac/REACH-forms/C3_Coal%20Effectiveness_REV.pdf

GAWM Steering Committee FGI Interview Guide

1. Based on your ratings, which two partnership building factors do you believe are enhancing the GAWM partnership at this time? Please explain.

Probe: How are we doing?

2. Which two partnership building factors need improvement? Please explain.

Probe: What issues or concerns are undermining progress made by the 'Grow Along With Me' project?

3. In your opinion, what specific changes/actions would improve these areas? Please explain.

4. Is there anything else you would like to share about the steering committee's progress in building the GAWM partnership?

Sources:

1) Partnership Self Assessment Inventory was developed by the Simmons Institute for Leadership and Change, Simmons College, Boston, MA (May 1999). Inventory was retrieved on April 8, 2008 from <http://www.trg-inc.com/orgchange/PartnershipSelf-assessmentformwithcover2.pdf>

2) David Gregory

Appendix 5

Grow Along with Me Growth Chart

Appendix 6

Grow Along with Me Brochures

Appendix 7

Screenshot of the Grow Along with Me Website

Welcome to Grow Along With Me - Supporting Child Development in Southern Alberta

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address <http://www.growalongwithme.ca/> Go Links

April 17, 2008

Grow Along With Me

- About GAWM
- Info for Parents
- Info for Professionals
- Developmental Checkups
- Links
- Sitemap

Supporting families for healthy child development

Just like visiting the dentist, having an eye appointment or seeing a doctor, it's important to schedule a developmental checkup for your child. The **Grow Along with Me** project is focused on reaching all children 18 to 36 months and ensuring their families receive the support they need to foster healthy growth and development.

It's exciting and rewarding to see your child learn and grow. During the early years of life, this is something that happens almost daily. At this time, your child's success depends greatly on your participation in the learning process.

Learn more about [upcoming community developmental checkups](#) March 31st to May 2nd, 2008

For more information please contact Grow Along With Me at (403) 388-6575 or by email at info@growalongwithme.ca.

Search our website

Search

Partners

- Chinook Health
- parent resource centre
- HEALTHY AS TEACHERS
- Community LINKS
- SOUTHWEST ALBERTA
- University of Lethbridge

Copyright 2008 Grow Along With Me

About GAWM | Info for Parents | Info for Professionals | Developmental Checkups | Links | Sitemap | Search

Internet

Appendix 8

Map of the Grow Along with Me Project Boundary

