COMMON BEHAVIOR CONCERNS

IN YOUNG CHILDREN

Anoka County Children and Family Council

Fall 2015

COMMON BEHAVIOR CONCERNS IN YOUNG CHILDREN

Children's Mental Health Fact Sheets for Early Childhood

All children have mental health needs. Behaviors change as children grow and develop. Mental health needs and behavior concerns are often tied together. A child's behavior may be typical for his/her age or the behavior may indicate the need for further information and support. At times, parents and early childhood care professionals may have questions or concerns about a child's behavior. The fact sheets are meant as a first point of reference for those who live and work with young children.

Go to www.anokacounty.us/accfc to download fact sheets.

Each fact sheet lists a frequent early childhood behavior concern, some things to consider about the behavior and possible resources for families and professionals. In many situations, those who know the child well will be the best source of information, such as parents, early child care professionals or the child's pediatrician.

It can be difficult for a parent to make the first call for help. The professionals listed under the resource section have all had a great deal of experience working with children and parents, and understand the issues. If an early childhood professional has concerns about a child's development, parent permission is required before a referral is made.

Early intervention often provides the best outcome.

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About the Anoka County Children and Family Council

The Anoka County Children and Family Council is made up of Anoka County, Anoka County Community Action Program, the school districts of St. Francis, Anoka-Hennepin, Forest Lake, Centennial, Spring Lake Park, Fridley and Columbia Heights; parents and community agency representatives from Emma B. Howe YMCA, Lee Carlson Center, Lord of Life Church, Anoka County Sheriff's Office and Alexandra House. The council's mission is to nurture collaborative efforts by building bridges and networks between people and agencies who share a vision of a healthier community for children and families.

www.anokacounty.us/accfc

AGGRESSIVE BEHAVIORS

Definition:

Actions or words that threaten or cause physical or emotional harm to others or to self.

Behavior:

Why could this be happening?

- Aggressive behavior generally stems from an inability to control behavior or from a misunderstanding of what behaviors are appropriate.
- If a child is HALT (hungry, angry, lonely, or tired).
- Illness (a child may become aggressive when experiencing pain or physical discomfort).
- Exposure to violent/aggressive behavior by others in the home or by watching TV or movies with violent content.
- A child is not able to express wants, needs or feelings by using words.

Typical Development:

- Occasional outbursts of aggression are common and even normal.
- A child under age 3 who is unable to use words to communicate will typically use aggression to get what he/she wants.
- Once a child gains the verbal skills to communicate with other children and adults effectively (usually between the ages of 2 - 3), the amount of aggression should decrease significantly.

When to be Concerned:

- If there is a pattern or an increase in the number (frequency) of aggressive incidents.
- If the aggressive behavior impacts the child's ability to make friends.
- If the child is unable to verbally communicate basic needs/wants by age 2 ½.
- If the child significantly injures himself or others intentionally.

Possible Resources:

Help Me Grow, Early Childhood Family Education, pediatrician, occupational therapist, mental health professional

BITING

Definition:

Using the mouth/teeth to cause or threaten to cause pain or injury to self, others or things.

Behavior:

Why could this be happening?

- Biting is often a form of communication. Without language skills, a child uses his/her body to communicate.
- As a way to cope with a challenge or fulfill a need.
- A child may be ill (especially if chronic ear infections).
- A child may be teething.
- A child has been bitten by another child.

Typical Development:

- Biting is the first aggressive action an infant learns as a way to control the environment.
- When frustrated, biting is common for children under age 2 ½.
- Toddlers and older children often use biting for expressing aggression toward their parents and other children, especially during play or as a means of gaining attention.
- Most children normally outgrow the tendency unless they have emotional or sensory problems.

When to be Concerned:

- If the biting persists over a long period of time (over two months).
- If the child is over age 3.

Possible Resources:

Help Me Grow, Early Childhood Family Education, pediatrician, occupational therapist, mental health professional

DESTRUCTIVE BEHAVIOR

Definition:

The destruction of items, such as furniture, doors or toys.

Behavior:

Why could this be happening?

- A child has experienced major changes (i.e. new baby in the home, illness or death of a family member, moving to a new home).
- Medical concerns (chronic ear infections, chronic pain, sensory integration issues).
- Limits are not stated or enforced consistently regarding this behavior.

Typical Development:

- Children under age 2 ½ typically "experiment" with some destructive behavior (ripping paper or books, throwing objects).
- As a child gains more verbal skills and self-control, destructive behavior usually decreases.

When to be Concerned:

- If the severity of the child's behavior endangers other children or adults.
- If the behavior appears to be out of the child's control.
- If the behavior is repetitive and doesn't decrease as the child grows older.

Possible Resources:

Help Me Grow, Early Childhood Family Education, pediatrician, mental health professional, early childhood screening

DIFFICULTY MAKING FRIENDS

Definition:

The inability to make friends.

Behavior:

Why could this be happening?

- A child has limited experience with other children.
- A child needs help learning to enter a play situation or knowing how to keep play going.

Typical Development:

- Children under age 3 often have difficulty playing with other children.
- Most children become more social as they move through the preschool years.
- Children become more able to share between the ages of 3 - 5.

When to be Concerned:

- If other children fear a child or avoid playing with him/her.
- If a child purposely hurts other children.
- If a child doesn't have at least one friend.
- If a child needs significant adult help when playing with other children.
- If a child watches others play and seldom joins in the play.

Possible Resources:

Help Me Grow, Early Childhood Family Education, preschool or child care, mental health professional

IMPULSIVE BEHAVIOR

Definition:

Acting before thinking about what happens next AND without an apparent trigger.

Behavior:

Why could this be happening?

- Children who are over-tired, anxious or over-stimulated may appear fidgety or be very physically active.
- Children may act impulsively in a chaotic or over-stimulating environment.

Typical Development:

- Toddlers and preschool children often demonstrate a high activity level because they are learning and exploring their environment.
- The activity level of a child usually decreases as he/she grows older.

When to be Concerned:

- If a child's level of impulsivity or high activity doesn't appear to decrease as he/she grows older (particularly between the ages of 3 - 5).
- If a child doesn't seem to be learning from mistakes or consequences.
- If a child doesn't develop safety awareness over time (particularly between the ages of 3 - 5).
- If after age 3 or 4, a child is not able to play with others due to a short attention span.
- If a child switches activities more frequently than other children his/her age.
- If a child has difficulty falling asleep or staying asleep.

Possible Resources:

Help Me Grow, Early Childhood Family Education, pediatrician

NAME CALLING, SWEARING AND INAPPROPRIATE LANGUAGE

Definition:

Saying things, swearing and/or name calling to an extreme that doesn't fit the situation.

Behavior:

Why could this be happening?

- A child receives a reaction from adults or other children which he/she finds reinforcing.
- A child has not been taught which words are inappropriate.
- A child is around others that use swearing as a "normal" part of conversation.

Typical Development:

- All children test the limits of adults by trying out new words occasionally.
- Most children do not know the meaning of swear words.
- Children will repeat words that get a big reaction from adults.

When to be Concerned:

- If swearing is uncomfortable.
- If swearing is like a vocal tic (repetitive-like grunt, yelps, etc…).
- If swearing does not decrease following corrective intervention.

Possible Resources:

Help Me Grow, Early Childhood Family Education, preschool or child care

SENSORY ISSUES

Definition:

Sensitivity to touch, taste, sound, sight and smell so that it is unbearable or uncomfortable for the child; or showing too little reaction to one or more of the senses to where it can be harmful.

Behavior:

Why could this be happening?

A sensory disorder causes a child to be sensitive (either over or under) to touch, sights, sounds, smells and sensations of movement in space.

Typical Development:

Children:

- Play with a variety of toys and textures.
- Explore tasting a variety of foods.
- Allow their hair to be washed and teeth brushed without severe reactions.
- Have typical sleeping patterns.

When to be Concerned:

- A child is irritated by some types of clothes and shoes.
- Bright, florescent lights may cause irritability or a meltdown.
- A child has a very limited diet and strongly resists foods because of the texture.
- Routine tasks, such as brushing teeth or combing and/or cutting hair, are nearly impossible to accomplish.
- A toddler loves or hates rough-and-tumble play.
- A child appears annoyed when touched too gently. For infants, this may mean they don't want to be cuddled or may prefer firm swaddling.
- A child has difficulty sleeping if a room isn't completely dark.
- A child has an unusual response to temperature (over/under dressing for weather).
- A child has an under-reaction to pain.

Possible Resources:

Help Me Grow, early childhood screening, pediatrician, occupational therapist, mental health professional

SEPARATION DIFFICULTIES

Definition:

Intense fear or worry experienced by a young child when anticipating separation or when separated from a primary caregiver.

Behavior:

Why could this be happening?

- A child has experienced a significant stressful event.
- A child is fearful or nervous about a new or unfamiliar situation.
- A child is fearful or nervous when separated from a loved one.

Typical Development:

- Considered normal healthy development for young children, starting around 8 - 14 months.
- Some children are nervous in unfamiliar environments and tend to be clingy.
- As they get more familiar with a new place, children will be less clingy.

When to be Concerned:

- When this behavior occurs in children over the age of 6.
- A child refuses to go to school/daycare or separate from the caregiver.
- A child refuses to sleep without the caregiver.
- If the behavior lasts more than 4 - 6 weeks.

Possible Resources:

Help Me Grow, Early Childhood Family Education, pediatrician, mental health professional

SEXUAL BEHAVIORS

If your child has reported that he/she has been sexually abused, please contact your local police department or child protection agency.

Anoka County Child Protection 763-422-7125

Hennepin County Child Protection 612-348-3552

Definition:

Excessive touching, viewing or showing one's genitals to peers or adults that makes others uncomfortable; asking a peer or adult to engage in sexual activity using physical force or coercion; touching of one's private parts in a public place.

Behavior:

Why could this be happening?

- Children often imitate the behavior of others. A child may be imitating behavior she/he sees or hears. (Be aware of what or to whom the child is exposed. Monitor television, videos and the internet closely.)
- A child may have received a lot of attention for inappropriate sexual behavior and/or received a powerful reaction.

Typical Development:

- Young children are naturally curious about their bodies and the bodies of others.
- Toddlers often explore their own bodies and learn about their body parts through touch.
- Young children may engage in genital play or stimulation to reduce tension or to help them fall asleep.
- Young children may engage in play (for example "Doctor") that includes looking and touching to learn about the differences between their bodies.
- A child may ask questions about mom's or dad's body ("Why don't I have breasts like mommy?" or "Why is daddy's penis bigger than mine?").

- A child may occasionally experiment with sex words or poop/pee talk to be silly or to gain attention.
- Children need information, limits and boundaries regarding appropriate sexual behavior. Teach about "good touch and bad touch."

When to be Concerned:

- If behavior is persistent and cannot be redirected.
- If there are sudden changes in sexual behavior or interest that is not age appropriate.
- If there are physical signs of infection or pain or irritation of genitals.
- If a child is acting out sexual behavior that could harm self or others.
- If a child's sexual behaviors are beyond the range of "normal".
- If a child has nightmares, new fears of falling asleep or of the dark.
- If a child "targets" victims in terms of younger or more vulnerable children.

Possible Resources:

Midwest Children's Resource Center, Early Childhood Family Education, pediatrician, child psychologist/ mental health professional

SLEEP DIFFICULTIES

Definition:

Not wanting to go to sleep with prolonged fighting about bedtime; not being able to fall asleep; waking up in the night and unable to go back to sleep; often needing parental help to fall asleep consistently; a sleeping pattern of mixed up days and nights.

Behavior:

Why could this be happening?

- Nighttime waking may occur because a child is too warm/cold, thirsty or having a bad dream.
- A child may have difficulty falling asleep at night if he/she is not tired (consider decreasing or eliminating nap time).
- A child may be overly tired or there may be too much activity before bed (wrestling, loud TV, etc.), making it difficult for the child to fall asleep.
- Routines are not established.
- Child may be ill or teething.
- Child has recently experienced a change such as a new home, new sibling, death or divorce in the family.
- A child may have a medical condition such as sleep apnea.

Typical Development:

- Children between 3 - 5 need 10 - 14 hours of sleep per day.
- Nightmares and night terrors are normal.
- Children adapt best when a routine is followed each night.
- Children gradually give up naps during preschool years; a few children give up naps in their toddler years.
- Staying dry through the night is not expected until about age 6.

When to be Concerned:

- If a child snores or has interrupted breathing during sleep. This may indicate sleep apnea.
- If a child doesn't get 10 - 14 hours of sleep per day due to difficulty falling asleep or staying asleep.
- If a child experiences bedwetting after age 7.

Possible Resources:

Help Me Grow, Early Childhood Family Education,
public health nursing, pediatrician, mental health professional

SOCIALLY WITHDRAWN/ EXCESSIVE SHYNESS

Definition:

Frequently avoiding social events and playing with others, including peers.

Behavior:

Why could this be happening?

- Some children are shy by temperament.
- Children sometimes become shy in new situations or during times of change (such as a move, divorce, death in the family, etc.).
- If a child has had few experiences with peers, he/she may not know how to enter groups or play situations.

Typical Development:

- Children under age 3 often play alongside other children, rather than with them.
- Some children prefer to watch or observe before they begin an activity or enter a new situation.
- Children usually begin wanting to play with other children in the preschool years.

When to be Concerned:

- If behavior interferes with learning in a school or child care situation.
- If a child suddenly becomes traumatized or depressed.
- If a child doesn't speak in specific situations, but will speak in others.

Possible Resources:

Help Me Grow, Early Childhood Family Education, mental health professional

TEMPER TANTRUMS/ OPPOSITIONAL BEHAVIOR

Definition:

A violent demonstration of rage or frustration that is lengthy and noisy with screaming, kicking and possibly throwing oneself to the ground.

Behavior:

Why could this be happening?

- The rules change or are inconsistent regarding expected behavior.
- Consequences are implemented inconsistently or are not enforced immediately following inappropriate behavior.
- A child may be motivated to continue oppositional behavior to gain one-on-one attention or to avoid or distract the adult from giving a consequence.

Typical Development:

- Temper tantrums are typical for toddlers and should decrease during preschool years.
- Power struggles with preschool children are not unusual.
- Toddler and preschool children need clear rules and predictable consequences to help them feel safe.

When to be Concerned:

- If behaviors become violent and dangerous to a child or to others.
- If the tantrums/oppositional behavior have increased in frequency (number) and length.
- If a child isn't successful in their early childhood settings due to power struggles, tantrums or oppositional behavior.
- If a child is persistent about things being in a particular order or in a particular way.
- If power struggles consistently occur over seemingly "little things" or occur during times of transition (leaving the house, getting dressed, doing activities in a different way).
- If certain sounds, types of touch or texture of clothing "trigger" tantrums on a consistent basis.
- If conflicts or struggles occur because a child gets "stuck" on a certain thought, topic or activity.

Possible Resources:

Help Me Grow, Early Childhood Family Education, pediatrician, mental health professional, occupational therapist

RESOURCES

COMMON BEHAVIOR CONCERNS IN YOUNG CHILDREN

COUNTY RESOURCES

Anoka County Community Health and Environmental Services (Public Health Nursing) 763-422-6970

Anoka County Crisis Mobile Response 763-755-3801

Canvas Health's mobile response team responds to mental health crises or emergencies with face-to-face assessment, intervention and stabilization services at home, school or in the community.

www.canvashealth.org/counseling/crisis-counseling

Children's Mental Health:

Anoka County. 763-712-2722
Hennepin County 612-348-4111

Child Protection:

Anoka County. 763-422-7125
Hennepin County 612-348-3552

SCHOOL DISTRICT RESOURCES

Early Childhood Family Education (ECFE): Sliding Fee

ECFE offers parent education, support and consultation; including parent/child activities, classes and home visits. Each school district has an ECFE program that offers many different educational and fun experiences for children birth to kindergarten.

Anoka-Hennepin School District #11 763-506-1275
www.anoka.k12.mn.us

Centennial School District #12. 763-792-6120
www.isd12.org

Columbia Heights School District #13 763-528-4423
www.colheights.k12.mn.us

Forest Lake School District #831 651-982-8300
www.forestlake.k12.mn.us

Fridley School District #14 763-502-5123
www.fridley.k12.mn.us

St. Francis School District #15 763-753-7170
www.stfrancis.k12.mn.us

Spring Lake Park School District #16 763-600-5900
www.springlakeparkschools.org

Early Childhood Special Education (ECSE): No Fee

ECSE offers assessment and intervention for children ages 3 - 5.

Anoka-Hennepin School District #11 763-433-4800
www.anoka.k12.mn.us

Centennial School District #12. 763-792-6123
www.isd12.org

Columbia Heights School District #13 763-528-4448
www.colheights.k12.mn.us

Forest Lake School District #831 651-982-8131
www.forestlake.k12.mn.us

Fridley School District #14 763-502-5146
www.fridley.k12.mn.us

St. Francis School District #15 763-753-7170
www.stfrancis.k12.mn.us

Spring Lake Park School District #16 763-600-5900
www.springlakeparkschools.org

Help Me Grow 1-866-693-GROW (4769)

If you have concerns about a child's development and a child might need a little extra help to learn, don't hesitate to refer a child. The family can be contacted to arrange for a screening or evaluation to determine if a family is eligible for infant and toddler intervention or preschool special education services.

www.helpmegrowmn.org

MENTAL HEALTH SERVICE PROVIDERS

Fraser Anoka County. 763-231-2590
www.fraser.org

Lee Carlson Center for Mental Health and Well Being . . . 763-780-3036
www.leecarlsoncenter.org

Midwest Children's Resource Center (St. Paul). 651-220-6750
www.childrensmn.org

Nystrom and Associates Ltd. 763-767-3350
www.nystromcounseling.com

People Incorporated

Anoka County 651-641-1300

Hennepin County 763-515-2466

www.peopleincorporated.org

Therapeutic Services Agency 651-224-4114

www.hoperealized.com

SUPPORT AND ADVOCACY ORGANIZATIONS

Autism Society of Minnesota 651-647-1083

Provides education and support for those affected by autism.

www.ausm.org

Center for Inclusive Child Care. 651-603-6265

Provides consultation and training for parents and child care providers.

www.inclusivechildcare.org

Child Care Aware of MN, Metro 763-783-4881

Free referrals for childcare 888-291-9811

www.childcareawaremn.org

Minnesota Association of Children's Mental Health 800-528-4511

An advocacy and resource organization that promotes positive mental health for infants, children, adolescents and families.

www.macmh.org

PACER. 952-838-9000

Provides advocacy services for children, adults and families with disabilities.

www.pacer.org

University of Minnesota Extension Services on Parenting

Courses and educational resources for parents and families.

www.extension.umn.edu/family

Zero to Three

Provides information on early development.

www.zerotothree.org

THE WHO, WHAT AND HOW OF CHILDHOOD MENTAL HEALTH

WHO?

Child psychiatrist: A medical doctor who is able to diagnose, treat, and work to prevent mental disorders in children. A psychiatrist can prescribe medications, and provide psychiatric testing and therapy.

Child psychologist: A licensed individual who helps children with mental and behavioral disorders, as well as children who have experienced traumatic events. A psychologist is not a medical doctor and therefore, cannot prescribe medications.

Developmental pediatrician: A pediatrician who addresses concerns about your child's developmental, behavioral, social or learning challenges, including autism, developmental delays, neurological conditions and intellectual disabilities.

Dietitian/nutritionist: An expert in human nutrition and diet regulation who advises people on healthy eating. Some pediatric dietitians also help with breastfeeding, nutrition care for preemies, uncovering food allergies or food sensitivities, and managing nutrition for children with special health care needs.

Mental health practitioner: An individual who works under the direction and supervision of a licensed health professional, providing home- and community-based mental health services.

Mental health professionals: Licensed workers including: licensed independent clinical social worker (LICSW), a licensed psychologist (LP), licensed professional clinical counselor (LPCC) and licensed marriage and family therapist (LMFT). These individuals are able to complete diagnostic assessments to determine appropriate diagnoses and treatment plans.

Music therapist: A therapist trained to use music as a form of therapy to address a client's needs, such as facilitating movement and physical rehabilitation; motivating the client to cope with treatment; providing emotional support; and providing an outlet for expressing feelings.

Occupational therapist (OT): A licensed therapist trained to provide assessment and therapy to correct physical and psychological problems that interfere with activities and tasks of daily living such as feeding, swallowing, sensory integration, fine motor (hands/fingers) skills, etc.

Pediatric neurologist: A medical doctor who specializes in diseases of the nervous system (brain and spinal cord) in children.

Physical therapist (PT): A licensed therapist who provides services that help restore function, improve mobility, relieve pain and prevent or limit permanent physical disabilities of children with chronic conditions, injuries or disease.

Speech therapist: A health professional trained to evaluate and assist patients to overcome voice, speech, language and swallowing disorders.

WHAT?

Applied Behavior Analysis (ABA): A treatment model of teaching skills to children with autism through intensive therapy using behavioral principles.

Activities of daily living: Includes activities that are typically associated with self-help tasks such as eating, dressing, grooming or domestic activities such as cooking and cleaning.

Assessment: Collecting and bringing together information about a child's needs, which may include social, psychological and education evaluations used to determine services; a process using observation, testing and test analysis to determine an individual's strengths and weaknesses in order to plan his/her services. "Assessment" can refer to diagnostic assessment, a psychological evaluation or a neuropsychological evaluation. *(See the "How" section for further information on the different types of assessments.)*

Autism Spectrum Disorder: A disability category characterized by an uneven development profile and a pattern of qualitative impairments in areas of social interaction, communication and restricted repetitive and stereotypical patterns of behavior, interests and play. Characteristics can present themselves in a wide variety of combinations.

Case management: Focuses on accelerating the use of available services to restore or maintain independent functioning to the fullest extent possible. In pursuing this goal, case management helps people connect to needed services and supports within the community.

Case manager: An individual who organizes and coordinates services and support for children with mental health problems and their families (service coordinator, advocate and facilitator).

Children's mental health: A state of emotional and psychological well-being. Mental health begins at birth. Everyone has mental health needs and care varies to fit those needs.

Consent: Agreement to receive treatment following the act of informing the client or guardian about the nature and character of proposed treatment, anticipated results of treatment and alternative forms of treatment.

Day treatment: Includes special education, counseling, parent training, vocational training, skill building, crisis intervention and recreational therapy.

Diagnosis (Dx): The identification of a disease or problem from signs and symptoms.

Diagnostic and Statistical Manual 5th Edition (DSM-V): Used for diagnosis of all mental health diagnoses.

Diagnostic Assessment (DA): Used for diagnosis of mental health conditions.

Early Childhood Family Education (ECFE): ECFE offers a variety of classes and resources for parents and children birth up to kindergarten. Programs are offered by every Minnesota school district.

Early Childhood Special Education (ECSE): ECSE is a basic special education program that provides a free and appropriate public education for children whose special needs and/or impairments require more intensive interventions and supports than a typical preschool classroom can provide.

Group treatment: Set of face-to-face activities provided by one or more staff under the supervision of a mental health professional to two or more clients. Activities are designed to help a client attain goals as described in the client's treatment plan.

Home-Based services: Services provided in a family's home for either a defined time or for as long as necessary to deal with mental health concerns.

Individual Education Plan (IEP): An education plan for school-aged children, similar to the IFSP, but more focused on the child's goals rather than the family goals.

Individual Family Service Plan (IFSP): An interagency document written by all team members who work with the child and family including needs, strengths, goals and services.

Individual Interagency Intervention Plan (IIIP- Triple IP): An option for children and families to create a coordination plan when working with two or more agencies, very similar to the IFSP for children age birth to three.

Inpatient treatment: Mental health care provided 24-hours-per-day within a general hospital, psychiatric hospital or residential treatment facility.

Intake: The first step in a child's assessment by an educational or medical team. A process of gathering information that lets the team know a parent's concerns about a child's development.

Respite care: A service that provides a break for parents who have a child with a serious emotional disturbance. Some parents may need this help every week. Care can be provided in the home or in another location.

Serious emotional disturbance (SED): Diagnosable disorders in children and adolescents that severely disrupt daily functioning in the home, school or community.

Therapeutic foster care: Community-based, home-like settings that provide intensive treatment services to a small number of young people working on issues that require 24-hour supervision.

Therapy: Treatment meant to cure or rehabilitate physical, mental or behavioral problems.

Wraparound services: A "full service" approach to developing services that meet the mental health needs of individual children and their families.

HOW?

Through these various types of assessments, the best route of mental health care can be determined for your child.

Diagnostic assessment: A written evaluation conducted by a mental health professional to determine whether a child or youth has a mental health disorder. The mental health professional interviews the child and/or family to gather information about the child's life situation, such as:

- effects of child's symptoms on ability to function in home, school and community;
- onset, frequency, duration and severity of current symptoms;
- history of current mental health problem (developmental incidents, strengths, stressors, etc.); and
- relevant family and social history.

A diagnostic assessment typically does not include psychological testing. However, a diagnostic assessment plus testing, indicates an evaluation.

Educational assessment: Informal and formal testing pertaining to the basic senses; social, emotional and behavioral development; cognitive development (play skills); physical and motor development (muscles); and self-help skills of a child.

Neurological assessment: Testing pertaining to the structure and disease of the nervous system (brain and spinal cord) usually performed by a pediatric neurologist.

Neuropsychological assessment: An assessment of how one's brain functions. A neuropsychologist looks at all data from the evaluation to determine a pattern of cognitive strengths and weaknesses and, in turn, to understand more about how the brain is functioning. Neuropsychological tests evaluate functioning in a number of areas including: intelligence, executive functions (such as planning, abstraction, conceptualization), attention, memory, language, perception, sensorimotor functions, motivation, mood state and emotion, quality of life, and personality styles.

Psychological assessment: Testing pertaining to the study of the mind in all of its relationships, both normal and abnormal processes; usually performed by a child psychologist. Psychological evaluations can be general (i.e. examining all possible mental health conditions) or specific, such as autism evaluations.

Psychiatric assessment: Testing pertaining to the study, diagnosis and prevention of mental illness usually performed by a child psychiatrist.

Screening: A process of gathering social and biographical information, direct observations and data from specific psychological tests about a person in a mental health care setting with the purpose of creating a mental health care plan.

EARLY CHILDHOOD SCREENING

Early childhood screening is required by the state of Minnesota before kindergarten entry into a public school.

Early childhood screening is a free, simple check of a young child's health and development. The program connects parents and children to early childhood programs, community resources and answers parenting questions. Screening should be done soon after the child's third birthday.

SCHOOL DISTRICT RESOURCES

Anoka-Hennepin School District #11 ECFE 763-433-4833
www.anoka.k12.mn.us
->EARLY LEARNERS -> Parent Resources -> Early Childhood Screening

Centennial School District #12 ECFE . . 763-792-6134 or 763-792-5212
www.isd12.org
-> Community Ed -> Early Childhood Family Education -> Early Childhood Screening

Columbia Heights School District #13 ECFE 763-528-4517
www.colheights.k12.mn.us
->Community Education -> Early Childhood -> Early Childhood Screening

Forest Lake School District #831 ECFE 651-982-8301
www.forestlake.k12.mn.us
-> Community Education -> Early Childhood -> Early Childhood Screening

Fridley School District #14 ECFE 763-502-5123
www.fridley.k12.mn.us
-> Community Education -> Early Childhood Family Education -> Early Childhood Screening

St. Francis School District #15 ECFE 763-753-7170
www.stfrancis.k12.mn.us
-> Departments -> Early Childhood -> Early Childhood Screening

Spring Lake Park School District #16 ECFE. . . . . Online Registration
www.springlakeparkschools.org
-> Schools-> Early Childhood -> Early Childhood Screening

ANOKA COUNTY
CHILDREN & FAMILY COUNCIL

www.anokacounty.us/accfc