Flow Chart: 
Assessment & Referral Protocol

**PEDS Screening**
9/18/24/30 months
PCP

**Surveillance**
Every well child check: 0-5 years
PCP

**Autism Screening**
M-CHAT: 18/24 mo.
PCP

Failed screening or ongoing developmental concern:
Refer directly for assessment or to Care Coordinator
PCP

**ASQ Screening**
Referral for further assessment;
Family Centered support for service navigation;
Follow-up re: referrals and developmental services
0-5 years
Care Coordinator

**ASQ & ASQ:SE No Concern**
Provide anticipatory guidance

**ASQ Borderline Concern**
Provide activities; Refer to parent support/ education

**ASQ Concern**
Refer to Regional Center (0-3) or School District (3-5)
Refer to Audiology
PCP

**ASQ: SE Concern**
Refer to Mental Health/ or Pre-3
Refer to Regional Center (0-3) or School District (3-5)

Document screening/assessment results;
Follow-up referrals w/family & providers;
Provide care coordination until linked to service;
Provide ongoing care coordination, as needed.
Provide 6 month follow-up;
Update PCP, as needed
Care Coordinator