

3+ Review

Guidance for Pre-school Education Teachers and Leaders

*Health and Education Working in
Partnership to Support Pre-school Children*

Version 5

Date Issued: December 2025

Date for Review: August 2026

INTRODUCTION



“Each child brings unique personal experiences to a new setting, including home environment, neighbourhood, and level of ‘readiness.’ These experiences will be both positive and negative and must be fully embraced and considered.”

Curricular Guidance for Pre-School Education, CCEA June 2018

The 3+ Review is a joint Health-Education initiative, initially introduced as part of the Early Intervention Transformation Programme (EITP)¹. The 3+ Review links with the pre-school curricular guidance, providing parents and practitioners with valuable information that can be used to support a child’s development. The information also enables early identification of needs, and where necessary appropriate referral to support services.

This guidance has been developed to maximise the potential of health and education working collaboratively to improve outcomes for children and to support the planning and delivery of the 3+ Review by a member of the Health Visiting team in partnership with pre-school education settings and parents/carers.

Pre-school education settings recognise that parents/carers are the child’s first and continuing educators, who provide a wealth of information about each child on entry to pre-school.

¹ The Early Intervention Transformation Programme (EITP) was a Northern Ireland Executive /Atlantic Philanthropies Delivering Social Changes Signature Programme (2015-2019), funded jointly by the Delivery Social Change fund, DoH, DE, DoJ, DfE and the Atlantic Philanthropies. EITP aimed to improve outcomes for children and young people across Northern Ireland through embedding early intervention approaches.

Each DE funded pre-school education setting has a named health visitor who, with the co-operation of parents/carers and staff, will plan the initial meeting to discuss the 3+ Review. This may take place within a pre-school setting / home or clinic. If you are unsure who your Health Visitor is, you should contact your HSC Trust who can advise (contact details attached at Appendix 1).

The Review will help to assess children’s overall development at this key stage and also identify any developmental needs; facilitate early provision of support where required or onward referral if needed and assist the pre-school in planning.

The pre-school curricular guidance recognises and emphasises that all children are different and develop at different rates.

Pre-school education aims to develop the whole child by:

- promoting emotional, social, physical, creative, and intellectual development;
- developing self-esteem, self-control, and positive attitudes towards others;
- developing language and communication skills to encourage the sharing of thoughts and feelings; and
- creating confident, eager, enthusiastic, independent, curious learners with a positive and problem-solving attitude to learning.

Curricular Guidance for Pre-school Education, CCEA June 2018, Page 5

The 3+ Review focusses on social and emotional development and therefore can support the setting in planning for the delivery of the pre-school curriculum.

The 3+ Review is usually carried out in 2 stages:

- i. completion of a questionnaire by the child’s parent/carer;
- ii. a meeting between the health visitor and the parents/carers to discuss the child’s development, including the information provided in the completed questionnaire.

The Ages and Stages Social and Emotional questionnaire, ASQ:SE-2² (See sample at Appendix 2) is used for the 3+ Review, and focusses on seven key areas of behaviour:

| | |
|------------------------|---|
| Self-regulation | Calming, settling down, or adjusting to physiological or environmental conditions or stimulation |
| Compliance | Conforming to others’ direction and following rules |
| Communication | Interacting with others by responding to or initiating signals to indicate interests, needs, and feelings |

² There are different versions of the ASQ:SE-2 questionnaire according to the age of the child. The health visitor will determine which questionnaire is appropriate.

| | |
|--------------------------------|--|
| Adaptive functioning | Coping with psychological needs |
| Autonomy | Self-initiation or responding without guidance |
| Affect | Demonstrating feelings and empathy to others |
| Interaction with people | Responding to or initiating social responses to parents, older adults, and peers |

Following the Review meeting with the parent/carer, the health visitor will provide feedback to the pre-school education setting. In addition to identification of need, this information can inform planning for the whole class, or for individual children.

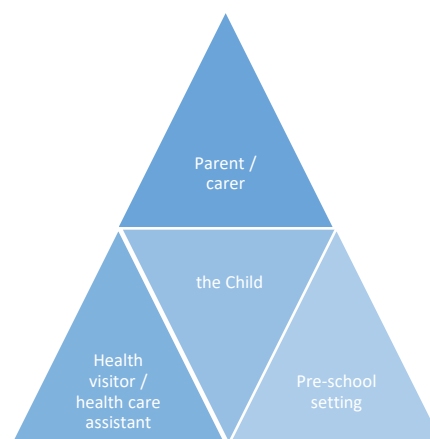
Note: Parents must provide consent for information to be shared about their child.

WHO IS INVOLVED?

The 3+ Review involves the pre-school child, the parents/carers, health visitor, health care assistants, and pre-school education practitioners, working together to build a picture of the child, inform planning and identify any areas for development.

The 3+ Review is offered to children in DE-funded mainstream pre-school education.

Parents are encouraged to take part in this collaborative approach to improving outcomes for children. If the parent/carer does not wish to complete the ASQ:SE2 questionnaire, e.g. if they feel that it is not suitable for their child, they should still be encouraged to attend the 3+ Review meeting with the health visitor, to have a discussion about their child's development and receive advice on any support the child may benefit from. Equally, if a child is already getting support from various health and education services, parents/carers should still be encouraged to be involved in the 3+ Review. Practitioners may wish to explain that the review process can provide valuable information to support the child at home and within the setting.



Supporting newcomer families to participate in the 3+ Review

We recognise that some families may find it difficult to complete the ASQ:SE2 questionnaire if English is not their first language. Developers of the Ages and Stages Questionnaire advise that it does not lend itself to translation into other languages, and therefore at present it is only available in English. If parents are unable to complete the questionnaire a review meeting will still be offered.

Settings should provide parents with the information leaflet in the appropriate language (Appendices 4 & 5), also available for download at:

<https://www.publichealth.hscni.net/publications/3-review-parent-letter-english-and-translations> and encourage them to attend the review meeting. The health visitor will arrange for an interpreter to be present, if required.

3+ REVIEW SUMMARY

1. Getting Started

Pre-school education setting informs parents about the 3+ Review during induction where possible



2. Planning Meeting

Pre-school education teacher/leader and health visitor meet to make arrangements for the 3+ Review



3. Questionnaire for parent/carer

Pre-school education setting issues and collects completed questionnaires

Health visitor analyses completed questionnaires



4. Review meeting

Health visitor meets with parent and child in the pre-school education setting/at home or Clinic



5. Follow-up

Feedback to pre-school education setting to support planning and referrals as required - subject to parental consent

1. Getting started



The pre-school education setting will inform parents about the 3+ Review during the induction process where possible. Information may be included in the pre-school induction booklet and/or the pre-school website.

Support materials are available that can be shared with parents, including a parent information flyer (Appendix 3).

Class lists will be transferred securely prior to start of academic year from the Education Authority to the NI Child Health System, following allocation of pre-school places. Parents will be invited to provide consent on their pre-school admissions form for sharing of information.

The health visitor will contact the pre-school to arrange an initial meeting to discuss the planned 3+ review.

2. The Initial Meeting

The pre-school education practitioner and health visitor meet to plan the 3+ Review process. The meeting will usually take an hour and should happen as early as possible in the first term.

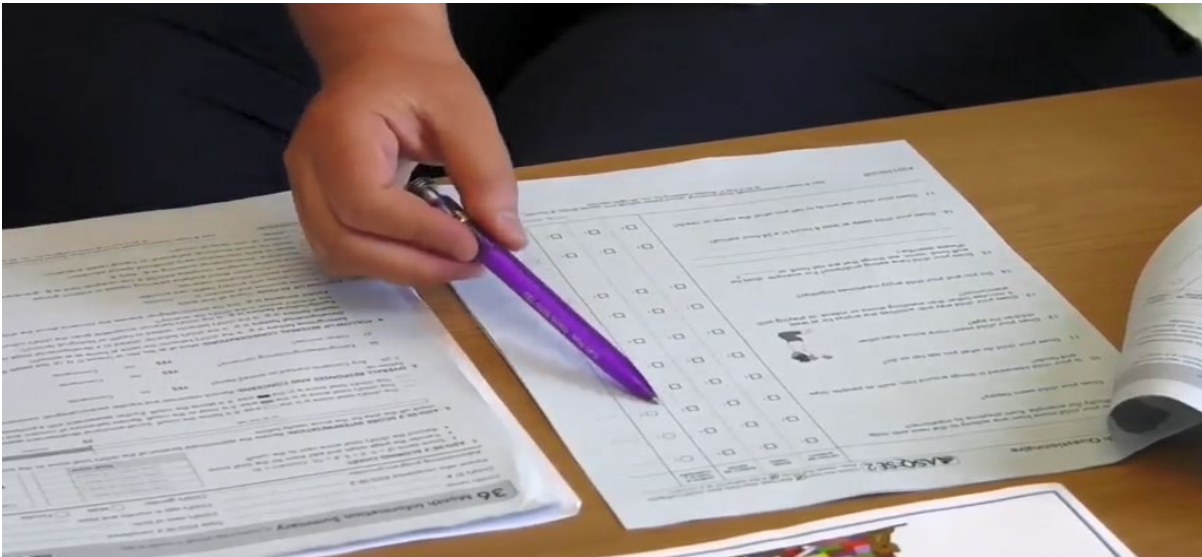
The purpose of the meeting is to:

- Discuss delivery of the 3+ year review;
- If required, set dates for **3+ Review** and **follow-up meeting**;
- arrange distribution and collection of questionnaires;
- check the class list (only children in DE-funded pre-school education will be invited to attend);
- discuss any relevant information about individual children, e.g. relating to health or educational needs;

Note: If pre-school education practitioners wish to discuss individual children, consent must be obtained from parents before any information is shared.

- identify any parents/carers who may need help to complete the ASQ:SE2 questionnaire and agree together how to best facilitate this;
- identify suitable space for 3+ Review meeting, within the pre-school setting (including waiting area) if applicable;
- organise suitable resources for children to play with during the 3+ Review

3. Questionnaire for Parent /Carer



The pre-school education setting distributes and collects completed questionnaires and informs parents/carers of their Review date at **least two weeks** beforehand.

The parent/carer completes the questionnaire at home. This usually takes 10-15 minutes. If any parent requires help, the support agreed at the planning meeting is provided.

The parent returns the questionnaire to the pre-school.

The health visitor collects and analyses the questionnaires, in preparation for the 3+ Review meeting.

4. Review Meeting

The Review meeting can take place in the home/clinic or in the pre-school. If the meeting occurs in the Pre-school or clinic staff will direct parents/carers to the waiting area.

The health visitor sees the parent and child at the arranged time.

(If a parent cannot attend, where possible, a date should be arranged for another meeting)

During the review meeting, the parents/carers and health visitor will be able to observe and interact with the child as he/she is playing.

The health visitor will discuss the child's development, using the questionnaire as a starting point. This will include:

| | |
|---|--|
| Social skills | <ul style="list-style-type: none"> • how child is starting to make friends and interacting with friends / showing affection • expressing emotions and developing imagination • developing self-care / self-esteem / concept of self |
| Cognitive development | <ul style="list-style-type: none"> • problem-solving / creative play • verbal / non-verbal reasoning |
| Behaviours | <ul style="list-style-type: none"> • toileting training /feeding /sleeping • responding to instruction |
| Speech, language & communication | <ul style="list-style-type: none"> • eagerness to give and receive information verbally • ability to talk in sentences most of the time and asks questions • clarity - understood most of the time by health visitor / others not familiar with him/her |
| Fine-motor skills | <ul style="list-style-type: none"> • control of equipment, e.g. use of cutlery, pencils, scissors, etc. • ability to manipulate materials e.g. play-dough, building blocks, threading |
| Vision and hearing (If concerns are raised) | <ul style="list-style-type: none"> • will be discussed further with parent/carer to understand any concerns. |

The health visitor will provide practical advice to help the parent/carer support development at home. If the parent/carer wishes to talk to the health visitor at the end of the meeting *without* the child present, arrangements should be made to do so. The health visitor will provide feedback to the setting. Parental consent is required before sharing information about individual children.

If a referral for intervention or support is required, the health visitor will liaise with the family health visitor.

5. Follow-up



The pre-school education teacher / leader will meet or have a telephone call with the health visitor to receive general feedback on areas highlighted during the review that may:

- inform medium and short-term planning within the pre-school education setting;
- provide a focus for parent/carer information sessions and workshops.

With parental consent, the health visitor will also share information regarding specific areas for development required for individual children and discuss future steps to enable targeted support within the pre-school education setting, if appropriate.

In addition, the health visitor may make a referral to the family health visitor or to other agencies as required.

This process does not replace other routes of referral for the pre-school setting. Pre-school education practitioners should continue to make referrals to appropriate agencies, as required. Practitioners should ensure that relevant personnel, e.g. SEN Coordinators or Child Protection officers, are involved in the process as appropriate, and kept informed about planned intervention.

The health visitor will record the outcome of the 3+ Review, including any referral for intervention or support, and any action agreed by the pre-school on the CHS70 form. The health visitor will record follow-up information on the CHS71 form. This information will then be recorded on the Northern Ireland Child Health System.

Appendices

Appendix 1
HSC Trust contacts

| HSC Trust contacts Trust area | Email |
|--|---|
| Belfast Health & Social Care Trust | SineadX.hanna@belfasttrust.hscni.net |
| Northern Health & Social Care Trust | Pamela.mcbride@northerntrust.hscni.net |
| South eastern Health & Social Care Trust | Cathy.Burke@setrust.hscni.net |
| Southern Health & Social Care Trust | Marie.doran@southerntrust.hscni.net |
| Western Health & Social Care Trust | Omagh / Fermanagh: Susan.Rogers@westerntrust.hscni.net |
| | L/Derry / Strabane: Joyce.McKittrick@westerntrust.hscni.net |

Appendix 2

48 Month Questionnaire



48 Month Questionnaire

42 months 0 days through 53 months 30 days



Date ASQ:SE-2 completed: _____

Child's information

Child's first name: _____ Child's middle initial: _____ Child's last name: _____

Child's date of birth: _____

Child's gender: Male Female

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Street address: _____

City: _____ State/province: _____ ZIP/postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Relationship to child: Parent Guardian Teacher Other: _____
 Grandparent/other relative Foster parent Child care provider

People assisting in questionnaire completion: _____

Program information (For program use only.)

| | |
|---------------|---|
| Child's ID #: | Age at administration in months and days: |
| Program ID #: | |
| Program name: | |

48 Month Questionnaire 42 months 0 days through 53 months 30 days



Questions about behaviors children may have are listed on the following pages. Please read each question carefully and check the box that best describes your child's behavior. Also, check the circle if the behavior is a concern.

Important Points to Remember:

- Answer questions based on what you know about your child's behavior.
- Answer questions based on your child's usual behavior, not behavior when your child is sick, very tired, or hungry.
- Caregivers who know the child well and spend more than 15–20 hours per week with the child should complete ASQ:SE-2.
- Please return this questionnaire by: _____
- If you have any questions or concerns about your child or about this questionnaire, contact: _____
- Thank you and please look forward to filling out another ASQ:SE-2 in _____ months.


| | OFTEN OR ALWAYS | SOME-TIMES | RARELY OR NEVER | CHECK IF THIS IS A CONCERN | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|-------|
| 1. Does your child look at you when you talk to him? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | _____ |
| 2. Does your child cling to you more than you expect? | <input type="checkbox"/> x | <input type="checkbox"/> v | <input type="checkbox"/> z | <input type="radio"/> v | _____ |
| 3. Does your child talk or play with adults she knows well? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | _____ |
| 4. When upset, can your child calm down within 15 minutes? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | _____ |
| 5. Does your child like to be hugged or cuddled? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | _____ |
| 6. Does your child seem too friendly with strangers? | <input type="checkbox"/> x | <input type="checkbox"/> v | <input type="checkbox"/> z | <input type="radio"/> v | _____ |
| 7. Does your child settle himself down after exciting activities? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | _____ |
| 8. Does your child cry, scream, or have tantrums for long periods of time? | <input type="checkbox"/> x | <input type="checkbox"/> v | <input type="checkbox"/> z | <input type="radio"/> v | _____ |

TOTAL POINTS ON PAGE _____

48 Month Questionnaire



Check the box that best describes your child's behavior. Also, check the circle if the behavior is a concern.


| | OFTEN OR ALWAYS | SOME-TIMES | RARELY OR NEVER | CHECK IF THIS IS A CONCERN | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| 9. Is your child interested in things around her, such as people, toys, and foods?  | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | ___ |
| 10. Does your child stay dry during the day? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | ___ |
| 11. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.) _____ _____ | <input type="checkbox"/> x | <input type="checkbox"/> v | <input type="checkbox"/> z | <input type="radio"/> v | ___ |
| 12. Do you and your child enjoy mealtimes together? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | ___ |
| 13. Does your child do what you ask her to do? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | ___ |
| 14. Does your child seem happy? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | ___ |
| 15. Does your child sleep at least 8 hours in a 24-hour period? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | ___ |
| 16. Does your child seem more active than other children his age? | <input type="checkbox"/> x | <input type="checkbox"/> v | <input type="checkbox"/> z | <input type="radio"/> v | ___ |
| 17. Does your child use words to tell you what she wants or needs? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | ___ |
| 18. Does your child stay with activities he enjoys for at least 10 minutes (other than watching shows or videos, or playing with electronics)? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | ___ |
| 19. Does your child use words to describe her feelings and the feelings of others? For example, does she say, "I'm happy," "I don't like that," or "She's sad?" | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | ___ |

TOTAL POINTS ON PAGE ___

48 Month Questionnaire



Check the box that best describes your child's behavior. Also, check the circle if the behavior is a concern.


| | OFTEN OR ALWAYS | SOME-TIMES | RARELY OR NEVER | CHECK IF THIS IS A CONCERN | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| 20. Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | ___ |
| 21. Does your child explore new places, such as a park or a friend's home? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | ___ |
| 22. Does your child do things over and over and get upset when you try to stop him? For example, does he rock, flap his hands, spin, or _____? (Please describe.) _____ _____ | <input type="checkbox"/> x | <input type="checkbox"/> v | <input type="checkbox"/> z | <input type="radio"/> v | ___ |
| 23. Does your child hurt herself on purpose? | <input type="checkbox"/> x | <input type="checkbox"/> v | <input type="checkbox"/> z | <input type="radio"/> v | ___ |
| 24. Does your child follow rules at home or at child care? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | ___ |
| 25. Does your child destroy or damage things on purpose? | <input type="checkbox"/> x | <input type="checkbox"/> v | <input type="checkbox"/> z | <input type="radio"/> v | ___ |
| 26. Does your child stay away from dangerous things, such as fire and moving cars? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | ___ |
| 27. Can your child name a friend? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | ___ |
| 28. Does your child show concern for other people's feelings? For example, does he look sad when someone is hurt?  | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | ___ |
| 29. Do other children like to play with your child? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | ___ |

TOTAL POINTS ON PAGE ___

48 Month Questionnaire



Check the box that best describes your child's behavior. Also, check the circle if the behavior is a concern.

| | OFTEN OR ALWAYS | SOME-TIMES | RARELY OR NEVER | CHECK IF THIS IS A CONCERN | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|-------|
| 30. Does your child like to play with other children?  | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | _____ |
| 31. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)? | <input type="checkbox"/> x | <input type="checkbox"/> v | <input type="checkbox"/> z | <input type="radio"/> v | _____ |
| 32. Does your child show an unusual interest in or knowledge of sexual language and activity? | <input type="checkbox"/> x | <input type="checkbox"/> v | <input type="checkbox"/> z | <input type="radio"/> v | _____ |
| 33. Does your child wake three or more times during the night? | <input type="checkbox"/> x | <input type="checkbox"/> v | <input type="checkbox"/> z | <input type="radio"/> v | _____ |
| 34. Is your child too worried or fearful? If "sometimes" or "often or always," please describe: _____ _____ _____ | <input type="checkbox"/> x | <input type="checkbox"/> v | <input type="checkbox"/> z | <input type="radio"/> v | _____ |
| 35. Does your child have simple back-and-forth conversations with you? For example, Parent: "It's raining!" Child: "And cold outside." Parent: "Let's get your coat." Child: "I got it!" | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> v | _____ |
| 36. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: _____ _____ _____ | <input type="checkbox"/> x | <input type="checkbox"/> v | <input type="checkbox"/> z | <input type="radio"/> v | _____ |

TOTAL POINTS ON PAGE _____

48 Month Questionnaire



OVERALL Use the space below for additional comments.

37. Do you have concerns about your child's eating, sleeping, or toileting habits?
If yes, please explain:

YES NO

38. Does anything about your child worry you? If yes, please explain:

YES NO

39. What do you enjoy about your child?

Appendix 3

3+ Review Flyer for Parents



Dear Parent

All children in pre-school are being offered a review by the health visitor.

This is a significant time in your child's life. It is important that your child learns to be confident, trusting, curious and able to develop relationships and learn.

As part of the 3+ Review we would like you to complete the enclosed Ages and Stages Questionnaire (ASQ). This will provide information on your child's social and emotional development. Your answers will show your child's strengths and any areas in which your child may need more help or practice. You and your child will also be invited to a review meeting with the health visitor to discuss your child's development.

It's really important that your child enjoys learning and the more you know about your child's health and development the easier it is for you to help them.

If your child is already getting support from various health and education services we would still encourage them to be involved in the 3+ Review.



What do you need to do?

Please complete the questionnaire and return it to your child's teacher within the week.

- ✓ Answer the questions based on what you know about your child's usual behaviour, not when they are sick, very tired or hungry.
- ✓ Answer all the questions.
- ✓ Please give examples of your child's behaviour, if asked, as it helps to understand your answers.

Your pre-school principal/leader will provide information on how to book the 3+ Review with the health visitor.

- ✓ This will be held in your preschool/nursery.
- ✓ Please bring your child's red book (PCHR).



HSC Public Health Agency

Public Health Agency
12-22 Linenhall Street, Belfast BT2 8BS.
Tel: 0300 555 0114 (local rate).
www.publichealth.hscni.net

Find us on:



10/23

Appendix 4

3+ Review Flyer for Parents - Translations



Dear Parent

All children in pre-school are being offered a review by the health visitor.

This is a significant time in your child's life. It is important that your child learns to be confident, trusting, curious and able to develop relationships and learn.

As part of the 3+ Review we would like you to complete the enclosed Ages and Stages Questionnaire (ASQ). This will provide information on your child's social and emotional development. Your answers will show your child's strengths and any areas in which your child may need more help or practice. You and your child will also be invited to a review meeting with the health visitor to discuss your child's development.

It's really important that your child enjoys learning and the more you know about your child's health and development the easier it is for you to help them.

If your child is already getting support from various health and education services we would still encourage them to be involved in the 3+ Review.



Appendix 5

3+ Review Parent Flyer – Languages

1. Arabic
2. Bengali
3. Bulgarian
4. Chinese complex
5. Chinese simplified
6. Czech
7. Farsi
8. French
9. Hindi
10. Hungarian
11. Irish
12. Italian
13. Latvian
14. Lithuanian
15. Polish
16. Portuguese
17. Romanian
18. Russian
19. Slovak
20. Somali
21. Spanish
22. Tagalog (Filipino)
23. Tetum

