Review of
2020-2021 45-Day Screenings

24 Month Questionnaire

21 months 0 days through 26 months 30 days

ASQ:SE-2 Ages & Stages Questionnaires® Social-Emotional SECOND EDITION

Date ASQ:SE-2 completed: 3/30/15

Child's information

Child's first name: Luke Child's middle initial: K Child's last name: Jones

Child's date of birth: 2/23/13

Child's gender: (●) Male ( ) Female

Person filling out questionnaire

First name: Lucy Middle initial: K Last name: Jones

Street address: 20 First Street

City: Baltimore State/province: MD ZIP/postal code: 21230

Country: United States Home telephone number: 410-888-5679 Other telephone number:

E-mail address: Lucy.Jones@email.com

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 #: 13235457679891384 Age at administration in months and days: 25 months, 7 days

Program ID #: 243465687819213

Program name: Charm City Child Care

24 Month QUESTIONNAIRE *21 months 0 days through 26 months 30 days*

ASQ:SE-2™

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?	■ z	☐ v	☐ x	◯ v	0
2. Does your child seem too friendly with strangers?	☐ x	☐ v	■ z	◯ v	0
3. Does your child laugh or smile when you play with her?	■ z	☐ v	☐ x	◯ v	0
4. Is your child's body relaxed?	■ z	☐ v	☐ x	◯ v	0
5. When you leave, does your child stay upset and cry for more than an hour?	☐ x	■ v	☐ z	⊘ v	10
6. Does your child greet or say hello to familiar adults?	☐ z	■ v	☐ x	◯ v	5
7. Does your child like to be hugged or cuddled?	■ z	☐ v	☐ x	◯ v	0
8. When upset, can your child calm down within 15 minutes?	■ z	☐ v	☐ x	◯ v	0

TOTAL POINTS ON PAGE 15

24 Month Questionnaire

ASQ:SE-2™ 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. Does your child stiffen and arch his back when picked up?	☐ x	☐ v	■ z	◯ v	0
10. Is your child interested in things around her, such as people, toys, and foods? 	■ z	☐ v	☐ x	◯ v	0
11. Does your child cry, scream, or have tantrums for long periods of time?	☐ x	■ v	☐ z	◯ v	5
12. Do you and your child enjoy mealtimes together?	■ z	☐ v	☐ x	◯ v	0
13. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.) _____ _____	☐ x	☐ v	■ z	◯ v	0
14. Does your child sleep at least 10 hours in a 24-hour period?	■ z	☐ v	☐ x	◯ v	0
15. When you point at something, does your child look in the direction you are pointing?	■ z	☐ v	☐ x	◯ v	0
16. Does your child have trouble falling asleep at naptime or at night?	☐ x	☐ v	■ z	◯ v	0
17. Does your child get constipated or have diarrhea?	☐ x	☐ v	■ z	◯ v	0

TOTAL POINTS ON PAGE 5

24 Month Questionnaire

ASQ:SE-2™ 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	
18. Does your child follow simple directions? For example, does she sit down when asked?	☐ z	■ v	☐ x	◯ v	5
19. Does your child let you know how he is feeling with words or gestures? For example, does he let you know when he is hungry, hurt, or tired?	■ z	☐ v	☐ x	◯ v	0
20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?	☐ z	☐ v	☐ x	◯ v	0
21. Does your child do things over and over and get upset when you try to stop her? For example, does she rock, flap her hands, spin, or _____? (Please describe.) _____ _____	☐ x	☐ v	■ z	◯ v	0
22. Does your child like to hear stories or sing songs? 	■ z	☐ v	☐ x	◯ v	0
23. Does your child hurt himself on purpose?	☐ x	☐ v	■ z	◯ v	0
24. Does your child like to be around other children? For example, does she move close to or look at other children? 	■ z	☐ v	☐ x	◯ v	0
25. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	☐ x	☐ v	■ z	◯ v	0
26. Does your child try to show you things by pointing at them and looking back at you?	■ z	☐ v	☐ x	◯ v	0

TOTAL POINTS ON PAGE 5

ASQ:SE-2™ 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	
27. Does your child play with objects by pretending? For example, does your child pretend to talk on the phone, feed a doll, or fly a toy airplane?	■ z	☐ v	☐ x	◯ v	0
28. Does your child wake three or more times during the night?	☐ x	☐ v	■ z	◯ v	0
29. Does your child respond to his name when you call him? For example, does he turn his head and look at you?	■ z	☐ v	☐ x	◯ v	0
30. Is your child too worried or fearful? If "sometimes" or "often or always," please describe: **Luke is hesitant when he is in unfamiliar places and situations.**	☐ x	■ v	☐ z	◯ v	5
31. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: **Our day care provider say it takes Luke a while to stop crying when we leave.**	☐ x	■ v	☐ z	☑ v	10

TOTAL POINTS ON PAGE _____

OVERALL Use the space below for additional comments.

32. Do you have concerns about your child's eating or sleeping behaviors? If yes, please explain: ◯ YES ☑ NO

No

33. Does anything about your child worry you? If yes, please explain: ☑ YES ◯ NO

Luke's reaction to being in new situations concerns us because he gets very upset and cries for a long time.

34. What do you enjoy about your child?

When Luke is happy and comfortable, his smile and laughter make everyone around him smile.

24 Month Information Summary *21 months 0 days through 26 months 30 days*

ASQ:SE-2™

Child's name: Luke K. Jones

Date ASQ:SE-2 completed: 3/30/15

Child's ID #: 13235457679891384

Child's date of birth: 2/23/13

Person who completed ASQ:SE-2: Mother

Child's age in months and days: 25 months, 7 days

Administering program/provider: Charm City Child Care

Child's gender: ● Male ○ Female

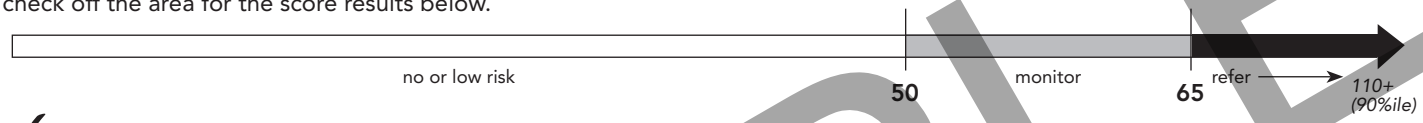
1. ASQ:SE-2 SCORING CHART:

- Score items (*Z* = 0, *V* = 5, *X* = 10, *Concern* = 5).
- Transfer the page totals and add them for the total score.
- Record the child's total score next to the cutoff.

TOTAL POINTS ON PAGE 1	15
TOTAL POINTS ON PAGE 2	5
TOTAL POINTS ON PAGE 3	5
TOTAL POINTS ON PAGE 4	10
Total score	40

Cutoff	Total score
65	40

2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.



✓ The child's total score is in the ▭ area. It is below the cutoff. Social-emotional development appears to be on schedule.

___ The child's total score is in the ▭ area. It is close to the cutoff. Review behaviors of concern and monitor.

___ The child's total score is in the ■ area. It is above the cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer parent/caregiver comments. YES responses require follow-up.

1–31. Any Concerns marked on scored items? (YES) no Comments:

32. Eating/sleeping concerns? YES (no) Comments:

33. Other worries? (YES) no Comments: Adapting to new situations

4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 98–103 in the *ASQ:SE-2 User's Guide.*

No **Setting/time factors** (e.g., Is the child's behavior the same at home as at school?)

No **Developmental factors** (e.g., Is the child's behavior related to a developmental stage or delay?)

No **Health factors** (e.g., Is the child's behavior related to health or biological factors?)

No **Family/cultural factors** (e.g., Is the child's behavior acceptable given the child's cultural or family context? Have there been any stressful events in the child's life recently?)

Yes **Parent concerns** (e.g., Did the parent/caregiver express any concerns about the child's behavior?)

5. FOLLOW-UP ACTION: Check all that apply.

No Provide activities and rescreen in ____ months.

Yes Share results with primary health care provider.

Yes Provide parent education materials.

No Provide information about available parenting classes or support groups.

No Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): _____

No Administer developmental screening (e.g., ASQ-3).

No Refer to early intervention/early childhood special education.

No Refer for social-emotional, behavioral, or mental health evaluation.

____ Other: _____

Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ:SE-2™), Squires, Bricker, & Twombly.

ASQ-3 Ages & Stages Questionnaires®

48 Month Questionnaire

45 months 0 days through 50 months 30 days

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: 11/18/2008

Child's information

Child's first name: John Middle initial: X. Child's last name: Smith

Child's gender: (•) Male ( ) Female

Child's date of birth: 11/12/2004

Person filling out questionnaire

First name: Jane Middle initial: Q. Last name: Smith

Relationship to child: (•) Parent ( ) Guardian ( ) Teacher ( ) Child care provider ( ) Grandparent or other relative ( ) Foster parent ( ) Other: _____

Street address: 123 Center Street, Apt. 9

City: Anytown State/ Province: MD ZIP/ Postal code: 21230

Country: USA Home telephone number: 410-555-0155 Other telephone number: 410-555-0189

E-mail address:

Names of people assisting in questionnaire completion:

Program Information

Child ID #: 00123456789000000

Program ID #: 9876543212345678 9

Program name: Anytown Preschool

48 Month Questionnaire

45 months 0 days through 50 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- ☑ Try each activity with your baby before marking a response.
- ☑ Make completing this questionnaire a game that is fun for you and your child.
- ☑ Make sure your child is rested and fed.
- ☑ Please return this questionnaire by _____.

Notes:

_____

_____

_____

_____

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your child name at least three items from a common category? For example, if you say to your child, "Tell me some things that you can eat," does your child answer with something like "cookies, eggs, and cereal"? Or if you say, "Tell me the names of some animals," does your child answer with something like "cow, dog, and elephant"?	○	●	○	5
2. Does your child answer the following questions? *(Mark "sometimes" if your child answers only one question.)*	●	○	○	10

"What do you do when you are hungry?" *(Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.")* Please write your child's response:

Eat

"What do you do when you are tired?" *(Acceptable answers include "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.")* Please write your child's response:

Go night-night

3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball," does she say something like, "It's round. I throw it. It's big"?	○	●	○	5
4. Does your child use endings of words, such as "-s," "-ed," and "-ing"? For example, does your child say things like, "I see two cat*s*," "I am play*ing*," or "I kick*ed* the ball"?	○	○	●	0

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COMMUNICATION *(continued)*

	YES	SOMETIMES	NOT YET	
5. Without your giving help by pointing or repeating, does your child follow three directions that are *unrelated* to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."	○	○	●	0
6. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I *am* going to *the* park," or "*Is* there *a* toy to play with?" or "*Are* you coming, too?"	○	●	○	5
			COMMUNICATION TOTAL	25

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child catch a large ball with both hands? *(You should stand about 5 feet away and give your child two or three tries before you mark the answer.)* 	●	○	○	10
2. Does your child climb the rungs of a ladder of a playground slide and slide down without help?	●	○	○	10
3. While standing, does your child throw a ball *overhand* in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. *(Dropping the ball or throwing the ball underhand should be scored as "not yet.")* 	●	○	○	10
4. Does your child hop up and down on either the right or left foot at least one time without losing her balance or falling?	●	○	○	10
5. Does your child jump forward a distance of 20 inches from a standing position, starting with his feet together?	●	○	○	10
6. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? *(You may give your child two or three tries before you mark the answer.)* 	●	○	○	10
			GROSS MOTOR TOTAL	60

FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child put together a five- to seven-piece interlocking puzzle? *(If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)*	○	●	○	5

FINE MOTOR *(continued)*

	YES	SOMETIMES	NOT YET	
2. Using child-safe scissors, does your child cut a paper in half on a more or less straight line, making the blades go up and down? *(Carefully watch your child's use of scissors for safety reasons.)* 	●	○	○	10
3. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil, crayon, or pen, without tracing? *(Your child's drawings should look similar to the design of the shapes below, but they may be different in size.)* 	○	●	○	5
4. Does your child unbutton one or more buttons? *(Your child may use his own clothing or a doll's clothing.)*	○	○	●	0
5. Does your child draw pictures of people that have at least three of the following features: head, eyes, nose, mouth, neck, hair, trunk, arms, hands, legs, or feet?	○	○	●	0
6. Does your child color mostly within the lines in a coloring book or within the lines of a 2-inch circle that you draw? *(Your child should not go more than 1/4 inch outside the lines on most of the picture.)*	○	○	●	0
		FINE MOTOR TOTAL		20

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. When you say, "Say 'five eight three,'" does your child repeat *just* the three numbers in the same order? *Do not repeat the numbers.* If necessary, try another series of numbers and say, "Say 'six nine two.'" *(Your child must repeat just one series of three numbers to answer "yes" to this question.)*	○	●	○	5
2. When asked, "Which circle is the smallest?" does your child point to the smallest circle? *(Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)* 	○	●	○	5
3. Without your giving help by pointing, does your child follow three different directions using the words "under," "between," and "middle"? For example, ask your child to put the shoe "*under* the couch." Then ask her to put the ball "*between* the chairs" and the book "in the *middle* of the table."	○	○	●	0
4. When shown objects and asked, "What color is this?" does your child name five different colors, like red, blue, yellow, orange, black, white, or pink? *(Mark "yes" only if your child answers the question correctly using five colors.)*	○	●	○	5

PROBLEM SOLVING *(continued)*

	YES	SOMETIMES	NOT YET	
5. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother, or sister, or an imaginary animal or figure.	○	●	○	5
6. If you place five objects in front of your child, can he count them by saying, "one, two, three, four, five," in order? *(Ask this question without providing help by pointing, gesturing, or naming.)*	○	○	●	0
PROBLEM SOLVING TOTAL				20

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. Does your child serve herself, taking food from one container to another using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl?	●	○	○	10
2. Does your child tell you at least four of the following? Please mark the items your child knows.	●	○	○	10
● a. First name ● d. Last name				
● b. Age ● e. Boy or girl				
○ c. City she lives in ○ f. Telephone number				
3. Does your child wash his hands using soap and water and dry off with a towel without help?	●	○	○	10
4. Does your child tell you the names of two or more playmates, not including brothers and sisters? *(Ask this question without providing help by suggesting names of playmates or friends.)*	●	○	○	10
5. Does your child brush her teeth by putting toothpaste on the toothbrush and brushing all of her teeth without help? *(You may still need to check and rebrush your child's teeth.)*	●	○	○	10
6. Does your child dress or undress himself without help (except for snaps, buttons, and zippers)?	●	○	○	10
PERSONAL-SOCIAL TOTAL				60

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain: ○ YES ● NO

Had severe ear infections. Didn't start talking until age 2-3 years, after tubes were placed.

OVERALL *(continued)*

2. Do you think your child talks like other toddlers her age? If no, explain: ○ YES ● NO

His sentence structure and comprehension are not as advanced as other kids who are a year younger.

3. Can you understand most of what your child says? If no, explain: ● YES ○ NO

4. Can other people understand most of what your child says? If no, explain: ○ YES ● NO

Other people have a hard time understanding him.

5. Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain: ● YES ○ NO

6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: ○ YES ● NO

7. Do you have any concerns about your child's vision? If yes, explain: ○ YES ● NO

OVERALL *(continued)*

8. Has your child had any medical problems in the last several months? If yes, explain: ● YES ○ NO

Ear infections.

9. Do you have any concerns about your child's behavior? If yes, explain: ○ YES ● NO

10. Does anything about your child worry you? If yes, explain: ● YES ○ NO

Language development. No letter or number recognition and he's 4 years old. Even the 2 1/2 yr old knows more.

ASQ-3 — 48 Month ASQ-3 Information Summary

45 months 0 days through 50 months 30 days

Child's name: John X. Smith Date ASQ completed: 11/18/2008

Child's ID #: 00123456789000000 Date of birth: 11/12/2004

Administering program/provider: Anytown Preschool/Ms. Jenkins

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See *ASQ-3 User's Guide* for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	30.72	25	●	●	●	●	●	◐	●	○	○	○	○	○	○
Gross Motor	32.78	60	●	●	●	●	●	●	●	○	○	○	○	○	●
Fine Motor	15.81	20	●	●	●	●	◐	○	○	○	○	○	○	○	○
Problem Solving	31.30	20	●	●	●	●	◐	●	●	○	○	○	○	○	○
Personal-Social	26.60	60	●	●	●	●	●	●	○	○	○	○	○	○	●

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See *ASQ-3 User's Guide*, Chapter 6.

1. Hears well? Yes **NO**
   Comments: Ear infex, ear tubes, didn't talk until 2-3 yrs.
2. Talks like other toddlers his age? Yes **NO**
   Comments: Sentences and compreh. not as advanced as younger kids
3. Understand most of what your child says? Yes **NO**
   Comments:
4. Others understand most of what your child says? Yes **NO**
   Comments:
5. Walks, runs, and climbs like other toddlers? Yes **NO**
   Comments:
6. Family history of hearing impairment? **YES** No
   Comments:
7. Concerns about vision? **YES** No
   Comments:
8. Any medical problems? **YES** No
   Comments: Ear infex
9. Concerns about behavior? **YES** No
   Comments:
10. Other concerns? **YES** No
    Comments: Language devel.- doesn't recognize numbers or letters yet.

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the ▭ area, it is above the cutoff, and the child's development appears to be on schedule.
If the child's total score is in the ▭ area, it is close to the cutoff. Provide learning activities and monitor.
If the child's total score is in the ■ area, it is below the cutoff. Further assessment with a professional may be needed.

4. FOLLOW-UP ACTION TAKEN: Check all that apply.

- ____ Provide activities and rescreen in _____ months.
- X Share results with primary health care provider.
- X Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- ____ Refer to primary health care provider or other community agency (specify reason): _____.
- X Refer to early intervention/early childhood special education.
- ____ No further action taken at this time
- ____ Other (specify): _____

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication	S	Y	S	N	N	S
Gross Motor	Y	Y	Y	Y	Y	Y
Fine Motor	S	Y	S	N	N	N
Problem Solving	S	S	N	S	S	N
Personal-Social	Y	Y	Y	Y	Y	Y