Date ASQ completed: 07/03/2017

Child's name:

Middle initial:

Child's last name:

Builds-the-Fire

If child was born 3 or more weeks prematurely, # of weeks premature:

Child's gender:

Male

Female

Child's date of birth: February 27, 2016

Person filling out questionnaire

First name:

Grandma

Middle initial:

Last name:

Builds-the-Fire

Relationship to child:

Parent

Guardian

Teacher

Child care provider

Grandparent or other relative

Foster parent

Other:

Street address: P.O. Box 123

City: Little Town

State/Province: Big State

ZIP/Postal code: 89563

Country: USA

Home telephone number: 123-789-4560

Other telephone number:

E-mail address:

Names of people assisting in questionnaire completion: Grandma and parent educator

Program Information

Child ID #: NASIS Number

Age at administration in months and days: 16 months and 10 days

Program ID #: Site Name

If premature, adjusted age in months and days:

Program name: FACE Program

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At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark “yes” for the item.

**COMMUNICATION**

1. Does your child point to, pat, or try to pick up pictures in a book?  
   - Yes: X  
   - Sometimes:  
   - Not Yet: O  
   - Total: 10

2. Does your child say four or more words in addition to “Mama” and “Dada”?  
   - Yes: O  
   - Sometimes: X  
   - Not Yet: O  
   - Total: 5

3. When your child wants something, does she tell you by pointing to it?  
   - Yes: X  
   - Sometimes:  
   - Not Yet: O  
   - Total: 10

4. When you ask your child to, does he go into another room to find a familiar toy or object? (You might ask, “Where is your ball?” or say, “Bring me your coat,” or “Go get your blanket.”)  
   - Yes: X  
   - Sometimes:  
   - Not Yet: O  
   - Total: 10

5. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as “Mama eat,” “Daddy play,” “Go home,” or “What’s this?” does your child say both words back to you? (Mark “yes” even if her words are difficult to understand.)  
   - Yes: X  
   - Sometimes:  
   - Not Yet: O  
   - Total: 10

6. Does your child say eight or more words in addition to “Mama” and “Dada”?  
   - Yes: O  
   - Sometimes: X  
   - Not Yet: O  
   - Total: 5

**COMMUNICATION TOTAL**: 50

**GROSS MOTOR**

1. Does your child stand up in the middle of the floor by himself and take several steps forward?  
   - Yes: X  
   - Sometimes:  
   - Not Yet: O  
   - Total: 10

2. Does your child climb onto furniture or other large objects, such as large climbing blocks?  
   - Yes: X  
   - Sometimes:  
   - Not Yet: O  
   - Total: 10

3. Does your child bend over or squat to pick up an object from the floor and then stand up again without any support?  
   - Yes: O  
   - Sometimes: X  
   - Not Yet: O  
   - Total: 5
GROSS MOTOR (continued)

4. Does your child move around by walking, rather than crawling on her hands and knees?  
   YES | SOMETIMES | NOT YET  
   ☒ | ☐ | ☐  
   10

5. Does your child walk well and seldom fall?  
   ☐ | ☒ | ☐  
   5

6. Does your child climb on an object such as a chair to reach something he wants (for example, to get a toy on a counter or to "help" you in the kitchen)?  
   ☒ | ☐ | ☐  
   10

GROSS MOTOR TOTAL  50

FINE MOTOR

1. Does your child help turn the pages of a book? (You may lift a page for her to grasp.)  
   YES | SOMETIMES | NOT YET  
   ☒ | ☐ | ☐  
   10

2. Does your child throw a small ball with a forward arm motion?  
   (If he simply drops the ball, mark "not yet" for this item.)  
   YES | SOMETIMES | NOT YET  
   ☒ | ☐ | ☐  
   10

3. Does your child stack a small block or toy on top of another one? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)  
   YES | SOMETIMES | NOT YET  
   ☐ | ☒ | ☐  
   5

4. Does your child stack three small blocks or toys on top of each other by herself?  
   YES | SOMETIMES | NOT YET  
   ☐ | ☒ | ☐  
   5

5. Does your child make a mark on the paper with the tip of a crayon (or pencil or pen) when trying to draw?  
   YES | SOMETIMES | NOT YET  
   ☐ | ☒ | ☐  
   5

6. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)  
   YES | SOMETIMES | NOT YET  
   ☒ | ☐ | ☐  
   10

FINE MOTOR TOTAL  45

PROBLEM SOLVING

1. After you scribble back and forth on paper with a crayon (or pencil or pen), does your child copy you by scribbling? (If she already scribbles on her own, mark "yes" for this item.)  
   YES | SOMETIMES | NOT YET  
   ☒ | ☐ | ☐  
   10

2. Can your child drop a crumb or Cheerio into a small, clear bottle (such as a plastic soda-pop bottle or baby bottle)?  
   YES | SOMETIMES | NOT YET  
   ☒ | ☐ | ☐  
   10

3. Does your child drop several small toys, one after another, into a container like a bowl or box? (You may show him how to do it.)  
   YES | SOMETIMES | NOT YET  
   ☒ | ☐ | ☐  
   10

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PROBLEM SOLVING (continued)

4. After you have shown your child how, does she try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool?

5. Without your showing him how, does your child scribble back and forth when you give him a crayon (or pencil or pen)?

6. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump it out? (You may show her how.)

PROBLEM SOLVING TOTAL 50

*If Problem Solving Item 5 is marked “yes,” mark Problem Solving Item 1 as “yes.”

PERSONAL-SOCIAL

1. Does your child feed himself with a spoon, even though he may spill some food?

2. Does your child help undress herself by taking off clothes like socks, hat, shoes, or mittens?

3. Does your child play with a doll or stuffed animal by hugging it?

4. While looking at himself in the mirror, does your child offer a toy to his own image?

5. Does your child get your attention or try to show you something by pulling on your hand or clothes?

6. Does your child come to you when she needs help, such as with winding up a toy or unscrewing a lid from a jar?

PERSONAL-SOCIAL TOTAL 45

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
OVERALL (continued)

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

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

   Most of the time

4. Do you think your child walks, runs, and climbs like other toddlers her age?  
   If no, explain:  
   - YES  
   - NO

   Mimics older cousins

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

6. Do you have concerns about your child's vision? If yes, explain:  
   - YES  
   - NO

7. Has your child had any medical problems in the last several months? If yes, explain:  
   - YES  
   - NO
8. Do you have any concerns about your child's behavior? If yes, explain:

   ○ YES  ☒ NO

   [Blank space for explanation]

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

   ○ YES  ☒ NO

   [Blank space for explanation]
16 Month ASQ-3 Information Summary

Child's name: Thomas Builds-the-Fire

Date ASQ completed: July 3, 2017

Child's ID #: ____________________________

Date of birth: February 27, 2016

Administering program/provider: FACE Program

Was age adjusted for prematurity when selecting questionnaire? Yes ☐ No ☐

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.

<table>
<thead>
<tr>
<th>Area</th>
<th>Cutoff</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>16.81</td>
<td>50</td>
</tr>
<tr>
<td>Gross Motor</td>
<td>37.91</td>
<td>50</td>
</tr>
<tr>
<td>Fine Motor</td>
<td>31.98</td>
<td>45</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>30.51</td>
<td>50</td>
</tr>
<tr>
<td>Personal-Social</td>
<td>26.43</td>
<td>45</td>
</tr>
</tbody>
</table>


1. Hears well?
   Comments: Yes ☐ NO ☐

2. Talks like other toddlers his age?
   Comments: Yes ☐ NO ☐

3. Understand most of what your child says?
   Comments: Yes ☐ NO ☐

4. Walks, runs, and climbs like other toddlers?
   Comments: Yes ☐ NO ☐

5. Family history of hearing impairment?
   Comments: YES ☐ No ☐

6. Concerns about vision?
   Comments: YES ☐ No ☐

7. Any medical problems?
   Comments: YES ☐ No ☐

8. Concerns about behavior?
   Comments: YES ☐ No ☐

9. Other concerns?
   Comments: YES ☐ No ☐

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. Provide learning activities and monitor.

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.

☐ Share results with primary health care provider.

☐ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.

☐ Refer to primary health care provider or other community agency (specify reason):

☐ Refer to early intervention/early childhood special education.

☐ No further action taken at this time.

☐ Other (specify): Provide activities and complete Child Screening Summary.

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

<table>
<thead>
<tr>
<th>Area</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<td>S</td>
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<td>Gross Motor</td>
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<td>S</td>
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<tr>
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