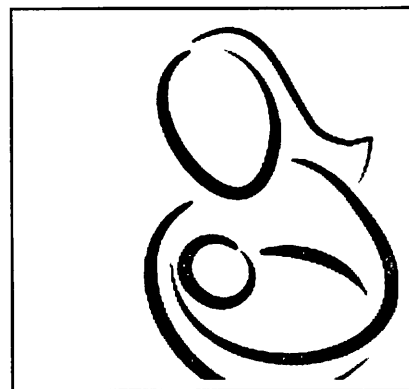


Ages & Stages Questionnaire

31 months 16 days through 34 months 15 days

33 Month Questionnaire



Date ASQ Completed: _____

Child's information

Child's first name: _____ Middle : _____ Last: _____

Child's date of birth: _____

Gender: M F

Person filling out questionnaire

First name: _____ Last name: _____

Relationship to child: Parent Grandparent Foster parent Guardian Teacher
 FOW TA Interpreter Other

Place Sticker Here

AGE CALCULATION	Year	Month	Day
Administration Date			
Date of Birth			
Age of Child			

Subtract date of birth from date ASQ-3 was administered.
See *Implementation Guide* for details.

Program Information

Name of Reach Dane site: _____

Name of classroom: _____



33 Month Questionnaire

31 months 16 days
through 34 months 15 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:


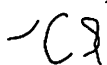
COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. When you ask your child to point to his nose, eyes, hair, feet, ears, and so forth, does he correctly point to at least seven body parts? (He can point to parts of himself, you, or a doll. Mark "sometimes" if he correctly points to at least three different body parts.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. Does your child make sentences that are three or four words long? Please give an example:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. Without giving your child help by pointing or using gestures, ask her to "put the book on the table" and "put the shoe under the chair." Does your child carry out both of these directions correctly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying"). You may ask, "What is the dog (or boy) doing?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle, and ask your child to move the zipper down. Return the zipper to the middle, and ask your child to move the zipper up. Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. When you ask, "What is your name?" does your child say his first name or nickname?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
COMMUNICATION TOTAL				—



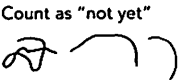

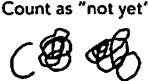

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child run fairly well, stopping herself without bumping into things or falling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
2. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
3. Does your child jump with both feet leaving the floor at the same time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
4. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
5. Does your child stand on one foot for about 1 second without holding onto anything?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
6. While standing, does your child throw a ball overhand by raising his arm to shoulder height and throwing the ball forward? (Dropping the ball or throwing the ball underhand should be scored as "not yet.")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
	GROSS MOTOR TOTAL			—

FINE MOTOR


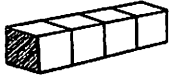
	YES	SOMETIMES	NOT YET	
1. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
	Count as "yes"  <hr/> Count as "not yet" 			

FINE MOTOR (continued)

- | | YES | SOMETIMES | NOT YET | |
|--|--|-----------------------|-----------------------|---|
| 2. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| |  | | | |
| 3. After your child watches you draw a line from one side of the paper to the other side, ask him to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| | Count as "yes" 
Count as "not yet"  | | | |
| 4. After your child watches you draw a single circle, ask her to make a circle like yours. Do not let her trace your circle. Does your child copy you by drawing a circle? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| | Count as "yes" 
Count as "not yet"  | | | |
| 5. Does your child turn pages in a book, one page at a time? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| |  | | | |

FINE MOTOR TOTAL —

PROBLEM SOLVING

- | | YES | SOMETIMES | NOT YET | |
|---|---|-----------------------|-----------------------|---|
| 1. When looking in the mirror, ask, "Where is _____?" (Use your child's name.) Does your child point to her image in the mirror? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| |  | | | |
| 2. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up four objects in a row? (You can also use spools of thread, small boxes, or other toys.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| |  | | | |
| 3. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

PROBLEM SOLVING (continued)

4. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? (Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.") Please write your child's response here:



5. When you say, "Say 'seven three,'" does your child repeat *just* the two numbers in the same order? *Do not repeat the numbers.* If necessary, try another pair of numbers and say, "Say 'eight two.'" (Your child must repeat just one series of two numbers for you to answer "yes" to this question.)
6. After your child draws a "picture," even a simple scribble, does she tell you what she drew? (You may say, "Tell me about your picture," or ask, "What is this?" to prompt her.)

YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
-----------------------	-----------------------	-----------------------	-------

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
-----------------------	-----------------------	-----------------------	-------

PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL

1. Does your child use a spoon to feed herself with little spilling?
2. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if he cannot turn?
3. Does your child put on a coat, jacket, or shirt by herself?
4. After you put on loose-fitting pants around his feet, does your child pull them completely up to his waist?
5. When your child is looking in a mirror and you ask, "Who is in the mirror?" does she say either "me" or her own name?
6. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?

YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
-----------------------	-----------------------	-----------------------	-------

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
-----------------------	-----------------------	-----------------------	-------

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
-----------------------	-----------------------	-----------------------	-------

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
-----------------------	-----------------------	-----------------------	-------

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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PERSONAL-SOCIAL TOTAL _____

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

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

YES

NO

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

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

OVERALL (continued)

7. Do you have any concerns about your child's vision? If yes, explain:

YES NO

8. Has your child had any medical problems in the last several months? If yes, explain:

YES NO

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



33 Month ASQ-3 Information Summary

31 months 16 days through
34 months 15 days

Child's name: _____ Date ASQ completed: _____

Child's ID #: _____ Date of birth: _____

Administering program/provider: _____

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	25.36		●	●	●	●	●	●	●	●	○	○	○	○	○
Gross Motor	34.80		●	●	●	●	●	●	●	●	●	○	○	○	○
Fine Motor	12.28		●	●	●	○	○	○	○	○	○	○	○	○	○
Problem Solving	26.92		●	●	●	●	●	●	●	○	○	○	○	○	○
Personal-Social	28.96		●	●	●	●	●	●	○	○	○	○	○	○	○

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

- | | | | | | |
|---|-----|-----------|---|------------|----|
| 1. Hears well?
Comments: | Yes | NO | 6. Family history of hearing impairment?
Comments: | YES | No |
| 2. Talks like other toddlers his age?
Comments: | Yes | NO | 7. Concerns about vision?
Comments: | YES | No |
| 3. Understand most of what your child says?
Comments: | Yes | NO | 8. Any medical problems?
Comments: | YES | No |
| 4. Others understand most of what your child says?
Comments: | Yes | NO | 9. Concerns about behavior?
Comments: | YES | No |
| 5. Walks, runs, and climbs like other toddlers?
Comments: | Yes | NO | 10. Other concerns?
Comments: | YES | No |

RESULTS/FOLLOW-UP ACTION TO BE TAKEN: Please check one.

- White dots** – when all scores fall in the white area of the score chart, no further action is needed.
- Grey dots** – will be monitored through GOLD assessment notes and individualize in lesson plans. If concerns continue with a child, contact the Disability Specialist for referral information.
- Black dots** – when a score falls in the black area, teachers are responsible to rescreen the child within 60 days of the screen date.

Other:
