

## ASQ: SE Follow-up Form for Children Scoring Above the Cut-off

Child's Name \_\_\_\_\_ Classroom \_\_\_\_\_

Person completing form \_\_\_\_\_ Date \_\_\_\_\_

Cut-off score \_\_\_\_\_ Actual score \_\_\_\_\_ Child's first language \_\_\_\_\_

Please discuss with your team and answer the questions below to the best of your ability.

When complete please [email](mailto:Rhein@reachdane.org) to Rebecca Hein at Rhein@reachdane.org

1. Does the child have a current social emotional consent? If "yes", stop here. You do not need to complete the rest of this form.
2. Is this child currently receiving services through an IEP? If so what services are they receiving?
3. After you discussed the ASQ: SE with the family, do the parents still have concerns about their child's behavior?
4. Did these discussions lead to a Family Partnership goal? Y N  
If yes, what is the goal?
5. Do you currently have concerns about this child's behavior in the classroom? Y N  
If yes, please describe.
6. Is this child currently receiving services for behavioral/emotional concerns? Y N  
If yes, please list providers' names and type of services. *Please be certain we have a signed Authorization for Release of Medical Information for all providers.*

7. Other input regarding this child's behavior, the parent/child relationship, or family situation: