

ASQ-3 18 Month ASQ-3 Information Summary 17 months 0 days through 18 months 30 days

Child's name: Tucker Maurer Date ASQ completed: 4-23-21
 Child's ID #: _____ Date of birth: 10-4-19
 Administering program/provider: _____ 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.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	13.06		●	●	●	●	●	●	●	●	●	●	●	●	●
Gross Motor	37.38		●	●	●	●	●	●	●	●	●	●	●	●	●
Fine Motor	34.32		●	●	●	●	●	●	●	●	●	●	●	●	●
Problem Solving	25.74		●	●	●	●	●	●	●	●	●	●	●	●	●
Personal-Social	27.19		●	●	●	●	●	●	●	●	●	●	●	●	●

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.
- 1. Hears well? **Yes** NO Comments: _____
 - 2. Talks like other toddlers his age? **Yes** NO Comments: _____
 - 3. Understand most of what your child says? **Yes** NO Comments: _____
 - 4. Walks, runs, and climbs like other toddlers? **Yes** NO Comments: _____
 - 5. Family history of hearing impairment? **YES** No Comments: Frances Mother
 - 6. Concerns about vision? **YES** No Comments: _____
 - 7. Any medical problems? **YES** No Comments: _____
 - 8. Concerns about behavior? **YES** No Comments: _____
 - 9. Other concerns? **YES** No Comments: _____

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

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

P101180700

Ages & Stages Questionnaires®, Third Edition (ASQ-3™), Squires & Bricker © 2009 Paul H. Brookes Publishing Co. All rights reserved.