



# 2 Month ASQ-3 Information Summary

1 months 0 days through  
2 months 30 days

Baby's name: Spencer Dinglasan

Date ASQ completed: 10/07/2022

Baby's ID #: N/A

Date of birth: 07/25/22

Administering program/provider: N/A

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	22.77	35	●	●	●	●	●	●	●	●	●	●	●	●	●
Gross Motor	41.84	50	●	●	●	●	●	●	●	●	●	●	●	●	●
Fine Motor	30.16	35	●	●	●	●	●	●	●	●	●	●	●	●	●
Problem Solving	24.62	20	●	●	●	●	●	●	●	●	●	●	●	●	●
Personal-Social	33.71	35	●	●	●	●	●	●	●	●	●	●	●	●	●

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

1. Passed newborn hearing screening test? **Yes** NO 4. Any medical problems? YES **No**  
Comments:

2. Moves both hands and both legs equally well? **Yes** NO 5. Concerns about behavior? **YES** No  
Comments:

3. Family history of hearing impairment? **YES** No 6. Other concerns? **YES** No  
Comments: both parents are near-sighted and have astigmatism vesicles on face and phlegm in throat

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 baby's total score is in the  area, it is above the cutoff, and the baby's development appears to be on schedule.

If the baby's total score is in the  area, it is close to the cutoff. Provide learning activities and monitor.

If the baby'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						

# ASQ-3 Ages & Stages Questionnaires®

## 2 Month Questionnaire

1 month 0 days through 2 months 30 days



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

Date ASQ completed: **10072022**  
M M D D Y Y Y Y

### Baby's information

Baby's first name: **SPENCER**

Middle initial: **E**

Baby's last name: **DINGLASAN**

Baby's date of birth: **07252022**  
M M D D Y Y Y Y

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

Baby's gender:  Male  Female

### Person filling out questionnaire

First name: **STEPHANIE**

Middle initial: **H**

Last name: **EUGENIO**

Street address: **1690 LAKE BLUFF LN**

Relationship to baby:  
 Parent  Guardian  Teacher  Child care provider  
 Grandparent or other relative  Foster parent  Other:

City: **PINGREE BROVE**

State/Province: **IL** ZIP/Postal code: **60140**

Country: **US**

Home telephone number: **3366821996**

Other telephone number:

E-mail address: **STEPHANIE.EUGENIODADTMAIL.COM**

Names of people assisting in questionnaire completion: **Abraham Eugenio**

### PROGRAM INFORMATION

Baby ID #: **N/A**

Age at administration, in months and days: **N/A**   
M M D D

Program ID #: **N/A**

If premature, adjusted age, in months and days: **N/A**   
M M D D

Program name: **MIA**