



Ages & Stages Questionnaires®

24 Month Questionnaire

23 months 0 days through 25 months 15 days



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

Date ASQ completed:

0	2	2	8	2	0	2	3
M	M	D	D	Y	Y	Y	Y

Child's information

Child's first name:

Luna

Middle initial:

S

Child's last name:

Williams

Child's date of birth:

02282021

Child's gender:

Male Female

Person filling out questionnaire

First name:

Courtney

Middle initial:

A

Last name:

Singleton

Street address:

Relationship to child:

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

City:

State/Province: ZIP/Postal code:

Country:

Home telephone number:

Other telephone number:

E-mail address:

Names of people assisting in questionnaire completion:

PROGRAM INFORMATION

Child ID #:

Program ID #:

Program name:



24 Month Questionnaire

23 months 0 days
through 25 months 15 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

Notes:

- Try each activity with your child 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 _____

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

YES SOMETIMES NOT YET

1. Without your showing him, does your child point to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?" (She needs to identify only one picture correctly.)

2. 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.)

3. Without your giving him clues by pointing or using gestures, can your child carry out at least three of these kinds of directions?

- a. "Put the toy on the table." d. "Find your coat."
- b. "Close the door." e. "Take my hand."
- c. "Bring me a towel." f. "Get your book."

4. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly name at least one picture?

5. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? (Don't count word combinations that express one idea, such as "bye-bye," "all gone," "all right," and "What's that?") Please give an example of your child's word combinations:

COMMUNICATION (continued)

6. Does your child correctly use at least two words like "me," "I," "mine," and "you"?

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

COMMUNICATION TOTAL 50

GROSS MOTOR

1. Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)

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

2. When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, mark "yes" for this item.)



<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
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3. Does your child walk either up or down at least two steps by herself? She may hold onto the railing or wall.



<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
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4. Does your child run fairly well, stopping herself without bumping into things or falling?



<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
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5. Does your child jump with both feet leaving the floor at the same time?



<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
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6. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?



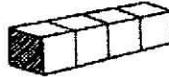
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	—*
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GROSS MOTOR TOTAL 60

*If Gross Motor Item 6 is marked "yes" or "sometimes," mark Gross Motor Item 2 "yes."

PROBLEM SOLVING (continued)

6. 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.)



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

PROBLEM SOLVING TOTAL 60

PERSONAL-SOCIAL

- Does your child drink from a cup or glass, putting it down again with little spilling?
- Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?
- Does your child eat with a fork?
- When playing with either a stuffed animal or a doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth?
- 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?
- Does your child call herself "I" or "me" more often than her own name? For example, "I do it," more often than "Juanita do it."

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

PERSONAL-SOCIAL TOTAL 55

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

OVERALL (continued)

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

YES

NO

At times, usually one word responses. Multiple words no.

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

YES

NO

5. Does either parent have a family history of childhood deafness or hearing
impairment? If yes, explain:

YES

NO

6. Do you have any 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

OVERALL (continued)

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

 YES NO

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

 YES NO



24 Month ASQ-3 Information Summary

23 months 0 days through
25 months 15 days

Child's name: Luna S. Williams Date ASQ completed: 02/28/2023
 Child's ID #: _____ Date of birth: 02/28/2021
 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	25.17	50	●	●	●	●	●	●	●	●	●	●	●	●	●
Gross Motor	38.07	60	●	●	●	●	●	●	●	●	●	●	●	●	●
Fine Motor	35.16	60	●	●	●	●	●	●	●	●	●	●	●	●	●
Problem Solving	29.78	60	●	●	●	●	●	●	●	●	●	●	●	●	●
Personal-Social	31.54	55	●	●	●	●	●	●	●	●	●	●	●	●	●

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. Concerns about vision?
Comments: | YES No |
| 2. Talks like other toddlers his age?
Comments: | Yes NO | 7. Any medical problems?
Comments: | YES No |
| 3. Understand most of what your child says?
Comments: | Yes NO | 8. Concerns about behavior?
Comments: | YES No |
| 4. Walks, runs, and climbs like other toddlers?
Comments: | Yes NO | 9. Other concerns?
Comments: | YES No |
| 5. Family history of hearing impairment?
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.
 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): Luna's scores are all in the white area.

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						

Encourage two-way conversation by copying your child's attempt at words.