⚇ASQ·3

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

Child's name: Leo G.

Child's ID #: N/A

Administering program/provider: N/A

Date ASQ completed: ~~September~~ 12/01/2024

Date of birth: 05/16/2023

Was age adjusted for prematurity when selecting questionnaire? ◯ Yes ⊘ No

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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:

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						