

Child's name: John Doe  
 Child's ID #: 12345678  
 Administering program/provider: \_\_\_\_\_

Date completed: 1/1/2017 12:00:00 PM  
 Date of Birth: 6/1/2014  
 Age was adjusted for prematurity when selecting Questionnaire

### 30 Month ASQ-3 Information Summary

#### ASQ-3 Scores

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	33.30	60													
Gross Motor	36.14	55													
Fine Motor	19.25	45													
Problem Solving	27.08	60													
Personal-social	32.01	55													

#### Overall Responses

- |  |     |  |
|--|-----|--|
| 1. Hears well<br>Comments:                                     | Yes | 6. Family history of hearing impairment<br>Comments: |
| 2. Talks like other children his age<br>Comments:              | Yes | 7. Concerns about vision<br>Comments:                |
| 3. Understand most of what your child says<br>Comments:        | Yes | 8. Any medical problems<br>Comments:                 |
| 4. Others understand most of what your child says<br>Comments: | Yes | 9. Concerns about behavior<br>Comments:              |
| 5. Walks, runs, and climbs like other children<br>Comments:    | Yes | 10. Other concerns<br>Comments:                      |

#### ASQ Score Interpretation and Recommendation for 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.

#### 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	Y	Y	Y	Y	Y	Y
Gross Motor	Y	Y	Y	Y	S	Y
Fine Motor	Y	S	Y	S	S	Y
Problem Solving	Y	Y	Y	Y	Y	Y
Personal-Social	Y	Y	Y	Y	S	Y

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