



Thomas Jefferson University
Teaching and Learning Collaborative
130 South 9th Street, 6th floor
Philadelphia, PA 19107
215.503.4019 or teaching.collaborative@jefferson.edu
Website: <http://jeffline.tju.edu/cfsrp/>

2015-16 Competency: Marcel's Completed ASQ

1. What is Marcel's age in months and days?
2. Total points on page 1:
3. Total points on page 2:
4. Total points on page 3:
5. Total points on page 4:
6. Total score:
7. Marcel's score falls within which area of the scoring graphic?
 - a. No or low risk
 - b. Monitor
 - c. Refer
8. Were there any concerns marked on scored items? If so, what were the concerns?
9. Were there any eating/sleeping/toileting concerns?
10. Were there other worries no marked on scored items? If so, what were they?
11. FOLLOW UP REFERRAL CONSIDERATIONS
 - a. What follow-up referral considerations would you discuss with the team?
Consider the following factors: setting, developmental, health factors, and family/cultural factors.
 - b. What activities would you carry out with Marcel to promote Tier 1 implementation?



30 Month Questionnaire

27 months 0 days through 32 months 30 days

ASQ:SE-2
Ages & Stages
Questionnaires®
Social-Emotional
SECOND EDITION

Date ASQ:SE-2 completed: 1/20/16

Child's information

Child's first name: Marcel Child's middle initial: B. Child's last name: H.

Child's date of birth: June 28, 2013

Child's gender: ☒ Male ☐ Female

Person filling out questionnaire

First name: Camille (Mother) Middle initial: _____ Last name: _____

Street address: _____

City: _____ State/province: _____ ZIP/postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Relationship to child: ☒ Parent ☐ Guardian ☐ Teacher ☐ Other: _____
☐ Grandparent/other relative ☐ Foster parent ☐ Child care provider

People assisting in questionnaire completion: _____

Program information

(For program use only.)

Child's ID #: _____ Age at administration in months and days: _____

Program ID #: _____

Program name: _____

30 Month Questionnaire 27 months 0 days through 32 months 30 days



Questions about behaviors children may have are listed on the following pages. Please read each question carefully and check the box ☒ that best describes your child's behavior. Also, check the circle ☒ if the behavior is a concern.

Important Points to Remember:

- ☐ Answer questions based on what you know about your child's behavior.
- ☐ Answer questions based on your child's *usual* behavior, not behavior when your child is sick, very tired, or hungry.
- ☐ Caregivers who know the child well and spend more than 15–20 hours per week with the child should complete ASQ:SE-2.
- ☐ Please return this questionnaire by: _____
- ☐ If you have any questions or concerns about your child or about this questionnaire, contact: _____
- ☐ Thank you and please look forward to filling out another ASQ:SE-2 in _____ months.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
1. Does your child look at you when you talk to him?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
2. Does your child like to be hugged or cuddled?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
3. Does your child cling to you more than you expect? <i>Since he began daycare, he never wants to leave my side.</i>	<input checked="" type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
4. Does your child greet or say hello to familiar adults?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
5. Does your child seem happy?	<input type="checkbox"/> z	<input checked="" type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
6. Does your child like to hear stories and sing songs?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
7. Does your child seem too friendly with strangers?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input checked="" type="checkbox"/> z	<input type="radio"/> v	_____





TOTAL POINTS ON PAGE _____

30 Month Questionnaire



Check the box ☒ that best describes your child's behavior. Also, check the circle ☒ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
8. Does your child settle herself down after exciting activities? 	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
9. Does your child cry, scream, or have tantrums for long periods of time?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input checked="" type="checkbox"/> z	<input type="radio"/> v	_____
10. Does your child do things over and over and get upset when you try to stop him? For example, does he rock, flap his hands, spin, or _____? (Please describe.) _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input checked="" type="checkbox"/> z	<input type="radio"/> v	_____
11. Does your child stay with activities she enjoys for at least 3 minutes (other than watching shows or videos, or playing with electronics)?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
12. Does your child do what you ask him to do?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
13. Is your child interested in things around her, such as people, toys, and foods? 	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
14. When upset, can your child calm down within 15 minutes?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
15. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.) <u>About 2 months ago, he began vomiting</u> <u>when upset. This behavior is fairly regular.</u>	<input checked="" type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input checked="" type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

30 Month Questionnaire



Check the box ☒ that best describes your child's behavior. Also, check the circle ☒ if the behavior is a concern.


	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
16. Do you and your child enjoy mealtimes together? <i>His eating habits have been a concern for about 2 months.</i>	<input type="checkbox"/> z	<input checked="" type="checkbox"/> v	<input type="checkbox"/> x	<input checked="" type="radio"/> v	_____
17. When you point at something, does your child look in the direction you are pointing?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
18. Does your child sleep at least 8 hours in a 24-hour period?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
19. Does your child let you know how she is feeling with words or gestures? For example, does she let you know when she is hungry, hurt, or tired?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
20. Does your child follow routine directions? For example, does he come to the table or help clean up his toys when asked?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
21. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home? <i>our family is too busy to go anywhere, so I can't answer this.</i>	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
22. Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)? <i>Adjustments and transitions are extremely hard for Marcel</i>	<input type="checkbox"/> z	<input type="checkbox"/> v	<input checked="" type="checkbox"/> x	<input checked="" type="radio"/> v	_____
23. Does your child stay away from dangerous things, such as fire and moving cars?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
24. Does your child destroy or damage things on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input checked="" type="checkbox"/> z	<input type="radio"/> v	_____
25. Does your child hurt herself on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input checked="" type="checkbox"/> z	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

30 Month Questionnaire



Check the box ☒ that best describes your child's behavior. Also, check the circle ☒ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
26. Does your child play next to other children? 	<input type="checkbox"/> z	<input checked="" type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
27. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input checked="" type="checkbox"/> z	<input type="radio"/> v	_____
28. Does your child try to show you things by pointing at them and looking back at you?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
29. Does your child use at least two words to ask for things he wants? For example, does he say "want ball" or "more apple?" <i>He speaks less than his peers & that's a concern for us.</i>	<input type="checkbox"/> z	<input checked="" type="checkbox"/> v	<input type="checkbox"/> x	<input checked="" type="radio"/> v	_____
30. Does your child play with objects by pretending? For example, does your child pretend to talk on the phone, feed a doll, or fly a toy airplane?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
31. Does your child wake three or more times during the night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input checked="" type="checkbox"/> z	<input type="radio"/> v	_____
32. Is your child too worried or fearful? If "sometimes" or "often or always," please describe: _____ _____ _____	<input type="checkbox"/> x	<input checked="" type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
33. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: <i>The daycare has expressed concerns about his eating habits, difficulty transitioning, and lack of understandable communication. However, the daycare staff speaks English & we speak French & English at home.</i>	<input type="checkbox"/> x	<input checked="" type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

OVERALL Use the space below for additional comments.

34. Do you have concerns about your child's eating and sleeping behaviors or about her toilet training?

If yes, please explain:

☐ YES

☒ NO

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

☒ YES

☐ NO

He has such a difficult time with day care dropoff. I'm usually rushing to my job so the process & his behavior are frustrating// concerning.

36. What do you enjoy about your child?

His ability to connect with loved ones when the family is settled. These moments are rare since I've started my new job, taking care of my sick mother, and he's started daycare.

30 Month Information Summary 27 months 0 days through 32 months 30 days



Child's name: Marcel H. Date ASQ:SE-2 completed: Jan. 20, 2014
 Child's ID #: _____ Child's date of birth: June 28, 2013
 Person who completed ASQ:SE-2: Mother Child's age in months and days: _____
 Administering program/provider: _____ Child's gender: ☒ Male ☐ Female

1. ASQ:SE-2 SCORING CHART:

- Score items (Z = 0, V = 5, X = 10, Concern = 5).
- Transfer the page totals and add them for the total score.
- Record the child's total score next to the cutoff.

TOTAL POINTS ON PAGE 1		Cutoff	TOTAL SCORE
TOTAL POINTS ON PAGE 2			
TOTAL POINTS ON PAGE 3			
TOTAL POINTS ON PAGE 4			
Total score		85	

2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.



- ___ The child's total score is in the ☐ area. It is below the cutoff. Social-emotional development appears to be on schedule.
- ___ The child's total score is in the ☒ area. It is close to the cutoff. Review behaviors of concern and monitor.
- ___ The child's total score is in the ☐ area. It is above the cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer parent/caregiver comments. YES responses require follow-up.

- 1-33. Any Concerns marked on scored items? **YES** no Comments: _____
34. Eating/sleeping/toileting concerns? **YES** no Comments: _____
35. Other worries? **YES** no Comments: _____

4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 98-103 in the ASQ:SE-2 User's Guide.

- ___ **Setting/time factors** (e.g., Is the child's behavior the same at home as at school?)
- ___ **Developmental factors** (e.g., Is the child's behavior related to a developmental stage or delay?)
- ___ **Health factors** (e.g., Is the child's behavior related to health or biological factors?)
- ___ **Family/cultural factors** (e.g., Is the child's behavior acceptable given the child's cultural or family context? Have there been any stressful events in the child's life recently?)
- ___ **Parent concerns** (e.g., Did the parent/caregiver express any concerns about the child's behavior?)

5. FOLLOW-UP ACTION: Check all that apply.

- ___ Provide activities and rescreen in ___ months.
- ___ Share results with primary health care provider.
- ___ Provide parent education materials.
- ___ Provide information about available parenting classes or support groups.
- ___ Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): _____
- ___ Administer developmental screening (e.g., ASQ-3).
- ___ Refer to early intervention/early childhood special education.
- ___ Refer for social-emotional, behavioral, or mental health evaluation.
- ___ Other: _____