

60 Month ASQ-3 Information Summary

57 months 0 days through 66 months 0 days

Child's name:										Date ASQ completed:										
Cł	nild's ID #:				Date of birth:															
Ac	dministering pr	rogram/p	orovider:																	
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	33.19		0	•				0		0	0	0	.($\overline{\circ}$	C	,	0		
	Gross Motor	31.28			0			9	0	0	O :		Q	($\overline{\bigcirc}$	0	,	0		
	Fine Motor	26.54			(1)	0	*	•		O.	0		0	(<u> </u>	O	,	0		
	Problem Solving	29.99								•	Ō	O	0	(\mathcal{C}	O		0		
	Personal-Social	39.07						0	•	•		Ō*	O	(<u> </u>	0		0		
2.	TRANSFER (TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.																		
		. Hears well? Comments:					Yes	NO	6	Family h	history of hearing impairment? nents:						S	No		
	Talks like other children his age? Comments:						Yes	NO	7.	Concern: Commer	s about vision? nts:						S.	No		
	Understand most of what your child says? Comments:						Yes	NO	8.		ny medical problems? YES omments:						5	No		
	4. Others understand most of what your child says? Comments:						Yes	NO	9.	Concerns		behavior	?	-		YES	;	No		
		5. Walks, runs, and climbs like other children? Comments:							10.	Other concerns? 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 t If the child's t If the child's t	total sco	re is in th	ne 💷 a	area, it i	s close t	o the c	utoff. Pi	rovide	learning ac	ctivities	and mon	itor.							
4.	FOLLOW-UP						OPTIONA													
	Provide a						YES, S = : esponse			ES, I	N = N	OT	YET,							
	Share res						caponac		, 1	_										
	Refer for	(circle a	ll that ap	ply) hea	aring, vi	haviora	screer	ning.	Com	munication	1	2	3	4	5	6				
Refer to primary health care provider or other correason):											ross Motor									
	Refer to early intervention/early childhood speci										- 1	Fine Motor					_			
	No further action taken at this time										-	em Solving					_			
· · · · · · · · · · · · · · · · · · ·							•			Pers	onal-Social			}						