

6 Month Questionnaire

(for infants 3 through 8 months)

ASQ: SE Information Summary

Child's Name: _____
Date of Birth: _____ Age in months: _____ Date of Completion: _____
Center: _____ Classroom: _____
Completed By: _____ Relationship: _____
Assisted by: _____

Scoring:

Z or C (for zero)=	0 points
V(Roman Numeral)=	5 points
X (Roman Numeral)=	10 points
Checked Concern=	5 points additional

Page 3 _____
Page 4 _____
+ Page 5 _____

Total _____

Areas of Concern (list numbers): _____
Unanswered Questions (list numbers): _____

Questionnaire Interval	Child's ASQ-SE score	Cut-off Score
6 Month (3-8 months)		45

Notes (Include summary of concerns as well as developmental, health, cultural factors, or life stressors):

If Child's score is above the Cut-off Score or there are significant concerns notify Dawn Varney, LICSW for review.
dvarney@snhs.org 668-8010 ext. 6095

12 Month Questionnaire

(for infants 9 through 14 months)

ASQ: SE Information Summary

Child's Name: _____
 Date of Birth: _____ Age in months: _____ Date of Completion: _____
 Center: _____ Classroom: _____
 Completed By: _____ Relationship: _____
 Assisted by: _____

Scoring:

Z or C (for zero)=	0 points
V(Roman Numeral)=	5 points
X (Roman Numeral)=	10 points
Checked Concern=	5 points additional

Page 3 _____
 Page 4 _____
 Page 5 _____
 + Page 6 _____

 Total _____

Areas of Concern (list numbers): _____
 Unanswered Questions (list numbers): _____

Questionnaire Interval	Child's ASQ-SE score	Cut-off Score
12 Month (9-14 months)		48

Notes (Include summary of concerns as well as developmental, health, cultural factors, or life stressors):

If Child's score is above the Cut-off Score or there are significant concerns notify Dawn Varney, LICSW for review.

dvarney@snhs.org 668-8010 ext. 6095

18 Month Questionnaire

(for infants 15 through 20 months)

ASQ: SE Information Summary

Child's Name: _____
 Date of Birth: _____ Age in months: _____ Date of Completion: _____
 Center: _____ Classroom: _____
 Completed By: _____ Relationship: _____
 Assisted by: _____

Scoring:

Z or C (for zero)=	0 points
V(Roman Numeral)=	5 points
X (Roman Numeral)=	10 points
Checked Concern=	5 points additional

Page 3 _____
 Page 4 _____
 Page 5 _____
 + Page 6 _____

 Total _____

Areas of Concern (list numbers): _____
 Unanswered Questions (list numbers): _____

Questionnaire Interval	Child's ASQ-SE score	Cut-off Score
18 Month (15-20 months)		50

Notes (Include summary of concerns as well as developmental, health, cultural factors, or life stressors):

If Child's score is above the Cut-off Score or there are significant concerns notify Dawn Varney, LICSW for review.

dvarney@snhs.org 668-8010 ext. 6095

24 Month Questionnaire

(for infants 21 through 26 months)

ASQ: SE Information Summary

Child's Name: _____
 Date of Birth: _____ Age in months: _____ Date of Completion: _____
 Center: _____ Classroom: _____
 Completed By: _____ Relationship: _____
 Assisted by: _____

Scoring:

Z or C (for zero)=	0 points
V(Roman Numeral)=	5 points
X (Roman Numeral)=	10 points
Checked Concern=	5 points additional

Page 3 _____
 Page 4 _____
 Page 5 _____
 + Page 6 _____

 Total _____

Areas of Concern (list numbers): _____
 Unanswered Questions (list numbers): _____

Questionnaire Interval	Child's ASQ-SE score	Cut-off Score
24 Month (21-26 months)		50

Notes (Include summary of concerns as well as developmental, health, cultural factors, or life stressors):

If Child's score is above the Cut-off Score or there are significant concerns notify Dawn Varney, LICSW for review.

dvarney@snhs.org 668-8010 ext. 6095

30 Month Questionnaire

(for infants 27 through 32 months)

ASQ: SE Information Summary

Child's Name: _____
 Date of Birth: _____ Age in months: _____ Date of Completion: _____
 Center: _____ Classroom: _____
 Completed By: _____ Relationship: _____
 Assisted by: _____

Scoring:

Z or C (for zero)=	0 points
V(Roman Numeral)=	5 points
X (Roman Numeral)=	10 points
Checked Concern=	5 points additional

Page 3 _____
 Page 4 _____
 Page 5 _____
 + Page 6 _____

 Total _____

Areas of Concern (list numbers): _____
 Unanswered Questions (list numbers): _____

Questionnaire Interval	Child's ASQ-SE score	Cut-off Score
30 Month (27-32 months)		57

Notes (Include summary of concerns as well as developmental, health, cultural factors, or life stressors):

If Child's score is above the Cut-off Score or there are significant concerns notify Dawn Varney, LICSW for review.

dvarney@snhs.org 668-8010 ext. 6095

36 Month Questionnaire

(for infants 33 through 41 months)

ASQ: SE Information Summary

Child's Name: _____
 Date of Birth: _____ Age in months: _____ Date of Completion: _____
 Center: _____ Classroom: _____
 Completed By: _____ Relationship: _____
 Assisted by: _____

Scoring:

Z or C (for zero)=	0 points
V(Roman Numeral)=	5 points
X (Roman Numeral)=	10 points
Checked Concern=	5 points additional

Page 3 _____
 Page 4 _____
 Page 5 _____
 + Page 6 _____

 Total _____

Areas of Concern (list numbers): _____
 Unanswered Questions (list numbers): _____
 Question #30, please explain: _____

Questionnaire Interval	Child's ASQ-SE score	Cut-off Score
36 Month (33-41 months)		59

Notes (Include summary of concerns as well as developmental, health, cultural factors, or life stressors):

If Child's score is above the Cut-off Score or there are significant concerns notify Dawn Varney, LICSW for review.

dvarney@snhs.org 668-8010 ext. 6095

48 Month Questionnaire

(for infants 42 through 53 months)

ASQ: SE Information Summary

Child's Name: _____
 Date of Birth: _____ Age in months: _____ Date of Completion: _____
 Center: _____ Classroom: _____
 Completed By: _____ Relationship: _____
 Assisted by: _____

Scoring:

Z or C (for zero)=	0 points
V(Roman Numeral)=	5 points
X (Roman Numeral)=	10 points
Checked Concern=	5 points additional

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 Page 4 _____
 Page 5 _____
 + Page 6 _____

 Total _____

Areas of Concern (list numbers): _____
 Unanswered Questions (list numbers): _____
 Question #30, please explain: _____

Questionnaire Interval	Child's ASQ-SE score	Cut-off Score
48 Month (42-53 months)		70

Notes (Include summary of concerns as well as developmental, health, cultural factors, or life stressors):

If Child's score is above the Cut-off Score or there are significant concerns notify Dawn Varney, LICSW for review.

60 Month Questionnaire

(for infants 54 through 65 months)

ASQ: SE Information Summary

Child's Name: _____
 Date of Birth: _____ Age in months: _____ Date of Completion: _____
 Center: _____ Classroom: _____
 Completed By: _____ Relationship: _____
 Assisted by: _____

Scoring:

Z or C (for zero)=	0 points
V(Roman Numeral)=	5 points
X (Roman Numeral)=	10 points
Checked Concern=	5 points additional

Page 3 _____
 Page 4 _____
 Page 5 _____
 + Page 6 _____

 Total _____

Areas of Concern (list numbers): _____
 Unanswered Questions (list numbers): _____
 Question #30, please explain: _____

Questionnaire Interval	Child's ASQ-SE score	Cut-off Score
60 Month (54-65 months)		70

Notes (Include summary of concerns as well as developmental, health, cultural factors, or life stressors):

If Child's score is above the Cut-off Score or there are significant concerns notify Dawn Varney, LICSW for review.