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?
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:  
Home telephone number:  
Other telephone number:

Country:

E-mail address:

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

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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Often or Always</th>
<th>Sometimes</th>
<th>Rarely or Never</th>
<th>Check If This Is a Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your child look at you when you talk to him?</td>
<td>✗ z</td>
<td>☐ v</td>
<td>☐ x</td>
<td>○ v</td>
</tr>
<tr>
<td>2. Does your child like to be hugged or cuddled?</td>
<td>✗ z</td>
<td>☐ v</td>
<td>☐ x</td>
<td>○ v</td>
</tr>
<tr>
<td>3. Does your child cling to you more than you expect?</td>
<td>✗ ×</td>
<td>☐ v</td>
<td>☐ z</td>
<td>○ v</td>
</tr>
<tr>
<td><strong>Since he began daycare, he never wants to leave my side.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does your child greet or say hello to familiar adults?</td>
<td>✗ z</td>
<td>☐ v</td>
<td>☐ x</td>
<td>○ v</td>
</tr>
<tr>
<td>5. Does your child seem happy?</td>
<td>☐ z</td>
<td>✗ v</td>
<td>☐ x</td>
<td>○ v</td>
</tr>
<tr>
<td>6. Does your child like to hear stories and sing songs?</td>
<td>✗ z</td>
<td>☐ v</td>
<td>☐ x</td>
<td>○ v</td>
</tr>
<tr>
<td>7. Does your child seem too friendly with strangers?</td>
<td>☐ x</td>
<td>☐ v</td>
<td>✗ z</td>
<td>○ v</td>
</tr>
</tbody>
</table>

**TOTAL POINTS ON PAGE**
8. Does your child settle herself down after exciting activities?

9. Does your child cry, scream, or have tantrums for long periods of time?

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.)

11. Does your child stay with activities she enjoys for at least 3 minutes (other than watching shows or videos, or playing with electronics)?

12. Does your child do what you ask him to do?

13. Is your child interested in things around her, such as people, toys, and foods?

14. When upset, can your child calm down within 15 minutes?

15. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or ________? (Please describe.)

About 2 months ago, he began vomiting when upset. This behavior is fairly regular.
## 30 Month Questionnaire

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Often or Always</th>
<th>Sometimes</th>
<th>Rarely or Never</th>
<th>Check If This Is a Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Do you and your child enjoy mealtimes together?</td>
<td>☑ ×</td>
<td>☑</td>
<td>☑ ×</td>
<td>☑ ×</td>
</tr>
<tr>
<td><strong>HIs eating habits have been a concern for about 2 months.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. When you point at something, does your child look in the direction you are pointing?</td>
<td>☑ ×</td>
<td>☑</td>
<td>☑ ×</td>
<td>☑ ×</td>
</tr>
<tr>
<td>18. Does your child sleep at least 8 hours in a 24-hour period?</td>
<td>☑ ×</td>
<td>☑</td>
<td>☑ ×</td>
<td>☑ ×</td>
</tr>
<tr>
<td>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?</td>
<td>☑ ×</td>
<td>☑</td>
<td>☑ ×</td>
<td>☑ ×</td>
</tr>
<tr>
<td>20. Does your child follow routine directions? For example, does he come to the table or help clean up his toys when asked?</td>
<td>☑ ×</td>
<td>☑</td>
<td>☑ ×</td>
<td>☑ ×</td>
</tr>
<tr>
<td>21. Does your child check to make sure you are near when exploring new places, such as a park or a friend’s home? Our family is too busy to go anywhere, so I can’t answer this.</td>
<td>☑ ×</td>
<td>☑</td>
<td>☑ ×</td>
<td>☑ ×</td>
</tr>
<tr>
<td>22. Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtimes)? Adjustments and transitions are extremely hard for Marcel</td>
<td>☑ ×</td>
<td>×</td>
<td>×</td>
<td>×</td>
</tr>
<tr>
<td>23. Does your child stay away from dangerous things, such as fire and moving cars?</td>
<td>☑ ×</td>
<td>☑</td>
<td>☑ ×</td>
<td>☑ ×</td>
</tr>
<tr>
<td>24. Does your child destroy or damage things on purpose?</td>
<td>☑ ×</td>
<td>☑</td>
<td>☑ ×</td>
<td>☑ ×</td>
</tr>
<tr>
<td>25. Does your child hurt herself on purpose?</td>
<td>☑ ×</td>
<td>☑</td>
<td>☑ ×</td>
<td>☑ ×</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th></th>
<th>OFTEN OR ALWAYS</th>
<th>SOMETIMES</th>
<th>RARELY OR NEVER</th>
<th>CHECK IF THIS IS A CONCERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Does your child play next to other children?</td>
<td>□ z</td>
<td>✗ v</td>
<td>□ x</td>
<td>○ v</td>
</tr>
<tr>
<td>27. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?</td>
<td>□ x</td>
<td>□ v</td>
<td>✗ z</td>
<td>○ v</td>
</tr>
<tr>
<td>28. Does your child try to show you things by pointing at them and looking back at you?</td>
<td>✗ z</td>
<td>□ v</td>
<td>□ x</td>
<td>○ v</td>
</tr>
<tr>
<td>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?”</td>
<td>□ z</td>
<td>✗ v</td>
<td>□ x</td>
<td>○ v</td>
</tr>
<tr>
<td>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?</td>
<td>✗ z</td>
<td>□ v</td>
<td>□ x</td>
<td>○ v</td>
</tr>
<tr>
<td>31. Does your child wake three or more times during the night?</td>
<td>□ x</td>
<td>□ v</td>
<td>✗ z</td>
<td>○ v</td>
</tr>
<tr>
<td>32. Is your child too worried or fearful? If “sometimes” or “often or always,” please describe:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Has anyone shared concerns about your child's behaviors? If “sometimes” or “often or always,” please explain:</td>
<td>□ x</td>
<td>✗ v</td>
<td>□ z</td>
<td>○ v</td>
</tr>
</tbody>
</table>

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.
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.
Child's name: Marcel H.

Date ASQ:SE-2 completed: Jan 20, 2014

Child's ID #: ____________________________

Child's date of birth: June 29, 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.

<table>
<thead>
<tr>
<th>TOTAL POINTS ON PAGE 1</th>
<th>Cutoff</th>
<th>TOTAL POINTS ON PAGE 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>85</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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.

   no or low risk 65 monitor 85 refer 135+
   (90thile)

   ☐ 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/tolleting concerns? YES no Comments:

35. Other worries? YES no Comments:

   ☐ 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: ____________________________