24 Month Questionnaire

21 months 0 days through 26 months 30 days

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

Date ASQ:SE-2 completed: 3/30/15

Child's information

Child's first name: Luke Child's middle initial: K Child's last name: Jones

Child's date of birth: 2/23/13

Child's gender: (●) Male ( ) Female

Person filling out questionnaire

First name: Lucy Middle initial: K Last name: Jones

Street address: 20 First Street

City: Baltimore State/province: MD ZIP/postal code: 21230

Country: United States Home telephone number: 410-888-5679 Other telephone number:

E-mail address: Lucy.Jones@email.com

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 #: 13235457679891384 Age at administration in months and days: 25 months, 7 days

Program ID #: 243465687819213

Program name: Charm City Child Care

SAMPLE

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24 Month QUESTIONNAIRE *21 months 0 days through 26 months 30 days*

ASQ:SE-2™

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?	■ z	☐ v	☐ x	◯ v	0
2. Does your child seem too friendly with strangers?	☐ x	☐ v	■ z	◯ v	0
3. Does your child laugh or smile when you play with her?	■ z	☐ v	☐ x	◯ v	0
4. Is your child's body relaxed?	■ z	☐ v	☐ x	◯ v	0
5. When you leave, does your child stay upset and cry for more than an hour?	☐ x	■ v	☐ z	⊘ v	10
6. Does your child greet or say hello to familiar adults?	☐ z	■ v	☐ x	◯ v	5
7. Does your child like to be hugged or cuddled?	■ z	☐ v	☐ x	◯ v	0
8. When upset, can your child calm down within 15 minutes?	■ z	☐ v	☐ x	◯ v	0

TOTAL POINTS ON PAGE 15

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24 Month Questionnaire

ASQ:SE-2™ 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	
9. Does your child stiffen and arch his back when picked up?	☐ x	☐ v	■ z	◯ v	0
10. Is your child interested in things around her, such as people, toys, and foods? 	■ z	☐ v	☐ x	◯ v	0
11. Does your child cry, scream, or have tantrums for long periods of time?	☐ x	■ v	☐ z	◯ v	5
12. Do you and your child enjoy mealtimes together?	■ z	☐ v	☐ x	◯ v	0
13. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.) _____ _____	☐ x	☐ v	■ z	◯ v	0
14. Does your child sleep at least 10 hours in a 24-hour period?	■ z	☐ v	☐ x	◯ v	0
15. When you point at something, does your child look in the direction you are pointing?	■ z	☐ v	☐ x	◯ v	0
16. Does your child have trouble falling asleep at naptime or at night?	☐ x	☐ v	■ z	◯ v	0
17. Does your child get constipated or have diarrhea?	☐ x	☐ v	■ z	◯ v	0

TOTAL POINTS ON PAGE 5

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24 Month Questionnaire

ASQ:SE-2™ 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	
18. Does your child follow simple directions? For example, does she sit down when asked?	☐ z	■ v	☐ x	◯ v	5
19. Does your child let you know how he is feeling with words or gestures? For example, does he let you know when he is hungry, hurt, or tired?	■ z	☐ v	☐ x	◯ v	0
20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?	☐ z	☐ v	☐ x	◯ v	0
21. Does your child do things over and over and get upset when you try to stop her? For example, does she rock, flap her hands, spin, or _____? (Please describe.) _____ _____	☐ x	☐ v	■ z	◯ v	0
22. Does your child like to hear stories or sing songs? 	■ z	☐ v	☐ x	◯ v	0
23. Does your child hurt himself on purpose?	☐ x	☐ v	■ z	◯ v	0
24. Does your child like to be around other children? For example, does she move close to or look at other children? 	■ z	☐ v	☐ x	◯ v	0
25. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	☐ x	☐ v	■ z	◯ v	0
26. Does your child try to show you things by pointing at them and looking back at you?	■ z	☐ v	☐ x	◯ v	0

TOTAL POINTS ON PAGE 5

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ASQ:SE-2™ 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	
27. 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?	■ z	☐ v	☐ x	◯ v	0
28. Does your child wake three or more times during the night?	☐ x	☐ v	■ z	◯ v	0
29. Does your child respond to his name when you call him? For example, does he turn his head and look at you?	■ z	☐ v	☐ x	◯ v	0
30. Is your child too worried or fearful? If "sometimes" or "often or always," please describe: **Luke is hesitant when he is in unfamiliar places and situations.**	☐ x	■ v	☐ z	◯ v	5
31. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: **Our day care provider say it takes Luke a while to stop crying when we leave.**	☐ x	■ v	☐ z	☑ v	10

TOTAL POINTS ON PAGE _____

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OVERALL Use the space below for additional comments.

32. Do you have concerns about your child's eating or sleeping behaviors? If yes, please explain: ◯ YES ☑ NO

No

33. Does anything about your child worry you? If yes, please explain: ☑ YES ◯ NO

Luke's reaction to being in new situations concerns us because he gets very upset and cries for a long time.

34. What do you enjoy about your child?

When Luke is happy and comfortable, his smile and laughter make everyone around him smile.

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24 Month Information Summary *21 months 0 days through 26 months 30 days*

ASQ:SE-2™

Child's name: Luke K. Jones

Date ASQ:SE-2 completed: 3/30/15

Child's ID #: 13235457679891384

Child's date of birth: 2/23/13

Person who completed ASQ:SE-2: Mother

Child's age in months and days: 25 months, 7 days

Administering program/provider: Charm City Child Care

Child's gender: ● Male ○ Female

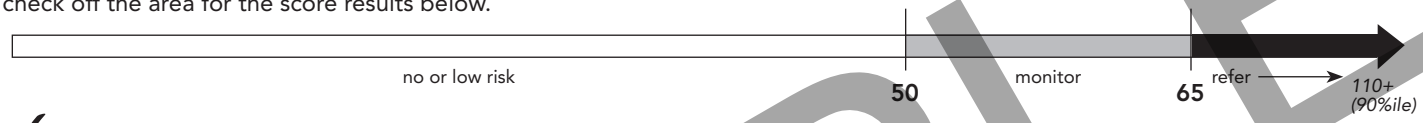
1. ASQ:SE-2 SCORING CHART:

- 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	15
TOTAL POINTS ON PAGE 2	5
TOTAL POINTS ON PAGE 3	5
TOTAL POINTS ON PAGE 4	10
Total score	40

Cutoff	Total score
65	40

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.

1–31. Any Concerns marked on scored items? (YES) no Comments:

32. Eating/sleeping concerns? YES (no) Comments:

33. Other worries? (YES) no Comments: Adapting to new situations

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.*

No **Setting/time factors** (e.g., Is the child's behavior the same at home as at school?)

No **Developmental factors** (e.g., Is the child's behavior related to a developmental stage or delay?)

No **Health factors** (e.g., Is the child's behavior related to health or biological factors?)

No **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?)

Yes **Parent concerns** (e.g., Did the parent/caregiver express any concerns about the child's behavior?)

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

No Provide activities and rescreen in ____ months.

Yes Share results with primary health care provider.

Yes Provide parent education materials.

No Provide information about available parenting classes or support groups.

No Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): _____

No Administer developmental screening (e.g., ASQ-3).

No Refer to early intervention/early childhood special education.

No Refer for social-emotional, behavioral, or mental health evaluation.

____ Other: _____

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