

Child Monitoring Sheet



Child's name: _____ Date of birth: _____ Child ID #: _____

Instructions: You may use this form to track a child's ASQ screening results over time. Write the date the ASQ was administered and questionnaire month at the top of each column. Fill in the bubble that corresponds with the score for each developmental area (refer to the completed ASQ-3 Information Summary). If a score is above the monitoring zone, mark the bubble for "Well Above." If a score is within the monitoring zone but above the cutoff, mark "Monitor." If a score is at or below the cutoff, mark "Below." Also mark whether there were items of concern in the Overall section for each questionnaire (bolded uppercase on the ASQ-3 Information Summary).

| | | Date given _____
_____ Month ASQ |
|------------------|------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Communication | Well above | <input type="radio"/> |
| | Monitor | <input type="radio"/> |
| | Below | <input type="radio"/> |
| Gross Motor | Well above | <input type="radio"/> |
| | Monitor | <input type="radio"/> |
| | Below | <input type="radio"/> |
| Fine Motor | Well above | <input type="radio"/> |
| | Monitor | <input type="radio"/> |
| | Below | <input type="radio"/> |
| Problem Solving | Well above | <input type="radio"/> |
| | Monitor | <input type="radio"/> |
| | Below | <input type="radio"/> |
| Personal-Social | Well above | <input type="radio"/> |
| | Monitor | <input type="radio"/> |
| | Below | <input type="radio"/> |
| Overall concerns | Yes | <input type="radio"/> |
| | No | <input type="radio"/> |