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

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

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

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

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 _____

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.

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

ASQ:SE-2™

Child's name: _____ Date ASQ:SE-2 completed: _____

Child's ID #: _____ Child's date of birth: _____

Person who completed ASQ:SE-2: _____ Child's age in months and days: _____

Administering program/provider: _____ Child's gender: ◯ Male ◯ Female

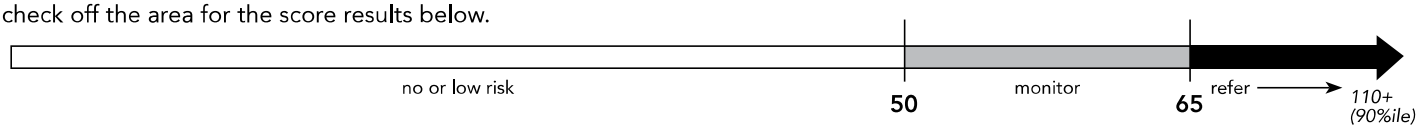
1. ASQ:SE-2 SCORING CHART:

- 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.

TOTAL POINTS ON PAGE 1	
TOTAL POINTS ON PAGE 2	
TOTAL POINTS ON PAGE 3	
TOTAL POINTS ON PAGE 4	
Total score	

Cutoff	**Total score**
65	

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:

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.*

____ **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: _____

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