



ASQ-3 SCREENING RESULTS REVIEW



Child's Name: _____ Date of Birth: ___/___/___

Child's Age at Time of Screening (in months): _____ Age of ASQ-3 Tool Used: _____

Program option child enrolled in (select one) Center Based Home Based

Father/father figure participated Yes No

ASQ-3 Screening Results:
Communication Score _____
Gross Motor Score _____
Fine Motor Score _____
Problem Solving Score _____
Personal-Social Score _____

Overall Response: Record the question number(s) that indicates a concern.

NO FOLLOW-UP ACTION NEEDED

Child's scores fell in the white areas and development appears to be on schedule. Parent/guardian and teacher have no concerns.

FOLLOW-UP ACTION NEEDED (SELECT ONE OPTION)

Teacher/Home Visitor: Child's score(s) fell in the grey areas and/or the parent/guardian noted concerns. Review concerns with parent/guardian to determine information and referral needs. No service request required.

Education Specialist: Child's score(s) fell in 1-2 black areas. Obtain parental consent for referral. Supervisor submits an Education Service Request for ECE/Disabilities Specialist.

CSQI Program Support: 3 or more of the child's scores fell in the black areas. Obtain parental consent for referral. Supervisor submits a Service Request to CSQI Program Support staff.

Comments:

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Teacher Name (print)

Teacher Signature

Date

Complete this section *if follow-up is required.*

ASQ-3 Tool and Screening Results Review form verified by Site/Home-Based Supervisor

Supervisor Name (print)

Supervisor Signature

Date

Service Request needed? Yes No

Service Request#: _____ Name of Department Submitted to: _____