# ASQ:SE-2 SCREENING RESULTS REVIEW

Child's Name: _____ DOB: ____ /____ /____

Father/father figure participated? □ Yes □ No

This form is to be completed by teacher/home visitor with parent after the ASQ:SE-2 is completed.

| Age of Child at time of screening (in months) | Age of ASQ:SE-2 Questionnaire Used | Cutoff Score of ASQ:SE-2 Used | Child's ASQ:SE-2 Score |
|---|---|---|---|
| | | | |

Discuss the following areas of concern identified through the ASQ:SE-2:

- Questions marked as a concern by the parent
- Any additional developmental or behavioral concerns noted by the parent and/or teacher

☐ **NO FOLLOW-UP NEEDED**
Child's score fell in the white area and no concerns were noted by the parent.

☐ **FOLLOW-UP NEEDED (SELECT ONE OPTION)**

□ **Teacher/Home Visitor:** Child's score fell in the grey area and/or concerns were noted by the parent. Staff provided the parent with age-appropriate ASQ: SE-2 developmental activities, Creative Curriculum Learning Games, PAT activities, and/or additional information/referrals as needed. Teacher will continue to monitor child's social-emotional development and provide additional referrals/activities as needed.

□ **CSQI Program Support:** Child's score fell in the black area (at or above the cutoff) and/or concerns were noted by the parent which requires additional support from CSQI. Staff will submit a Service Request to "CSQI Program Support (formerly CACU)".

**Comments:**

_____

_____

_____ _____ _____
Parent Name (print) Parent Signature Date

_____ _____ _____
Teacher/Home Visitor Name (print) Teacher/Home Visitor Signature Date

**This section is to be completed *if follow-up is required*.**
**ASQ:SE-2 Tool and Screening Results Review form verified by Site Supervisor**

_____ _____ _____
Site Supervisor (print) Site Supervisor Signature Date

Service Request submitted by _____

Date _____ Service Request#: _____