



33 Month ASQ-3 Information Summary

Child's name: mcwilliams, Se'Empress
Child ID: 5038838
Program: Help Me Grow Central Intake
Caregiver's Name: Scott, Dominique
Caregiver's Email: dominique0727@yahoo.com

Date ASQ completed: 2023-05-21
Date of birth: 2020-09-19
Person who completed ASQ-3: Scott, Dominique
Provider: Unassigned
Caregiver's Phone: 4409916910

1. SCORING RESULTS:

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	25.36	50.00													
Gross Motor	34.80	60.00													
Fine Motor	12.28	40.00													
Problem Solving	26.92	55.00													
Personal-Social	28.96	50.00													

2. OVERALL RESPONSES: Boldface uppercase responses require follow-up. See ASQ-3 User's Guide for guidance.

- Do you think your child hears well? If no, explain:
Yes
Comments:
- Do you think your child talks like other toddlers her age? If no, explain:
NO
Comments:
- Can you understand most of what your child says? If no, explain:
NO
Comments:
- Can other people understand most of what your child says? If no, explain:
NO
Comments:
- Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain:
Yes
Comments:
- Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:
No
Comments:
- Do you have any concerns about your child's vision? If yes, explain:
No
Comments:
- Has your child had any medical problems in the last several months? If yes, explain:
No
Comments:

9. Do you have any concerns about your child's behavior? If yes, explain:

No

Comments:

10. Does anything about your child worry you? If yes, explain:

YES

Comments: talking

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up. If the child's total score is in the area, it is above the cutoff, and the child's development appears to be on schedule. If the child's total score is in the area, it is close to the cutoff. Provide learning activities and monitor. If the child's total score is in the area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

Provide activities and rescreen in _____ months.

Share results with primary health care provider.

Refer for (circle all that apply) hearing, vision, behavioral screening.

Refer to primary health care provider or other community agency (specify reason): _____.

Refer to early intervention/early childhood special education.

No further action taken at this time

Other (specify): _____.

5. **INDIVIDUAL ITEM RESPONSES:** (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing)

	1	2	3	4	5	6
Communication	Y	N	Y	Y	Y	Y
Gross Motor	Y	Y	Y	Y	Y	Y
Fine Motor	Y	S	S	N	Y	Y
Problem Solving	Y	Y	Y	Y	Y	S
Personal-Social	Y	Y	Y	Y	S	S



Ages & Stages Questionnaires®

33 Month Questionnaire

31 months 16 days through 34 months 15 days

Help Me Grow Central Intake
6393 Oak Tree Blvd Ste 102

Independence, Ohio 44131
216-236-0813
mbixel@brightbeginningskids.org

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: May 21, 2023

Child's information

Child's first name: Se'Empress Middle initial: _____ Child's last name: mcwilliams
Child's date of birth: Sep 19, 2020 Child's gender: Male Female

Person filling out questionnaire

First name: Dominique Middle initial: _____ Last name: Scott
Street address: 45 S.Richardson Relationship to child: Parent Guardian Teacher Child care provider
 Grandparent or other relative Foster parent Other: _____
City: Columbus State/Province: Ohio ZIP/Postal code: 43204
Country: United States Home telephone number: 4409916910 Other telephone number: _____
E-mail address: dominique0727@yahoo.com

Names of people assisting in questionnaire completion: _____

Program Information

Child ID #: 5038838 Age at administration in months and days: 32 months 2 days
Program ID #: 24247
Program name: Help Me Grow Central Intake



33 Month Questionnaire

31 months 16 days
through 34 months 15 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:







Notes:

- Try each activity with your baby before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested and fed.
- Please return this questionnaire by _____.



COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. When you ask your child to point to his nose, eyes, hair, feet, ears, and so forth, does he correctly point to at least seven body parts? (He can point to parts of himself, you, or a doll. Mark "sometimes" if he correctly points to at least three different body parts.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
2. Does your child make sentences that are three or four words long? Please give an example:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<u>0</u>
3. Without giving your child help by pointing or using gestures, ask her to "put the book <i>on</i> the table" and "put the shoe <i>under</i> the chair." Does your child carry out both of these directions correctly?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
4. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying"). You may ask, "What is the dog (or boy) doing?"	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
5. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle, and ask your child to move the zipper <i>down</i> . Return the zipper to the middle, and ask your child to move the zipper <i>up</i> . Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
6. When you ask, "What is your name?" does your child say his first name or nickname?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
COMMUNICATION TOTAL				<u>50.0</u>

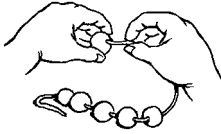
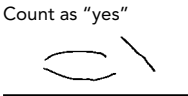
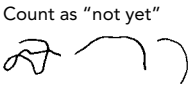
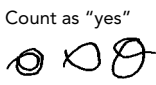
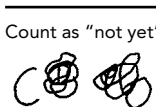
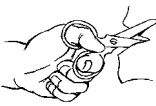
GROSS MOTOR

	YES	SOMETIMES	NOT YET	
<p>1. Does your child run fairly well, stopping herself without bumping into things or falling?</p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
				
<p>2. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?</p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
				
<p>3. Does your child jump with both feet leaving the floor at the same time?</p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
				
<p>4. Does your child walk up stairs, using only one foot on each stair? <i>(The left foot is on one step, and the right foot is on the next.)</i> She may hold onto the railing or wall. <i>(You can look for this at a store, on a playground, or at home.)</i></p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
				
<p>5. Does your child stand on one foot for about 1 second without holding onto anything?</p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
				
<p>6. While standing, does your child throw a ball <i>overhand</i> by raising his arm to shoulder height and throwing the ball forward? <i>(Dropping the ball or throwing the ball underhand should be scored as "not yet.")</i></p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
				
GROSS MOTOR TOTAL				<u>60.0</u>

FINE MOTOR


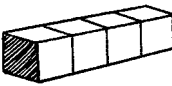
	YES	SOMETIMES	NOT YET	
<p>1. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?</p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
<p>Count as "yes"</p> 				
<p>Count as "not yet"</p> 				

FINE MOTOR (continued)

	YES	SOMETIMES	NOT YET	
2. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>
				
3. After your child watches you draw a line from one side of the paper to the other side, ask him to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>
	Count as "yes"  Count as "not yet" 			
4. After your child watches you draw a single circle, ask her to make a circle like yours. Do not let her trace your circle. Does your child copy you by drawing a circle?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<u>0</u>
	Count as "yes"  Count as "not yet" 			
5. Does your child turn pages in a book, one page at a time?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
6. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
				

FINE MOTOR TOTAL 40.0

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. When looking in the mirror, ask, "Where is ____?" (Use your child's name.) Does your child point to her image in the mirror?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
				
2. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up four objects in a row? (You can also use spools of thread, small boxes, or other toys.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
				
3. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>

PROBLEM SOLVING (continued)

4. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? (Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.") Please write your child's response here:



5. When you say, "Say 'seven three,'" does your child repeat *just* the two numbers in the same order? *Do not repeat the numbers.* If necessary, try another pair of numbers and say, "Say 'eight two.'" (Your child must repeat *just one series of two numbers* for you to answer "yes" to this question.)

6. After your child draws a "picture," even a simple scribble, does she tell you what she drew? (You may say, "Tell me about your picture," or ask, "What is this?" to prompt her.)

YES	SOMETIMES	NOT YET	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
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<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>
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PROBLEM SOLVING TOTAL 55.0

PERSONAL-SOCIAL

1. Does your child use a spoon to feed herself with little spilling?
2. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if he cannot turn?
3. Does your child put on a coat, jacket, or shirt by herself?
4. After you put on loose-fitting pants around his feet, does your child pull them completely up to his waist?
5. When your child is looking in a mirror and you ask, "Who is in the mirror?" does she say either "me" or her own name?
6. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?

YES	SOMETIMES	NOT YET	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
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<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
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<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
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<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>
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<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>
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PERSONAL-SOCIAL TOTAL 50.0

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain:

YES

NO

2. Do you think your child talks like other toddlers her age? If no, explain:

YES

NO

3. Can you understand most of what your child says? If no, explain:

YES

NO

4. Can other people understand most of what your child says? If no, explain:

YES

NO

5. Do you think your child walks, runs, and climbs like other toddlers his age?
If no, explain:

YES

NO

6. Does either parent have a family history of childhood deafness or hearing
impairment? If yes, explain:

YES

NO

OVERALL (continued)

7. Do you have any concerns about your child's vision? If yes, explain:

 YES NO

8. Has your child had any medical problems in the last several months? If yes, explain:

 YES NO

9. Do you have any concerns about your child's behavior? If yes, explain:

 YES NO

10. Does anything about your child worry you? If yes, explain:

 YES NO

talking