



48 Month ASQ-3 Information Summary

Child's name: Robinson, Josiah
Child ID: 4936927
Program: FACCES
Caregiver's Name: Robinson, Jazemon
Caregiver's Email: jazemonrobinson@gmail.com

Date ASQ completed: 2023-09-08
Date of birth: 2019-12-07
Person who completed ASQ-3: Robinson, Jazemon
Provider: Mosley, Kye (Provider)
Caregiver's Phone: 614 - 625 _ 9998

1. SCORING RESULTS:

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	30.72	60.00													
Gross Motor	32.78	50.00													
Fine Motor	15.81	30.00													
Problem Solving	31.30	60.00													
Personal-Social	26.60	60.00													

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 children her age? If no, explain:
Yes
Comments:
- Can you understand most of what your child says? If no, explain:
Yes
Comments:
- Can other people understand most of what your child says? If no, explain:
Yes
Comments:
- Do you think your child walks, runs, and climbs like other children 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:
YES
Comments: Enlarged anodes and tonsils.

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:

No

Comments:

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	Y	Y	Y	Y	Y
Gross Motor	Y	S	S	Y	Y	Y
Fine Motor	Y	S	S	Y	N	N
Problem Solving	Y	Y	Y	Y	Y	Y
Personal-Social	Y	Y	Y	Y	Y	Y



Ages & Stages Questionnaires®

48 Month Questionnaire 45 months 0 days through 50 months 30 days

FACCES
2515 Lockbourne Rd

Columbus, Ohio 43207
614-319-6070
kmosley@thesplc.org

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

Date ASQ completed: Sep 8, 2023

Child's information

Child's first name: Josiah Middle initial: _____ Child's last name: Robinson
Child's date of birth: Dec 7, 2019 Child's gender: Male Female

Person filling out questionnaire

First name: Jazemon Middle initial: _____ Last name: Robinson
Street address: 991 Bulen Ave Relationship to child: Parent Guardian Teacher Child care provider
 Grandparent or other relative Foster parent Other: _____
City: Columbus State/Province: Ohio ZIP/Postal code: 43206
Country: United States Home telephone number: 614 - 625 _ 9998 Other telephone number: _____
E-mail address: jazemonrobinson@gmail.com

Names of people assisting in questionnaire completion: _____

Program Information

Child ID #: <u>4936927</u>	Age at administration in months and days: <u>45 months 1 day</u>
Program ID #: <u>25714</u>	
Program name: <u>FACCES</u>	



48 Month Questionnaire

45 months 0 days
through 50 months 30 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. Does your child name at least three items from a common category? For example, if you say to your child, "Tell me some things that you can eat," does your child answer with something like "cookies, eggs, and cereal"? Or if you say, "Tell me the names of some animals," does your child answer with something like "cow, dog, and elephant"?

10

2. Does your child answer the following questions? (Mark "sometimes" if your child answers only one question.)

10

"What do you do when you are hungry?" (Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.") Please write your child's response:

I get food. I take a nap.

"What do you do when you are tired?" (Acceptable answers include "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.") Please write your child's response:

3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball," does she say something like, "It's round. I throw it. It's big"?

10

4. Does your child use endings of words, such as "-s," "-ed," and "-ing"? For example, does your child say things like, "I see two cats," "I am playing," or "I kicked the ball"?

10

COMMUNICATION (continued)

	YES	SOMETIMES	NOT YET	
5. Without your giving help by pointing or repeating, does your child follow three directions that are <i>unrelated</i> to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
6. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I am going to the park," or "Is there a toy to play with?" or "Are you coming, too?"	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
				COMMUNICATION TOTAL <u>60.0</u>

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child catch a large ball with both hands? (You should stand about 5 feet away and give your child two or three tries before you mark the answer.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
2. Does your child climb the rungs of a ladder of a playground slide and slide down without help?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>
3. While standing, does your child throw a ball <i>overhand</i> in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. (Dropping the ball or throwing the ball underhand should be scored as "not yet.")	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>
4. Does your child hop up and down on either the right or left foot at least one time without losing her balance or falling?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
5. Does your child jump forward a distance of 20 inches from a standing position, starting with his feet together?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
6. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? (You may give your child two or three tries before you mark the answer.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
				GROSS MOTOR TOTAL <u>50.0</u>

FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child put together a five- to seven-piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>

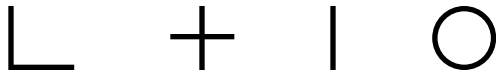
FINE MOTOR (continued)

2. Using child-safe scissors, does your child cut a paper in half on a more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.)



YES	SOMETIMES	NOT YET	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>

3. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil, crayon, or pen, without tracing? (Your child's drawings should look similar to the design of the shapes below, but they may be different in size.)



<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>
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4. Does your child unbutton one or more buttons? (Your child may use his own clothing or a doll's clothing.)

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
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5. Does your child draw pictures of people that have at least three of the following features: head, eyes, nose, mouth, neck, hair, trunk, arms, hands, legs, or feet?

<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<u>0</u>
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6. Does your child color mostly within the lines in a coloring book or within the lines of a 2-inch circle that you draw? (Your child should not go more than 1/4 inch outside the lines on most of the picture.)

<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<u>0</u>
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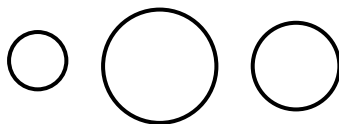
FINE MOTOR TOTAL 30.0

PROBLEM SOLVING

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

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

2. When asked, "Which circle is the smallest?" does your child point to the smallest circle? (Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)



<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
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3. Without your giving help by pointing, does your child follow three different directions using the words "under," "between," and "middle"? For example, ask your child to put the shoe "under" the couch. Then ask her to put the ball "between" the chairs and the book "in the middle" of the table.

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
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4. When shown objects and asked, "What color is this?" does your child name five different colors, like red, blue, yellow, orange, black, white, or pink? (Mark "yes" only if your child answers the question correctly using five colors.)

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
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PROBLEM SOLVING (continued)

	YES	SOMETIMES	NOT YET	
5. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother, or sister, or an imaginary animal or figure.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
6. If you place five objects in front of your child, can he count them by saying, "one, two, three, four, five," in order? (Ask this question without providing help by pointing, gesturing, or naming.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
PROBLEM SOLVING TOTAL				<u>60.0</u>

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. Does your child serve herself, taking food from one container to another using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
2. Does your child tell you at least four of the following? Please mark the items your child knows.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
<input checked="" type="checkbox"/> a. First name <input checked="" type="checkbox"/> d. Last name <input checked="" type="checkbox"/> b. Age <input checked="" type="checkbox"/> e. Boy or girl <input type="checkbox"/> c. City she lives in <input type="checkbox"/> f. Telephone number				
3. Does your child wash his hands using soap and water and dry off with a towel without help?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
4. Does your child tell you the names of two or more playmates, not including brothers and sisters? (Ask this question without providing help by suggesting names of playmates or friends.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
5. Does your child brush her teeth by putting toothpaste on the toothbrush and brushing all of her teeth without help? (You may still need to check and rebrush your child's teeth.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
6. Does your child dress or undress himself without help (except for snaps, buttons, and zippers)?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
PERSONAL-SOCIAL TOTAL				<u>60.0</u>

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

OVERALL (continued)

2. Do you think your child talks like other children 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 children 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

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

 YES NO

OVERALL *(continued)*

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

YES

NO

Enlarged anodes and tonsils.

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