



AGES & STAGES QUESTIONNAIRES®:
SOCIAL-EMOTIONAL
A PARENT-COMPLETED,
CHILD-MONITORING SYSTEM FOR
SOCIAL-EMOTIONAL BEHAVIORS

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ASQ:SE™

CD-ROM

About this CD-ROM

This CD-ROM contains one PDF of the *ASQ:SE* questionnaires and summary sheets, which you are viewing now. You may print this PDF in its entirety or by selecting specific pages; the Table of Contents provides the page numbers corresponding to each questionnaire and summary sheet. Summary sheets can be printed easily by clicking on the appropriate bookmark, selecting "Print," and typing in the corresponding page number. You may save this PDF on a computer and/or post on an internal network for employees to print as needed.

This CD-ROM also contains a folder of separate PDFs for each questionnaire, each intervention activity sheet, and the mail-back sheet. The folder is called "Posting." The questionnaires, intervention activity sheets, and mail-back sheet are identical to those included on the larger PDF. You may print the contents of "Posting" as needed and/or post them on a password-protected web site so that parents need only download the appropriate questionnaire and/or intervention activity sheet for their child.



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Ages & Stages Questionnaires®: Social-Emotional
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors
By Jane Squires, Diane Bricker, & Elizabeth Twombly
with assistance from Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim
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6 Month Questionnaire

(For infants ages 3 through 8 months)

.....

Important Points to Remember:

- Please return this questionnaire by _____ .
- If you have any questions or concerns about your child or about this questionnaire, please call: _____ .
- Thank you and please look forward to filling out another ASQ:SE questionnaire in _____ months.



6 Month ASQ:SE Questionnaire

(For infants ages 3 through 8 months)

.....

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



Please read each question carefully and

1. Check the box that best describes your child's behavior *and*
2. Check the circle if this behavior is a concern

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------------	-----------	-----------------------	----------------------------------

1. When upset, can your baby calm down within a half hour?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

2. Does your baby smile at you and other family members?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

3. Does your baby like to be picked up and held?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

4. Does your baby stiffen and arch her back when picked up?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

5. When talking to your baby, does he look at you and seem to be listening?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

6. Does your baby let you know when she is hungry or sick?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

7. When awake, does your baby seem to enjoy watching or listening to people?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

8. Is your baby able to calm himself down (for example, by sucking on his hand or a pacifier)?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

9. Does your baby cry for long periods of time?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

10. Is your baby's body relaxed?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

TOTAL POINTS ON PAGE ____

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
11. Does your baby have trouble sucking from a bottle or breast?	<input checked="" type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
12. Does it take longer than 30 minutes to feed your baby?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
13. Do you and your baby enjoy mealtimes together (including breast and bottle feeding)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
14. Does your baby have any eating problems, such as gagging, vomiting, or _____ ? (You may write in another problem.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
15. During the day, does your baby stay awake for an hour or longer at one time?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
16. Does your baby have trouble falling asleep at naptime or at night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
17. Does your baby sleep at least 10 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
18. Does your baby get constipated or have diarrhea?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>



TOTAL POINTS ON PAGE ____

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------------	-----------	-----------------------	----------------------------------

19. Has anyone expressed concerns about your baby's behavior? If you checked "sometimes" or "most of the time," please explain:

x v z

20. Do you have concerns about your baby's eating or sleeping behaviors? If so, please explain:

21. Is there anything that worries you about your baby? If so, please explain:

22. What things do you enjoy most about your baby?

TOTAL POINTS ON PAGE ____

6 Month ASQ:SE Information Summary

Child's name: _____ Child's date of birth: _____
 Person filling out the ASQ:SE: _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ:SE completion: _____
 Today's date: _____ Administering program/provider: _____

SCORING GUIDELINES

1. Make sure the parent has answered all questions and has checked the concern column as necessary. If all questions have been answered, go to Step 2. If not all questions have been answered, you should first try to contact the parent to obtain answers or, if necessary, calculate an average score (see pages 39 and 41 of *The ASQ:SE User's Guide*).
2. Review any parent comments. If there are no comments, go to Step 3. If a parent has written in a response, see the section titled "Parent Comments" on pages 39, 41, and 42 of *The ASQ:SE User's Guide* to determine if the response indicates a behavior that may be of concern.
3. Using the following point system:

Z (for zero) next to the checked box = 0 points
 V (for Roman numeral V) next to the checked box = 5 points
 X (for Roman numeral X) next to the checked box = 10 points
 Checked concern = 5 points

Add together:

Total points on page 3 = _____
 Total points on page 4 = _____
 Total points on page 5 = _____
 Child's total score = _____

SCORE INTERPRETATION

1. Review questionnaires

Review the parent's answers to questions. Give special consideration to any individual questions that score 10 or 15 points and any written or verbal comments that the parent shares. Offer guidance, support, and information to families, and refer if necessary, as indicated by score and referral considerations.

2. Transfer child's total score

In the table below, enter the child's total score (transfer total score from above).

Questionnaire interval	Cutoff score	Child's ASQ:SE score
6 months	45	

3. Referral criteria

Compare the child's total score with the cutoff in the table above. If the child's score falls above the cutoff and the factors in Step 4 have been considered, refer the child for a mental health evaluation.

4. Referral considerations

It is always important to look at assessment information in the context of other factors influencing a child's life. Consider the following variables prior to making referrals for a mental health evaluation. Refer to pages 44–46 in *The ASQ:SE User's Guide* for additional guidance related to these factors and for suggestions for follow-up.

- Setting/time factors
(e.g., Is the child's behavior the same at home as at school?, Have there been any stressful events in the child's life recently?)
- Development factors
(e.g., Is the child's behavior related to a developmental stage or a developmental 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 cultural or family context?)



12 Month/1 Year Questionnaire



(For children ages 9 through 14 months)



Important Points to Remember:

- Please return this questionnaire by _____ .
- If you have any questions or concerns about your child or about this questionnaire, please call: _____ .
- Thank you and please look forward to filling out another ASQ:SE questionnaire in _____ months.



12 Month/1 Year ASQ:SE Questionnaire

(For children ages 9 through 14 months)

.....

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



Please read each question carefully and

1. Check the box that best describes your child's behavior *and*
2. Check the circle if this behavior is a concern

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------------	-----------	-----------------------	----------------------------------

1. Does your baby laugh or smile at you and other family members?



z v x

2. Does your baby look for you when a stranger approaches?

z v x

3. Does your baby like to play near and be with family members and friends?

z v x

4. Does your baby like to be picked up and held?

z v x

5. When upset, can your baby calm down within a half hour?

z v x

6. Does your baby stiffen and arch her back when picked up?

x v z

7. Does your baby like to play games like Peekaboo?



z v x

8. Is your baby's body relaxed?

z v x

9. Does your baby cry, scream, or have tantrums for long periods of time?

x v z

TOTAL POINTS ON PAGE ____

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------------	-----------	-----------------------	----------------------------------

10. Is your baby able to calm himself down (for example, by sucking on his hand or a pacifier)?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

11. Is your baby interested in things around her, such as people, toys, and foods?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

12. Does it take longer than 30 minutes to feed your baby?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

13. Do you and your baby enjoy mealtimes together?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

14. Does your baby have any eating problems, such as gagging, vomiting, or _____ ?
(You may write in another problem.)

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

15. Does your baby have trouble falling asleep at naptime or at night?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

16. Does your baby make babbling sounds? For example, does he put sounds together, like “ba-ba-ba-ba” or “na-na-na-na”? (If your child often babbles, mark “most of the time.”)

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

17. Does your baby sleep at least 10 hours in a 24-hour period?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

TOTAL POINTS ON PAGE ____

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
18. Does your baby get constipated or have diarrhea?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
19. Does your baby let you know when she is hungry, hurt, or tired?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
20. When you talk to your baby, does he turn his head, look, or smile?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
21. Does your baby try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
22. Has anyone expressed concerns about your baby's behaviors? If you checked "sometimes" or "most of the time," please explain:	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
<hr/> <hr/> <hr/> <hr/>				
23. Do you have concerns about your baby's eating or sleeping behaviors? If so, please explain:				
<hr/> <hr/> <hr/> <hr/>				
TOTAL POINTS ON PAGE ____				

24. Is there anything that worries you about your baby? If so, please explain:

25. What things do you enjoy most about your baby?

12 Month/1 Year ASQ:SE Information Summary

Child's name: _____ Child's date of birth: _____
 Person filling out the ASQ:SE: _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ:SE completion: _____
 Today's date: _____ Administering program/provider: _____

SCORING GUIDELINES

1. Make sure the parent has answered all questions and has checked the concern column as necessary. If all questions have been answered, go to Step 2. If not all questions have been answered, you should first try to contact the parent to obtain answers or, if necessary, calculate an average score (see pages 39 and 41 of *The ASQ:SE User's Guide*).
2. Review any parent comments. If there are no comments, go to Step 3. If a parent has written in a response, see the section titled "Parent Comments" on pages 39, 41, and 42 of *The ASQ:SE User's Guide* to determine if the response indicates a behavior that may be of concern.

3. Using the following point system:

Z (for zero) next to the checked box = 0 points
 V (for Roman numeral V) next to the checked box = 5 points
 X (for Roman numeral X) next to the checked box = 10 points
 Checked concern = 5 points

Add together:

Total points on page 3 = _____
 Total points on page 4 = _____
 Total points on page 5 = _____
 Child's total score = _____

SCORE INTERPRETATION

1. *Review questionnaires*

Review the parent's answers to questions. Give special consideration to any individual questions that score 10 or 15 points and any written or verbal comments that the parent shares. Offer guidance, support, and information to families, and refer if necessary, as indicated by score and referral considerations.

2. *Transfer child's total score*

In the table below, enter the child's total score (transfer total score from above).

Questionnaire interval	Cutoff score	Child's ASQ:SE score
12 months/1 year	48	

3. *Referral criteria*

Compare the child's total score with the cutoff in the table above. If the child's score falls above the cutoff and the factors in Step 4 have been considered, refer the child for a mental health evaluation.

4. *Referral considerations*

It is always important to look at assessment information in the context of other factors influencing a child's life. Consider the following variables prior to making referrals for a mental health evaluation. Refer to pages 44–46 in *The ASQ:SE User's Guide* for additional guidance related to these factors and for suggestions for follow-up.

- Setting/time factors
(e.g., Is the child's behavior the same at home as at school?)
- Development factors
(e.g., Is the child's behavior related to a developmental stage or a developmental delay?, Have there been any stressful events in the child's life recently?)
- 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 cultural or family context?)



18 Month Questionnaire

(For children ages 15 through 20 months)

.....

Important Points to Remember:

- Please return this questionnaire by _____ .
- If you have any questions or concerns about your child or about this questionnaire, please call: _____ .
- Thank you and please look forward to filling out another ASQ:SE questionnaire in _____ months.



18 Month ASQ:SE Questionnaire

(For children ages 15 through 20 months)

.....

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



Please read each question carefully and

1. Check the box that best describes your child's behavior *and*
2. Check the circle if this behavior is a concern

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------------	-----------	-----------------------	----------------------------------

1. Does your child look at you when you talk to him?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

2. When you leave, does your child remain upset and cry for more than an hour?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

3. Does your child laugh or smile when you play with her?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

4. Does your child look for you when a stranger approaches?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

5. Is your child's body relaxed?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

6. Does your child like to be hugged or cuddled?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

7. When upset, can your child calm down within 15 minutes?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

8. Does your child stiffen and arch his back when picked up?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

9. Does your child cry, scream, or have tantrums for long periods of time?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

TOTAL POINTS ON PAGE ____

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
10. Is your child interested in things around her, such as people, toys, and foods?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
11. Does your child do things over and over and can't seem to stop? Examples are rocking, hand flapping, spinning, or _____ . (You may write in something else.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
12. Does your child have eating problems, such as stuffing foods, vomiting, eating nonfood items, or _____ ? (You may write in another problem.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
13. Does your child have trouble falling asleep at naptime or at night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
14. Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
15. Does your child sleep at least 10 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
16. When you point at something, does your child look in the direction you are pointing?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
17. Does your child get constipated or have diarrhea?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
TOTAL POINTS ON PAGE				___

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------	-----------	-----------------	----------------------------

18. Does your child let you know how she is feeling with gestures or words? For example, does she let you know when she is hungry, hurt, or tired?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

19. Does your child follow simple directions? For example, does he sit down when asked?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

20. Does your child like to play near or be with family members and friends?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

21. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

22. Does your child like to hear stories or sing songs?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

23. Does your child hurt herself on purpose?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

24. Does your child like to be around other children?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

25. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

TOTAL POINTS ON PAGE ____

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------------	-----------	-----------------------	----------------------------------

26. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain:

x v z

27. Do you have concerns about your child's eating or sleeping behaviors? If so, please explain:

28. Is there anything that worries you about your child? If so, please explain:

29. What things do you enjoy most about your child?

TOTAL POINTS ON PAGE ____

18 Month ASQ:SE Information Summary

Child's name: _____ Child's date of birth: _____
 Person filling out the ASQ:SE: _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ:SE completion: _____
 Today's date: _____ Administering program/provider: _____

SCORING GUIDELINES

1. Make sure the parent has answered all questions and has checked the concern column as necessary. If all questions have been answered, go to Step 2. If not all questions have been answered, you should first try to contact the parent to obtain answers or, if necessary, calculate an average score (see pages 39 and 41 of *The ASQ:SE User's Guide*).
2. Review any parent comments. If there are no comments, go to Step 3. If a parent has written in a response, see the section titled "Parent Comments" on pages 39, 41, and 42 of *The ASQ:SE User's Guide* to determine if the response indicates a behavior that may be of concern.
3. Using the following point system:

Z (for zero) next to the checked box = 0 points
 V (for Roman numeral V) next to the checked box = 5 points
 X (for Roman numeral X) next to the checked box = 10 points
 Checked concern = 5 points

Add together:

Total points on page 3 = _____
 Total points on page 4 = _____
 Total points on page 5 = _____
 Total points on page 6 = _____

Child's total score = _____

SCORE INTERPRETATION

1. *Review questionnaires*
 Review the parent's answers to questions. Give special consideration to any individual questions that score 10 or 15 points and any written or verbal comments that the parent shares. Offer guidance, support, and information to families, and refer if necessary, as indicated by score and referral considerations.
2. *Transfer child's total score*
 In the table below, enter the child's total score (transfer total score from above).

Questionnaire interval	Cutoff score	Child's ASQ:SE score
18 months	50	

3. *Referral criteria*
 Compare the child's total score with the cutoff in the table above. If the child's score falls above the cutoff and the factors in Step 4 have been considered, refer the child for a mental health evaluation.
4. *Referral considerations*
 It is always important to look at assessment information in the context of other factors influencing a child's life. Consider the following variables prior to making referrals for a mental health evaluation. Refer to pages 44–46 in *The ASQ:SE User's Guide* for additional guidance related to these factors and for suggestions for follow-up.
 - Setting/time factors
 (e.g., Is the child's behavior the same at home as at school?, Have there been any stressful events in the child's life recently?)
 - Development factors
 (e.g., Is the child's behavior related to a developmental stage or a developmental 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 cultural or family context?)



24 Month/2 Year Questionnaire



(For children ages 21 through 26 months)



Important Points to Remember:

- Please return this questionnaire by _____ .
- If you have any questions or concerns about your child or about this questionnaire, please call: _____ .
- Thank you and please look forward to filling out another ASQ:SE questionnaire in _____ months.



24 Month/2 Year ASQ:SE Questionnaire

(For children ages 21 through 26 months)

.....

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



Please read each question carefully and

1. Check the box that best describes your child's behavior *and*
2. Check the circle if this behavior is a concern

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------------	-----------	-----------------------	----------------------------------

1. Does your child look at you when you talk to him?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

2. Does your child seem too friendly with strangers?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

3. Does your child laugh or smile when you play with her?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

4. Is your child's body relaxed?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

5. When you leave, does your child remain upset and cry for more than an hour?



<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

6. Does your child greet or say hello to familiar adults?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

7. Does your child like to be hugged or cuddled?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

8. When upset, can your child calm down within 15 minutes?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

9. Does your child stiffen and arch his back when picked up?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

TOTAL POINTS ON PAGE ____

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
10. Is your child interested in things around her, such as people, toys, and foods?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
11. Does your child cry, scream, or have tantrums for long periods of time?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
12. Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
13. Does your child have eating problems, such as stuffing foods, vomiting, eating nonfood items, or _____ ? (You may write in another problem.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
14. Does your child sleep at least 10 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
15. When you point at something, does your child look in the direction you are pointing?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
16. Does your child have trouble falling asleep at naptime or at night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
17. Does your child get constipated or have diarrhea?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
18. Does your child follow simple directions? For example, does he sit down when asked?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
TOTAL POINTS ON PAGE ____				

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------	-----------	-----------------	----------------------------

19. Does your child let you know how she is feeling with either words or gestures? For example, does she let you know when she is hungry, hurt, or tired?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

21. Does your child do things over and over and can't seem to stop? Examples are rocking, hand flapping, spinning, or _____ .
(You may write in something else.)

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

22. Does your child like to hear stories or sing songs?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

23. Does your child hurt himself on purpose?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

24. Does your child like to be around other children?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

25. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

TOTAL POINTS ON PAGE ____

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------------	-----------	-----------------------	----------------------------------

26. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain:

x v z

27. Do you have concerns about your child's eating or sleeping behaviors? If so, please explain:

28. Is there anything that worries you about your child? If so, please explain:

29. What things do you enjoy most about your child?

TOTAL POINTS ON PAGE ____

24 Month/2 Year ASQ:SE Information Summary

Child's name: _____ Child's date of birth: _____
 Person filling out the ASQ:SE: _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ:SE completion: _____
 Today's date: _____ Administering program/provider: _____

SCORING GUIDELINES

1. Make sure the parent has answered all questions and has checked the concern column as necessary. If all questions have been answered, go to Step 2. If not all questions have been answered, you should first try to contact the parent to obtain answers or, if necessary, calculate an average score (see pages 39 and 41 of *The ASQ:SE User's Guide*).
2. Review any parent comments. If there are no comments, go to Step 3. If a parent has written in a response, see the section titled "Parent Comments" on pages 39, 41, and 42 of *The ASQ:SE User's Guide* to determine if the response indicates a behavior that may be of concern.
3. Using the following point system:

Z (for zero) next to the checked box = 0 points
 V (for Roman numeral V) next to the checked box = 5 points
 X (for Roman numeral X) next to the checked box = 10 points
 Checked concern = 5 points

Add together:

Total points on page 3 = _____
 Total points on page 4 = _____
 Total points on page 5 = _____
 Total points on page 6 = _____

Child's total score = _____

SCORE INTERPRETATION

1. Review questionnaires

Review the parent's answers to questions. Give special consideration to any individual questions that score 10 or 15 points and any written or verbal comments that the parent shares. Offer guidance, support, and information to families, and refer if necessary, as indicated by score and referral considerations.

2. Transfer child's total score

In the table below, enter the child's total score (transfer total score from above).

Questionnaire interval	Cutoff score	Child's ASQ:SE score
24 months/2 years	50	

3. Referral criteria

Compare the child's total score with the cutoff in the table above. If the child's score falls above the cutoff and the factors in Step 4 have been considered, refer the child for a mental health evaluation.

4. Referral considerations

It is always important to look at assessment information in the context of other factors influencing a child's life. Consider the following variables prior to making referrals for a mental health evaluation. Refer to pages 44–46 in *The ASQ:SE User's Guide* for additional guidance related to these factors and for suggestions for follow-up.

- Setting/time factors
(e.g., Is the child's behavior the same at home as at school?, Have there been any stressful events in the child's life recently?)
- Development factors
(e.g., Is the child's behavior related to a developmental stage or a developmental 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 cultural or family context?)

Ages & Stages Questionnaires®: Social-Emotional
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors
By Jane Squires, Diane Bricker, & Elizabeth Twombly
with assistance from Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim
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❁ 30 Month ❁
Questionnaire

(For children ages 27 through 32 months)

.....

Important Points to Remember:

- Please return this questionnaire by _____ .
- If you have any questions or concerns about your child or about this questionnaire, please call: _____ .
- Thank you and please look forward to filling out another ASQ:SE questionnaire in _____ months.



30 Month ASQ:SE Questionnaire

(For children ages 27 through 32 months)

.....

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



Please read each question carefully and

1. Check the box that best describes your child's behavior *and*
2. Check the circle if this behavior is a concern

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------------	-----------	-----------------------	----------------------------------

1. Does your child look at you when you talk to him?

 z

 v

 x

2. Does your child like to be hugged or cuddled?

 z

 v

 x

3. Does your child cling to you more than you expect?


 x

 v

 z

4. Does your child greet or say hello to familiar adults?

 z

 v

 x

5. Does your child seem happy?

 z

 v

 x

6. Does your child like to hear stories and sing songs?

 z

 v

 x

7. Does your child seem too friendly with strangers?

 x

 v

 z

8. Does your child seem more active than other children her age?


 x

 v

 z

9. Can your child settle himself down after periods of exciting activity?

 z

 v

 x

10. Does your child cry, scream, or have tantrums for long periods of time?

 x

 v

 z

11. Does your child do things over and over and can't seem to stop? Examples are rocking, hand flapping, spinning, or _____ .
(You may write in something else.)

 x

 v

 z

TOTAL POINTS ON PAGE ____

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
12. Can your child stay with activities she enjoys for at least 3 minutes (not including watching television)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
13. Does your child do what you ask him to do?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
14. Is your child interested in things around her, such as people, toys, and foods?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
15. When upset, can your child calm down within 15 minutes?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
16. Does your child have eating problems, such as stuffing foods, vomiting, eating nonfood items, or _____ ? (You may write in another problem.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
17. Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
18. When you point at something, does your child look in the direction you are pointing?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
19. Does your child sleep at least 8 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
20. Does your child let you know how he is feeling with either words or gestures? For example, does he let you know when he is hungry, hurt, or tired?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
TOTAL POINTS ON PAGE				___



MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
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21. Does your child follow routine directions?
For example, does she come to the table or help clean up her toys when asked?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

22. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

23. Can your child move from one activity to the next with little difficulty, such as from playtime to mealtime?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

24. Does your child stay away from dangerous things, such as fire and moving cars?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

25. Does your child destroy or damage things on purpose?



<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

26. Does your child hurt himself on purpose?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

27. Does your child play alongside other children?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

28. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

TOTAL POINTS ON PAGE ____

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------------	-----------	-----------------------	----------------------------------

29. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain:

x v z

30. Do you have concerns about your child's eating and sleeping behaviors or about her toilet training? If so, please explain:

31. Is there anything that worries you about your child? If so, please explain:

32. What things do you enjoy most about your child?

TOTAL POINTS ON PAGE ____

30 Month ASQ:SE Information Summary

Child's name: _____ Child's date of birth: _____
 Person filling out the ASQ:SE: _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ:SE completion: _____
 Today's date: _____ Administering program/provider: _____

SCORING GUIDELINES

1. Make sure the parent has answered all questions and has checked the concern column as necessary. If all questions have been answered, go to Step 2. If not all questions have been answered, you should first try to contact the parent to obtain answers or, if necessary, calculate an average score (see pages 39 and 41 of *The ASQ:SE User's Guide*).
2. Review any parent comments. If there are no comments, go to Step 3. If a parent has written in a response, see the section titled "Parent Comments" on pages 39, 41, and 42 of *The ASQ:SE User's Guide* to determine if the response indicates a behavior that may be of concern.
3. Using the following point system:

Z (for zero) next to the checked box = 0 points
 V (for Roman numeral V) next to the checked box = 5 points
 X (for Roman numeral X) next to the checked box = 10 points
 Checked concern = 5 points

Add together:

Total points on page 3 = _____
 Total points on page 4 = _____
 Total points on page 5 = _____
 Total points on page 6 = _____

Child's total score = _____

SCORE INTERPRETATION

1. Review questionnaires

Review the parent's answers to questions. Give special consideration to any individual questions that score 10 or 15 points and any written or verbal comments that the parent shares. Offer guidance, support, and information to families, and refer if necessary, as indicated by score and referral considerations.

2. Transfer child's total score

In the table below, enter the child's total score (transfer total score from above).

Questionnaire interval	Cutoff score	Child's ASQ:SE score
30 months	57	

3. Referral criteria

Compare the child's total score with the cutoff in the table above. If the child's score falls above the cutoff and the factors in Step 4 have been considered, refer the child for a mental health evaluation.

4. Referral considerations

It is always important to look at assessment information in the context of other factors influencing a child's life. Consider the following variables prior to making referrals for a mental health evaluation. Refer to pages 44–46 in *The ASQ:SE User's Guide* for additional guidance related to these factors and for suggestions for follow-up.

- Setting/time factors
(e.g., Is the child's behavior the same at home as at school?)
- Development factors
(e.g., Is the child's behavior related to a developmental stage or a developmental 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 cultural or family context?)

Ages & Stages Questionnaires®: Social-Emotional
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors
By Jane Squires, Diane Bricker, & Elizabeth Twombly
with assistance from Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim
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36 Month/3 Year Questionnaire



(For children ages 33 through 41 months)



Important Points to Remember:

- Please return this questionnaire by _____ .
- If you have any questions or concerns about your child or about this questionnaire, please call: _____ .
- Thank you and please look forward to filling out another ASQ:SE questionnaire in _____ months.



36 Month/3 Year ASQ:SE Questionnaire

(For children ages 33 through 41 months)

.....

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



Please read each question carefully and

1. Check the box that best describes your child's behavior *and*
2. Check the circle if this behavior is a concern

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------	-----------	-----------------	----------------------------

1. Does your child look at you when you talk to her?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

2. Does your child like to be hugged or cuddled?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

3. Does your child talk and/or play with adults he knows well?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

4. Does your child cling to you more than you expect?



<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

5. When upset, can your child calm down within 15 minutes?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

6. Does your child seem too friendly with strangers?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

7. Can your child settle herself down after periods of exciting activity?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

8. Can your child move from one activity to the next with little difficulty, such as from playtime to mealtime?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

9. Does your child seem happy?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

TOTAL POINTS ON PAGE ____

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
10. Is your child interested in things around him, such as people, toys, and foods?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
11. Does your child do what you ask her to do?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
12. Does your child seem more active than other children her age?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
13. Can your child stay with activities she enjoys for at least 5 minutes (not including watching television)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
14. Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
15. Does your child have eating problems, such as stuffing foods, vomiting, eating nonfood items, or _____ ? (You may write in another problem.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
16. Does your child sleep at least 8 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
17. Does your child use words to tell you what he wants or needs?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
TOTAL POINTS ON PAGE ____				



	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
18. Does your child follow routine directions? For example, does she come to the table or help clean up her toys when asked?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
19. Does your child cry, scream, or have tantrums for long periods of time?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
21. Does your child do things over and over and can't seem to stop? Examples are rocking, hand flapping, spinning, or _____ . (You may write in something else.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
22. Does your child hurt himself on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
23. Does your child stay away from dangerous things, such as fire and moving cars?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
24. Does your child destroy or damage things on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
25. Does your child use words to describe her feelings and the feelings of others, such as, "I'm happy," "I don't like that," or "She's sad"?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
TOTAL POINTS ON PAGE ____				



	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
26. Can your child name a friend?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
27. Do <i>other</i> children like to play with your child?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
28. Does <i>your child</i> like to play with other children?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
29. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
30. Does your child show an interest in or knowledge of adult sexual language and activity?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
31. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain:	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
<hr/> <hr/> <hr/> <hr/>				
32. Do you have any concerns about your child's eating, sleeping, or toileting habits? If so, please explain:				
<hr/> <hr/> <hr/> <hr/>				
TOTAL POINTS ON PAGE ____				



33. Is there anything that worries you about your child? If so, please explain:

34. What things do you enjoy most about your child?

36 Month/3 Year ASQ:SE Information Summary

Child's name: _____ Child's date of birth: _____
 Person filling out the ASQ:SE: _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ:SE completion: _____
 Today's date: _____ Administering program/provider: _____

SCORING GUIDELINES

1. Make sure the parent has answered all questions and has checked the concern column as necessary. If all questions have been answered, go to Step 2. If not all questions have been answered, you should first try to contact the parent to obtain answers or, if necessary, calculate an average score (see pages 39 and 41 of *The ASQ:SE User's Guide*).
2. Review any parent comments. If there are no comments, go to Step 3. If a parent has written in a response, see the section titled "Parent Comments" on pages 39, 41, and 42 of *The ASQ:SE User's Guide* to determine if the response indicates a behavior that may be of concern.
3. Using the following point system:

Z (for zero) next to the checked box = 0 points
 V (for Roman numeral V) next to the checked box = 5 points
 X (for Roman numeral X) next to the checked box = 10 points
 Checked concern = 5 points

Add together:

Total points on page 3 = _____
 Total points on page 4 = _____
 Total points on page 5 = _____
 Total points on page 6 = _____

Child's total score = _____

SCORE INTERPRETATION

1. Review questionnaires

Review the parent's answers to questions. Give special consideration to any individual questions that score 10 or 15 points and any written or verbal comments that the parent shares. Offer guidance, support, and information to families, and refer if necessary, as indicated by score and referral considerations.

2. Transfer child's total score

In the table below, enter the child's total score (transfer total score from above).

Questionnaire interval	Cutoff score	Child's ASQ:SE score
36 months/3 years	59	

3. Referral criteria

Compare the child's total score with the cutoff in the table above. If the child's score falls above the cutoff and the factors in Step 4 have been considered, refer the child for a mental health evaluation.

4. Referral considerations

It is always important to look at assessment information in the context of other factors influencing a child's life. Consider the following variables prior to making referrals for a mental health evaluation. Refer to pages 44–46 in *The ASQ:SE User's Guide* for additional guidance related to these factors and for suggestions for follow-up.

- Setting/time factors
(e.g., Is the child's behavior the same at home as at school?, Have there been any stressful events in the child's life recently?)
- Development factors
(e.g., Is the child's behavior related to a developmental stage or a developmental 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 cultural or family context?)



48 Month/4 Year Questionnaire



(For children ages 42 through 53 months)



Important Points to Remember:

- Please return this questionnaire by _____ .
- If you have any questions or concerns about your child or about this questionnaire, please call: _____ .
- Thank you and please look forward to filling out another ASQ:SE questionnaire in _____ months.



48 Month/4 Year ASQ:SE Questionnaire

(For children ages 42 through 53 months)

.....

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



Please read each question carefully and

1. Check the box that best describes your child's behavior *and*
2. Check the circle if this behavior is a concern

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------------	-----------	-----------------------	----------------------------------

1. Does your child look at you when you talk to him?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

2. Does your child cling to you more than you expect?



<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

3. Does your child talk and/or play with adults she knows well?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

4. When upset, can your child calm down within 15 minutes?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

5. Does your child like to be hugged or cuddled?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

6. Does your child seem too friendly with strangers?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

7. Can your child settle himself down after periods of exciting activity?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

8. Does your child cry, scream, or have tantrums for long periods of time?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

9. Is your child interested in things around her, such as people, toys, and foods?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

TOTAL POINTS ON PAGE ____

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
10. Does your child stay dry during the day?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
11. Does your child have eating problems, such as stuffing foods, vomiting, eating nonfood items, or _____ ? (You may write in another problem.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
12. Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
13. Does your child do what you ask her to do?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
14. Does your child seem happy?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
15. Does your child sleep at least 8 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
16. Does your child seem more active than other children his age?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
17. Does your child use words to tell you what she wants or needs?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
18. Can your child stay with activities he enjoys for at least 10 minutes (not including watching television)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
TOTAL POINTS ON PAGE				___

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------------	-----------	-----------------------	----------------------------------

19. Does your child use words to describe her feelings and the feelings of others, such as, "I'm happy," "I don't like that," or "She's sad"?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

20. Can your child move from one activity to the next with little difficulty, such as from playtime to mealtime?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

21. Does your child explore new places, such as a park or a friend's home?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

22. Does your child do things over and over and can't seem to stop? Examples are rocking, hand flapping, spinning, or _____ .
(You may write in something else.)

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

23. Does your child hurt himself on purpose?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

24. Does your child follow rules (at home, at child care)?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

25. Does your child destroy or damage things on purpose?



<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

26. Does your child stay away from dangerous things, such as fire and moving cars?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

TOTAL POINTS ON PAGE ____

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------	-----------	-----------------	----------------------------

27. Can your child name a friend?

z v x

28. Does your child show concern for other people's feelings? For example, does she look sad when someone is hurt?



z v x

29. Do *other* children like to play with your child?

z v x

30. Does *your child* like to play with other children?



z v x

31. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?

x v z

32. Does your child show an interest or knowledge of adult sexual language and activity?

x v z

33. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain:

x v z

TOTAL POINTS ON PAGE ____

34. Do you have concerns about your child's eating, sleeping, or toileting habits? If so, please explain:

35. Is there anything that worries you about your child? If so, please explain:

36. What things do you enjoy most about your child?

48 Month/4 Year ASQ:SE Information Summary

Child's name: _____ Child's date of birth: _____
 Person filling out the ASQ:SE: _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ:SE completion: _____
 Today's date: _____ Administering program/provider: _____

SCORING GUIDELINES

- Make sure the parent has answered all questions and has checked the concern column as necessary. If all questions have been answered, go to Step 2. If not all questions have been answered, you should first try to contact the parent to obtain answers or, if necessary, calculate an average score (see pages 39 and 41 of *The ASQ:SE User's Guide*).
- Review any parent comments. If there are no comments, go to Step 3. If a parent has written in a response, see the section titled "Parent Comments" on pages 39, 41, and 42 of *The ASQ:SE User's Guide* to determine if the response indicates a behavior that may be of concern.
- Using the following point system:

Z (for zero) next to the checked box	= 0 points
V (for Roman numeral V) next to the checked box	= 5 points
X (for Roman numeral X) next to the checked box	= 10 points
Checked concern	= 5 points

Add together:

Total points on page 3	= _____
Total points on page 4	= _____
Total points on page 5	= _____
Total points on page 6	= _____
Child's total score	= _____

SCORE INTERPRETATION

- Review questionnaires*
Review the parent's answers to questions. Give special consideration to any individual questions that score 10 or 15 points and any written or verbal comments that the parent shares. Offer guidance, support, and information to families, and refer if necessary, as indicated by score and referral considerations.
- Transfer child's total score*
In the table below, enter the child's total score (transfer total score from above).

Questionnaire interval	Cutoff score	Child's ASQ:SE score
48 months/4 years	70	

- Referral criteria*
Compare the child's total score with the cutoff in the table above. If the child's score falls above the cutoff and the factors in Step 4 have been considered, refer the child for a mental health evaluation.
- Referral considerations*
It is always important to look at assessment information in the context of other factors influencing a child's life. Consider the following variables prior to making referrals for a mental health evaluation. Refer to pages 44–46 in *The ASQ:SE User's Guide* for additional guidance related to these factors and for suggestions for follow-up.
 - Setting/time factors
(e.g., Is the child's behavior the same at home as at school?, Have there been any stressful events in the child's life recently?)
 - Development factors
(e.g., Is the child's behavior related to a developmental stage or a developmental 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 cultural or family context?)



60 Month/5 Year Questionnaire

(For children ages 54 through 65 months)

.....

Important Points to Remember:

- Please return this questionnaire by _____ .
- If you have any questions or concerns about your child or about this questionnaire, please call: _____ .
- Thank you for your participation in this project.



60 Month/5 Year ASQ:SE Questionnaire

(For children ages 54 through 65 months)

.....

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



Please read each question carefully and

1. Check the box that best describes your child's behavior *and*
2. Check the circle if this behavior is a concern

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------------	-----------	-----------------------	----------------------------------

1. Does your child look at you when you talk to her?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

2. Does your child cling to you more than you expect?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

3. Does your child like to be hugged or cuddled?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

4. Does your child talk and/or play with adults he knows well?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

5. When upset, can your child calm down within 15 minutes?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

6. Does your child seem too friendly with strangers?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

7. Can your child settle herself down after periods of exciting activity?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

8. Does your child seem happy?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

9. Does your child cry, scream, or have tantrums for long periods of time?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

TOTAL POINTS ON PAGE ____

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------------	-----------	-----------------------	----------------------------------

10. Is your child interested in things around him, such as people, toys, and foods?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

11. Does your child go to the bathroom by herself? (Reminders and help with wiping are okay.)



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

12. Does your child have eating problems, such as stuffing foods, vomiting, eating nonfood items, or _____? (You may write in another problem.)

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

13. Can your child stay with activities he enjoys for at least 15 minutes (not including watching television)?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

14. Do you and your child enjoy mealtimes together?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

15. Does your child do what you ask her to do?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

16. Does your child seem more active than other children his age?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

17. Does your child sleep at least 8 hours in a 24-hour period?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

TOTAL POINTS ON PAGE ____

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
18. Does your child use words to tell you what she wants or needs?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
19. Does your child use words to describe his feelings and the feelings of others, such as, "I'm happy," "I don't like that," or "She's sad"?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
20. Does your child move from one activity to the next with little difficulty, such as from playtime to mealtime?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
21. Does your child explore new places, such as a park or a friend's home?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
22. Does your child do things over and over and can't seem to stop? Examples are rocking, hand flapping, spinning, or _____ . (You may write in something else.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
23. Does your child hurt herself on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
24. Does your child follow rules (at home, at child care)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
25. Does your child destroy or damage things on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>



TOTAL POINTS ON PAGE ____

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
------------------	-----------	-----------------	----------------------------

26. Does your child stay away from dangerous things, such as fire and moving cars?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

27. Does your child show concern for other people's feelings? For example, does he look sad when someone is hurt?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

28. Do *other* children like to play with your child?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

29. Does *your child* like to play with other children?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

30. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

31. Does your child take turns and share when playing with other children?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

32. Does your child show an interest or knowledge of adult sexual language and activity?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

33. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain:

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

TOTAL POINTS ON PAGE ____

34. Do you have concerns about your child's eating, sleeping, or toileting habits? If so, please explain:

35. Is there anything that worries you about your child? If so, please explain:

36. What things do you enjoy most about your child?

60 Month/5 Year ASQ:SE Information Summary

Child's name: _____ Child's date of birth: _____
 Person filling out the ASQ:SE: _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ:SE completion: _____
 Today's date: _____ Administering program/provider: _____

SCORING GUIDELINES

1. Make sure the parent has answered all questions and has checked the concern column as necessary. If all questions have been answered, go to Step 2. If not all questions have been answered, you should first try to contact the parent to obtain answers or, if necessary, calculate an average score (see pages 39 and 41 of *The ASQ:SE User's Guide*).
2. Review any parent comments. If there are no comments, go to Step 3. If a parent has written in a response, see the section titled "Parent Comments" on pages 39, 41, and 42 of *The ASQ:SE User's Guide* to determine if the response indicates a behavior that may be of concern.
3. Using the following point system:

Z (for zero) next to the checked box	= 0 points
V (for Roman numeral V) next to the checked box	= 5 points
X (for Roman numeral X) next to the checked box	= 10 points
Checked concern	= 5 points

Add together:

Total points on page 3	= _____
Total points on page 4	= _____
Total points on page 5	= _____
Total points on page 6	= _____

Child's total score = _____

SCORE INTERPRETATION

1. *Review questionnaires*
Review the parent's answers to questions. Give special consideration to any individual questions that score 10 or 15 points and any written or verbal comments that the parent shares. Offer guidance, support, and information to families, and refer if necessary, as indicated by score and referral considerations.
2. *Transfer child's total score*
In the table below, enter the child's total score (transfer total score from above).

Questionnaire interval	Cutoff score	Child's ASQ:SE score
60 months/5 years	70	

3. *Referral criteria*
Compare the child's total score with the cutoff in the table above. If the child's score falls above the cutoff and the factors in Step 4 have been considered, refer the child for a mental health evaluation.
4. *Referral considerations*
It is always important to look at assessment information in the context of other factors influencing a child's life. Consider the following variables prior to making referrals for a mental health evaluation. Refer to pages 44–46 in *The ASQ:SE User's Guide* for additional guidance related to these factors and for suggestions for follow-up.
 - Setting/time factors
(e.g., Is the child's behavior the same at home as at school?, Have there been any stressful events in the child's life recently?)
 - Development factors
(e.g., Is the child's behavior related to a developmental stage or a developmental 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 cultural or family context?)



Intervention Activity Sheets

The following social-emotional behavior development lists and activity sheets coordinate with the ASQ:SE questionnaire intervals at 6, 12, 18, 24, 30, 36, 48, and 60 months. In addition, a social-emotional behavior development list and an activity sheet are included for birth to 6 months of age. After a child has been screened with the ASQ:SE and program staff have determined that there is no need to refer this child, staff may give the development lists and activity sheets to the family as additional resources. The development lists are intended to provide parents with guidance about what types of behaviors they may expect from their growing child, while the activity sheets provide ideas or ways to assist their young child's social-emotional development. Please consider the following points when using these resources.

First, the ASQ:SE development lists and activity sheets

- May include behaviors or suggestions that are inappropriate for certain cultures
- Are not an intervention. Rather, these resources can be used in a preventive manner when children do not need further assessment.
- Should not be considered comprehensive
- May need to be modified to be appropriate for families (e.g., translated, shared verbally with families, illustrated)

Second, the following information, which is not included in the development lists or activity sheets, should be made available to families. Parents may need support and/or information about developmentally appropriate expectations and strategies related to these topics to feel successful with their young children.

- Feeding young children (including breast feeding)
- Sleeping patterns
- Toilet training
- Guidance and discipline
- Safety and childproofing home environments
- Health and nutrition



SOCIAL-EMOTIONAL BEHAVIOR DEVELOPMENT IN YOUNG CHILDREN

From birth to 6 months . . .

- When she is a newborn, your baby lets you know when she is hungry and uncomfortable by crying.
- Your baby often responds to your attempts to soothe him.
- Your baby likes to look at your face and will look in your eyes, but only for a couple of seconds at first.
- Your baby lets you know she is content by cooing.
- When he is a couple of months old, your baby lets you know he is happy by smiling, laughing, and gurgling.
- Your baby likes to be picked up, hugged, and cuddled by people she knows.
- Your baby enjoys being with other children and people and will sometimes be fussy just because he wants your attention.
- Around 5 months your baby will sometimes stop crying when you talk to her (rather than pick her up).
- Your baby likes to play with his fingers, hands, feet, and toes.
- She often holds onto you and enjoys your hugs.
- He recognizes familiar people by their voices.
- Your baby sometimes sucks on her fingers or hands to calm herself down.

SOCIAL-EMOTIONAL ACTIVITIES FOR INFANTS FROM BIRTH TO 6 MONTHS OLD

<p>Sing lullabies and tell your baby nursery rhymes. Use a soft and gentle voice when you talk to him.</p>	<p>When your baby is a newborn, show her black-and-white pictures. Place them close to your baby (8–10 inches) so that she can look at them.</p>	<p>Let your baby hear new, gentle sounds. Quiet musical toys or soft bells will be interesting to him.</p>	<p>Hold your baby and look in her eyes and smile. Gently rub and touch her and tell her how much you love her.</p>
<p>If your baby cries, pick her up and tell her you love her. She may be hungry or uncomfortable.</p>	<p>Talk to your baby about things he is seeing, hearing, and feeling. Talk softly and gently to him during routines of the day.</p>	<p>Talk to your baby about things she seems to like or dislike. “You don’t like that big noise, do you?”</p>	<p>Let your baby lie on a blanket on the floor and get down on the floor with him. See the world from his point of view.</p>
<p>Make life interesting for your baby. Introduce new sounds and places to him from the safety of your arms.</p>	<p>Praise your baby often. Tell her how strong she is getting and what a sweet girl she is. Tell her you love her.</p>	<p>Begin to play simple games with your baby such as Peekaboo. You can put a cloth over <i>your</i> head and peek out.</p>	<p>Introduce new, safe* objects for your baby to explore. Simple objects such as plastic cups and big wooden spoons are all new to her.</p>
<p>Place interesting objects on the wall close to your baby’s bed or close to her line of vision. Simple pictures from magazines are great.</p>	<p>It’s never too early to start reading books with your baby. Choose simple books first and talk about the pictures he sees. Cuddle up close.</p>	<p>Learn your baby’s special language. She will “talk” to you with sounds and gestures and let you know when she is happy, uncomfortable, or hungry.</p>	<p>Gently rock your baby and dance with him to music. Your baby will love to move like this and be close to you.</p>

*Be sure to review safety guidelines with your health care provider at each new age level.



SOCIAL-EMOTIONAL BEHAVIOR DEVELOPMENT IN YOUNG CHILDREN

At 6 months . . .

- Your baby responds to your smile and is beginning to laugh when looking at you.
- Your baby is babbling or talking by putting sounds together such as “ma-ma-ma,” “ba-ba-ba,” and “da-da-da.”
- Your baby responds to your soothing and comforting and loves to be touched or held close.
- Your baby responds to your affection and may begin to initiate signs of affection.
- Your baby enjoys watching other babies and children.
- Your baby tries to talk with noises and gurgles.
- Your baby focuses on your voice and turns her head to your voice. She may turn to you when you call her name.
- Your baby may be frightened by loud or unfamiliar noises.
- Your baby wants quiet and soothing sometimes and talking and playing at other times.
- Your baby enjoys simple games like Peekaboo or This Little Piggy.
- A lot of the time, your baby wants you and no one else!

SOCIAL-EMOTIONAL ACTIVITIES FOR INFANTS 6 MONTHS OLD

<p>Learn your baby's special routines, and try to settle into a consistent routine for eating, sleeping, and diapering. Talk to your baby about his routines. This will help your baby feel secure and content.</p>	<p>Your baby likes to hear new sounds. Bells, whistles, and barking dogs are all new and interesting. Talk to your baby about what she is hearing.</p>	<p>Get down on the floor with your baby and play with him on his level. Look at toys, books, or objects together. Have fun, laugh, and enjoy your special time together.</p>	<p>When your baby cries, respond to her. Whisper in her ear to quiet her. Hold her close and make soft sounds. This will help her know you are always there and that you love her.</p>
<p>Play Peekaboo and Pat-a-Cake with your baby. Be playful, have fun, and laugh with your baby. She will respond with smiles and laughs.</p>	<p>Read to your baby. Snuggle up close, point to pictures, and talk about what you are seeing. Your baby will begin to choose favorite books as he gets a bit older.</p>	<p>Bring your baby to new places to see new things. Go on a walk to a park or in the mall, or just bring her shopping. She will love to see new things while you keep her safe.</p>	<p>When you are working in your home, place your baby in new areas or in new positions. The world looks very different from a new spot!</p>
<p>Let your baby begin to feed himself bits of food and help feed himself with a spoon and a cup. He will begin to enjoy doing things by himself.</p>	<p>Use your baby's name when you dress, feed, and diaper her: "Here is Dusty's finger," "Here is Jen's foot."</p>	<p>Provide new objects for your baby to explore.* Everything is interesting to him. Plastic cups, large wooden spoons, and wet washcloths are all new and interesting.</p>	<p>"Talk" with your baby. When your baby makes a sound, imitate the sound back to her. Go back and forth as long as possible.</p>
<p>Sing songs to your baby and tell her nursery rhymes. Make up songs about your baby using her name. This will make her feel special and loved.</p>	<p>Bath time* is a wonderful time to have fun and be close with your baby. Sponges, plastic cups, and washcloths make simple, inexpensive tub toys.</p>	<p>Enjoy music with your baby. Pick her up, bounce gently, and twirl with her in your arms. Try new and different types of music to dance to.</p>	<p>Go over and visit a friend who has a baby or young child. Stay close to your baby and let him know that these new people are okay. It takes a little time to warm up.</p>

*Be sure to review safety guidelines with your health care provider at each new age level.



SOCIAL-EMOTIONAL BEHAVIOR DEVELOPMENT IN YOUNG CHILDREN

At 12 months (1 year) . . .

- Your baby responds to her name when you call her.
- Your baby is interested in other babies and children.
- Your baby is showing many emotions, such as happiness, sadness, discomfort, and anger.
- Your baby may be shy around new people and seem jealous if you pay attention to someone else. He may need some time to watch and warm up to new people and new places.
- Your baby may have fears such as of falling, darkness, large animals, loud sounds, or changes in routines.
- Your baby responds differently to strangers than she does to family members and friends that she sees a lot.
- Your baby wants you in his sight all of the time and may get upset when you leave him with someone else.
- Your baby is imitating other children and adults. She may imitate things such as sounds, actions, and facial expressions.
- Your baby gives affection by hugging and kissing people, pets, or stuffed animals.
- Your baby watches other people and may respond to someone's distress by crying or showing distress himself.
- Your baby is beginning to show her likes and dislikes and may push things away that she does not like. She may be attached to a special toy or blanket.
- Your baby is becoming more independent and may seem stubborn or frustrated when he can't do something himself.

SOCIAL-EMOTIONAL ACTIVITIES FOR INFANTS 12 MONTHS OLD (1 YEAR OLD)

<p>Keep a routine at home for eating, sleeping, diapering, and playtimes. Talk to your baby about routines and what will be next. This will help her feel secure.</p>	<p>Let your baby know how much you love him and how special he is every day—when he wakes up in the morning and when he goes to sleep at night.</p>	<p>Play on the floor with your baby every day. Crawl around with her, or just get down and play on her level. She will really enjoy having you to herself.</p>	<p>Play simple games with your baby such as Pat-a-Cake, Peekaboo, and Hide and Seek, or chase each other. Laugh and have fun together!</p>
<p>While you are making dinner, your baby can “help.” Have a drawer or cupboard that he can empty that is full of safe kitchen things such as measuring cups and big spoons.</p>	<p>Play gentle tickle games with your baby, but make sure to stop when she lets you know she has had enough. Watch her carefully and you will know.</p>	<p>Dance to music with your baby. Hold his hands while he bends up and down. Clap and praise him when he “dances” by himself.</p>	<p>Play name games with your baby like, “Where is Rita?”</p>
<p>Go on a walk to a park or a place where children play. Let your baby watch them and visit a little if she is ready.</p>	<p>Play with child-safe mirrors* with your baby. Make silly expressions and talk to your baby about what he is seeing in the reflection.</p>	<p>Twirl your baby around. She will enjoy a little rough-and-tumble play, but make sure you stop when she has had enough.</p>	<p>Read together with your baby. Before naptime and bedtime is a great time to read together. Let your baby choose the book and snuggle up!</p>
<p>Let your baby have as many choices about foods, clothing, toys, and events as possible. He will enjoy making choices.</p>	<p>Invite a friend over who has a baby or young child. Make sure you have enough toys for both children. It’s a little early for them to know about sharing.</p>	<p>Sit on the floor with your baby and roll a ball back and forth. Clap your hands when your baby pushes the ball or “catches” the ball with his hands.</p>	<p>When you are dressing or diapering your baby, talk about her body parts and show her your body parts: “Here is Mommy’s nose; here is Mary’s nose.”</p>

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SOCIAL-EMOTIONAL BEHAVIOR DEVELOPMENT IN YOUNG CHILDREN

At 18 months . . .

- Your toddler is generally happy and smiles at people, including other children.
- Your toddler likes to talk and is using more words every day.
- Your toddler likes to show affection and give hugs and kisses.
- Your toddler may be showing different emotions such as fear, sympathy, modesty, guilt, or embarrassment.
- Your toddler likes to do things by himself. He may seem stubborn, but this is normal.
- Your toddler likes to help out with simple household tasks.
- Your toddler turns to you for help when she is in trouble.
- He enjoys playing near other children, but not with them yet.
- She may hand objects to other children, but she doesn't understand how to share and wants the toys right back.
- Your toddler can play by himself for short periods of time.
- Your toddler has specific likes and dislikes.
- Your toddler likes to say "No!" She may have a quick temper and sometimes hits when frustrated.
- Your toddler loves to be held and read to and becomes upset when separated from you.
- Your toddler loves to imitate others.
- Your toddler likes to be the center of attention.
- Your toddler recognizes himself in mirror or pictures.

SOCIAL-EMOTIONAL ACTIVITIES FOR INFANTS 18 MONTHS OLD

<p>Your toddler likes to have a consistent daily routine. Talk to him about what you are doing now and what will be happening next. Give him time to be active and time to be quiet.</p>	<p>Your toddler loves to have lots of hugs and kisses. Give big hugs, little hugs, loud kisses, soft kisses. Tell him you love him soooo much!</p>	<p>Your toddler will enjoy gentle roughhousing and tickling games. Make sure he can let you know when he has had enough. He will like quiet snuggle-up times, too.</p>	<p>Have a pretend party with stuffed animals or dolls. You can cut out little “presents” from a magazine, make a pretend “cake,” and sing the birthday song.</p>
<p>Your toddler needs a lot of time to move around and exercise.* Go for a walk to the park, visit a playground, or make a trip to a shopping mall.</p>	<p>Your toddler will love to help out with daily tasks. Give him simple “jobs” to do and let him know what a big boy he is. He can wipe off a table, put his toys away, or help sweep up.</p>	<p>Play simple games such as Hide and Seek and Chase with your toddler. Have fun and laugh together.</p>	<p>Dance with your toddler. Make a simple instrument out of a large plastic food tub (for a drum) or a small plastic container filled with beans or rice (for a shaker).</p>
<p>Help your child learn about emotions. In front of a mirror make happy faces, sad faces, mad faces, and silly faces. This is fun!</p>	<p>Let your toddler help out during mealtimes by bringing some things to the table or setting a place.</p>	<p>Your child might enjoy having a little place to hide. Use a blanket or sheet to make a tent or secret spot for her to play in.</p>	<p>Your child can help clean up after playtimes. Make it simple by putting things in a big tub or box and help him clean. Clap and praise him for his help.</p>
<p>Make playhouse furniture for your child out of boxes. For a stove, turn a box upside down and draw “burners.” Some plastic containers make safe pots, and wooden spoons stir the soup.</p>	<p>Set up playtimes with other children. Your child doesn’t understand how to share yet, so make sure there are plenty of toys. Stay close by and help her learn how to play with other children.</p>	<p>Your toddler is getting big and wants to do things by himself! Let him practice eating with a spoon and drinking with a tippy cup during mealtimes. Get ready for some spilling!</p>	<p>Story times, especially before naptime and bedtime, are a great way to settle down before sleep. Let your child choose books to read and help turn pages, and help her name what she sees.</p>

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SOCIAL-EMOTIONAL BEHAVIOR DEVELOPMENT IN YOUNG CHILDREN

At 24 months (2 years) . . .

- Your toddler likes to imitate you, other adults, and her friends.
- Your toddler wants to do everything by himself, even though he can't!
- Your toddler's favorite words are "mine," "no," "me do it."
- Your toddler has a lot of emotions, and her emotions can be very "big." She can get angry and have temper tantrums.
- Your toddler likes to imitate household tasks and can put some of his toys away with help from you.
- Your toddler loves to try new things and explore new places but wants to know you are nearby to keep her safe.
- Your toddler is very interested in other children and is still learning how to play with them.
- He will play nearby other children, but not really with them. He doesn't understand how to share his things yet.
- Your toddler has a hard time waiting and wants things right now.
- Your toddler loves attention from familiar adults and children but may act shy around strangers.
- Your toddler is learning how to show affection by returning a hug or kiss. She tries to comfort familiar people who are in distress.
- Your toddler knows his name and knows what he likes and dislikes. He may be very attached to certain things such as a special book, toy, or blanket.
- Your toddler enjoys simple pretend play like pretending to cook or talk on the telephone.
- Your toddler is learning about the routines in your home, but generally she is unable to remember rules.

SOCIAL-EMOTIONAL ACTIVITIES FOR INFANTS 24 MONTHS OLD (2 YEARS OLD)

<p>Try to have clear routines during the day, and let your child know what will be happening next. "Remember, after we brush hair, we get dressed."</p>	<p>Your child is learning about rules but will need lots and lots of reminders. Keep rules short and simple, and be consistent.</p>	<p>Have a special reading time every day with your toddler. Snuggle up and get close. Before bedtimes or naptimes is a great time to read together.</p>	<p>Let your toddler know how special she is! She will love to be praised for new things she learns how to do: "You are so helpful," "Wow, you did it yourself!"</p>
<p>When your child plays with friends, stay nearby to help them learn about taking turns. It is still early for your child to know how to share, but talking about turns will help her learn.</p>	<p>Give your toddler choices, but keep them simple. While dressing, let him choose a red or a blue shirt. At lunch, let him choose milk or juice.</p>	<p>Provide lots of time to play with other children. Your child will play hard but needs rest times too. Try to learn your child's rhythms and go with her flow.</p>	<p>Let your child do more things for himself.* Put a stool near the sink so he can wash his hands and brush his teeth. Let him pick out clothes and help dress himself.</p>
<p>Get down on the floor and play with your child. Try to follow your child's lead by playing with toys he wants to play with and trying his ideas.</p>	<p>Encourage your child to pretend play. With plastic cups, plastic containers, and some spoons, you can make some yummy "soup." Praise your toddler's cooking.</p>	<p>Everything is new to your toddler. She can find beauty in the little things like some weeds growing on a path or a pigeon pecking for seeds. Take some time to see the little things with her.</p>	<p>Your toddler is learning all about emotions. Help him label his feelings when he is mad, sad, happy, or silly: "You are really happy," "You seem really mad."</p>
<p>Play Parade or Follow the Leader with your toddler. Your child will love to copy you—and be the leader!</p>	<p>If your child has a temper tantrum, stay calm and talk in a quiet tone. If possible, ignore her until she calms down by herself.</p>	<p>Don't forget to tell your child how much you love him! Give him hugs and kisses and soft touches to let him know.</p>	<p>Teach your child simple songs like "Eensy Weensy Spider" where she can use her fingers.</p>

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SOCIAL-EMOTIONAL BEHAVIOR DEVELOPMENT IN YOUNG CHILDREN

At 30 months . . .

- Your child enjoys playing alongside other children.
- He likes using his increasing imagination. Puppets, dress-up clothes, dolls, and play figures are fun playthings.
- Your child is beginning to understand others' feelings. She may be able to identify when another child is angry or happy.
- Your child is beginning to learn about sharing. He doesn't always share but can sometimes.
- Your child is getting louder and bossier at times. She may talk with a loud, urgent voice.
- Your child at this age can follow simple routine directions, such as "Bring me your cup" and "Please go in your room and get your socks."
- He enjoys hearing songs and stories—sometimes over and over again.
- Your child wants to be independent sometimes but also may want you nearby. She will now easily leave your side if she is in familiar surroundings.
- He can identify whether he is a boy or a girl.
- Your child may greet familiar adults and is happy to see familiar friends.
- She may scream and throw temper tantrums at times.
- He likes to be hugged and cuddled—but not in the middle of playtime.

SOCIAL-EMOTIONAL ACTIVITIES FOR YOUNG CHILDREN 30 MONTHS OLD

<p>Make a “Me Book” with your child. Take some pieces of paper and glue in pictures of your child, family members, pets, or other special things. Tape the pages together.</p>	<p>Tell your child funny stories about things he did when he was a baby. Begin a favorite story and see if he can tell what happens next.</p>	<p>Show your child family photos. Talk about the people in the pictures and who they are: “That’s your Uncle Joe.” Can your child tell you who the people are?</p>	<p>Tell your child a favorite nursery rhyme and ask her how the characters in the story felt.</p>
<p>Give your child directions that have two steps, like “Put all of the Legos in the box, and then put the box away in the closet.” Let her know what a big help she is!</p>	<p>When cooking and cleaning, let your child help.* He can do things like helping to stir, putting flour in a cup, or putting away spoons and forks in the drawer.</p>	<p>Your child loves to imitate you. Try new words, animal sounds, and noises, and see if your child can imitate what you say or how you sound.</p>	<p>Encourage creative play, such as drawing with crayons, painting, and playing with playdough. Playing with chalk on the sidewalk is fun.</p>
<p>Let your child do more things for himself. Put a step stool near the bathroom sink so he can wash his hands and brush his teeth.</p>	<p>Draw and cut out different “feeling” faces, such as angry, frustrated, and happy. Encourage your child to use the faces to tell you how she is feeling.</p>	<p>Every day, tell your child how much you love him. Give him big hugs and little hugs, big kisses and little kisses.</p>	<p>Have a special reading time every day. Snuggle up and get close. Before bedtimes and naptimes is a great time to read together.</p>
<p>Play with your child and help her learn how to share. Show her how to share and praise her when she shares with you. This is a new thing for her, so don’t expect too much at this age.</p>	<p>Encourage your child to tell you his name and age. Sometimes making up a rhyme or song about his name will help him remember. See if he can tell you the name of his friends and teachers.</p>	<p>Sing songs and dance with your child. Play different types of music from the radio. Make simple instruments from boxes, oatmeal cans, or yogurt tubs.</p>	<p>Take your child to a park and play with her near other children. She may just watch children at first but will join in with others when she is ready.</p>

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SOCIAL-EMOTIONAL BEHAVIOR DEVELOPMENT IN YOUNG CHILDREN

At 36 months (3 years) . . .

- There are many things your child can do for herself, and she will tell you, “I can do it myself!”
- Although he is more independent, your child is still learning to follow simple rules—and he may need gentle reminders.
- She now plays briefly *with* other children. She is learning more about sharing and taking turns.
- He may have a special friend that he prefers playing with. Boys may prefer playing with boys, and girls with girls.
- She is becoming more independent. When you go on outings, she won’t always hold your hand and stay by your side.
- Your child’s emotions may shift suddenly, from happy to sad, from mad to silly. He’s trying to learn how to handle his emotions.
- She can sometimes express with words the feelings that she is having. She is beginning to think about the feelings of others and may be able to identify their feelings, too.
- Your child uses his imagination to create stories through pretend play with dolls, toy telephones, and action figures.
- Your child may boss people around and make demands. This shows not only that she is independent but also that she values herself. She might do something that is asked of her but may be more willing if she thinks it’s her idea.
- Your child may be fearful and have nightmares. Television shows (even scary cartoons) can give him nightmares.
- Your child’s attention span is increasing, and she often stays with an activity for at least 5 minutes.

SOCIAL-EMOTIONAL ACTIVITIES FOR YOUNG CHILDREN 36 MONTHS OLD (3 YEARS OLD)

<p>Tell your child a simple story about something she did that was funny or interesting. See if your child can tell a different story about herself.</p>	<p>Encourage your child to identify and label his emotions and those of other children or adults.</p>	<p>Provide opportunities for your child to play with other children in your neighborhood or at a park.*</p>	<p>Many children this age have imaginary friends. Let your child talk and play with these pretend playmates.</p>
<p>Give your child choices. For example, when dressing, let him choose between two shirts or during snack time, let him choose between two snacks.</p>	<p>When you and your child are cooking, dressing, or cleaning,* give her directions that have at least two steps: "Put that pan in the sink and then pick up the red spoon."</p>	<p>Write a letter together to grandparents, a pen pal, or friend. See if your child can tell you what to write about himself to include in the letter.</p>	<p>Play games with your child that involve taking turns, such as Follow the Leader and Hopscotch.</p>
<p>With stuffed animals or dolls, create conflict situations. Talk with your child about what happened, feelings, and how best to work out problems when they come up.</p>	<p>Have a special reading time each day. Snuggle up and get close. Slowly increase the length of the stories so your child can sit and listen a little longer.</p>	<p>Every day, let your child know you love her and how great she is. Give her a "high five," a big smile, a pat on the back, or a hug. Tell her she is super, cool, sweet, and fun.</p>	<p>Tell your child a favorite story such as the Three Little Pigs or Goldilocks and the Three Bears. See if your child can tell you how the animals felt in the story.</p>
<p>Draw and cut out different feeling faces, and then glue them on Popsicle sticks. Let your child act out the different feelings with the puppets.</p>	<p>Get down on the floor and play with your child. Try to follow your child's lead by playing with toys he wants to play with and trying his ideas.</p>	<p>Play games such as Mother May I and Red Light, Green Light that involve following simple directions.</p>	<p>Tell silly jokes with your child. Simple "What am I?" riddles are also fun. Have a good time and laugh with your child.</p>

*Be sure to review safety guidelines with your health care provider at each new age level.



SOCIAL-EMOTIONAL BEHAVIOR DEVELOPMENT IN YOUNG CHILDREN

At 48 months (4 years) . . .

- Your child likes to play with other children and has favorite games and playmates.
- Your child is beginning to share and take turns but is possessive of favorite toys and playthings.
- Your child expresses extreme emotions at times—laughs, cries, is silly, angry. She may be able to label her own feelings.
- When your child plays, he often uses real-life situations such as going to the store, school, and gas station.
- Your child may continue to have imaginary friends when playing games, sleeping at night, and going to preschool.
- Your child now understands home rules if they are short and simple.
- Your child is starting to understand danger and knows when to stay away from dangerous things.
- Your child loves silly jokes and has a sense of humor.
- Your child is beginning to control her feelings of frustration.
- Your child may use his imagination a lot, and he can be very creative.
- Your child is becoming more independent and adventurous and may be attracted to try new things.
- With her new independence, your child may be boastful and bossy at times.
- Your child may show concern and sympathy for younger siblings and playmates when they're hurt or upset. His ability to empathize—to put himself in someone else's shoes—is increasing.

SOCIAL-EMOTIONAL ACTIVITIES FOR YOUNG CHILDREN 48 MONTHS OLD (4 YEARS OLD)

Introduce a new feeling each day using pictures, gestures, and words. Encourage your child to use a variety of words to describe how he feels.	Encourage activities that involve sharing, such as blocks, crayons, playdough, acting out stories. Give your child lots of time to play with other children.	Provide opportunities for your child to be creative. Empty containers, glue, newspapers, rubber bands, and magazines can be used for making new inventions.	Take your child to the store, to a restaurant or the library. Explore lots of new places.* Talk with her about similarities and differences in people.
When doing housework or yard work, allow your child to do a small part on her own. Let her empty the wastebasket or clean crumbs off the table.	Talk with your child about possible dangers in your home, such as electrical outlets and stovetops. Talk about outdoor dangers, too, such as crossing the street or talking with strangers.*	Encourage your child's independence. Let him fix a sandwich like peanut butter and jelly. At bedtime, let him choose his clothes to wear the next day.	Develop a conflict or argument with stuffed animals or puppets. Talk first about how the different animals are feeling. Discuss with your child how to resolve the conflict.
Tell a favorite nursery rhyme or story. Talk about what is make-believe and what is real.	Using stuffed animals or play figures, create a party or group playtime. Play different people and talk about how they might feel and act.	Tell a favorite nursery rhyme or story about "anger," and talk about positive ways the characters in the story resolved their differences.	Take your child to the library for story hour. She can learn about sitting in a group and listening to stories.
Your child is learning more about rules but will still need reminders. Talk about your family rules. Keep rules short and simple, and be consistent.	Have simple props like old clothes, boxes, and plastic utensils for playing store, fire station, and school.	Remember at least once a day to hug and cuddle and to praise your child for new skills—independence, creativity, expressing emotions, and sharing toys.	Try to have clear routines during the day, and let your child know what will happen next. Have a reading time and quiet time each day.

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SOCIAL-EMOTIONAL BEHAVIOR DEVELOPMENT IN YOUNG CHILDREN

At 60 months (5 years) . . .

- Your child likes to play best with one or two other children at a time.
- He likes to choose his own friends and may have a best friend.
- Your child now plays simple table games like Candy Land and Lotto.
- Your child likes to play in small groups at the park or at school and may play with most of the children in her class.
- He understands and can follow simple rules at home and at school.
- Your child is showing a variety of emotions. She may be jealous of other children at times, especially of a younger brother or sister who is getting attention.
- Your child is now very independent and likes to make his own choices about clothes, foods to eat, and activities.
- Your child is sensitive to other children's feelings and can identify feelings in others: "He's sad."
- Your child likes to talk with familiar adults and children.
- Your child understands how to take turns and share at home and at school, but she may not want to all of the time.
- Your child is beginning to understand the meaning of right and wrong. He doesn't always do what is right, though.
- Adult approval is very important to your child. Your child looks to adults for recognition and acknowledgment.
- Your child is showing some self-control in group situations and can wait for her turn or stand in a line.
- Your child is usually able to respond to requests such as "Use your quiet voice" or "Inside is for walking."
- Your child's attention span is increasing. He is able to focus his attention for a necessary length of time such as when directions are being given or when a story is being read.

SOCIAL-EMOTIONAL ACTIVITIES FOR YOUNG CHILDREN 60 MONTHS OLD (5 YEARS OLD)

<p>Tell simple jokes and riddles. Your child will love it when you laugh at her jokes. The sillier, the better.</p>	<p>Gather old shirts, skirts, hats, and so forth from friends or a thrift store. Encourage dramatic play—acting out stories, songs, and scenes from the neighborhood.</p>	<p>Encourage your child to make choices as often as possible. Let him choose between two or three different shirts when dressing, or give choices of foods for lunch.</p>	<p>Most of the time, your child will feel good about doing small jobs around the house.* Give her a lot of praise when she does a good job, and tell her what a big help she is.</p>
<p>Your child may need some help resolving conflicts, especially with his friends. Let him know he should use his words but can come to you for help.</p>	<p>Make sure your child has plenty of rest and quiet and alone time when she needs it.</p>	<p>When your child has friends over, encourage them to play games that require working together. Building a tent out of old blankets or playing balls are examples.</p>	<p>Tell your child a favorite nursery rhyme that involves the idea of “right” and “wrong,” and discuss what kinds of choices the characters made in the story.</p>
<p>Let your child know how special she is. Give her a lot of love, praise, and hugs every day.</p>	<p>Show your child pictures cut out from magazines of people from different cultures. Talk about things that are the same or different between your family and other families.</p>	<p>Ask your child his birthday, telephone number, and first and last name. Practice what he would do if he got separated from you at the store.</p>	<p>Play games with your child. Board games or card games that have three or more rules are great. Go Fish, Checkers, or Candy Land are examples.</p>
<p>Have a special time for reading each day. Snuggle up and get close. Before bedtime is a great time to read together.</p>	<p>Using hand-drawn pictures or pictures cut out from a magazine, talk about real dangers (fire, guns, cars) and make-believe dangers (monsters under the bed, the dark).</p>	<p>Build a store, house, puppet stage, or fire truck out of old boxes. Your child can invite a friend over to play store or house, have a puppet show, or be firefighters.</p>	<p>Encourage your child to talk about the different rules at home and at school. Talk about why we have rules.</p>

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ASQ:SE™

CD-ROM About the ASQ:SE

This CD includes a series of eight questionnaires for the *Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE)* system, which were developed to assist with monitoring and identification of children from 3 months to 5½ years of age. The *Ages & Stages Questionnaires®: Social-Emotional* are designed to complement the *Ages & Stages Questionnaires® (ASQ)* by assisting parents, caregivers, and early intervention and early childhood personnel in the timely identification of children with responses or patterns of responses that indicate possible future social or emotional difficulties. This screening tool helps to identify the need for further social and emotional behavioral assessment in children—that is, to identify those children who are in need of further evaluation and those who appear to be developing typically. Like the ASQ, the ASQ:SE system is designed to be completed by the parents or caregivers of young children rather than by trained professionals. (For more information about the development and developers of the ASQ:SE system, see *The ASQ:SE User's Guide*.)

THE ASQ:SE USER'S GUIDE AND OTHER COMPONENTS

The ASQ:SE User's Guide is a companion to these questionnaires and contains necessary information for using the entire ASQ:SE monitoring system. Procedures for planning a monitoring program, using and scoring the questionnaires, making referrals, and evaluating the monitoring program throughout implementation are included in the *User's Guide*. A number of useful sample letters and forms are also provided—in both English and Spanish—in the *User's Guide*. In addition, the *User's Guide* includes information about other ASQ products, a description of typical stages of social and emotional development, suggested intervention activities for distribution to families, and case studies, as well as a compilation of the data and analyses conducted on the questionnaires. In particular, validity, sensitivity, specificity, and overreferral and underreferral rates are addressed.

Several optional components are available. The videotape *ASQ:SE in Practice* explains in further detail how to use the ASQ:SE questionnaires in a variety of settings and explains how to score and interpret ASQ:SE results. *The Ages & Stages Questionnaires® on a Home Visit* is a videotape that describes using the ASQ questionnaires in the home environment with families. The videotape *ASQ Scoring and Referral* explains how to score and interpret ASQ questionnaire results. The *ASQ CD-ROM*, available in English or Spanish, contains all 19 of the ASQ questionnaires and scoring sheets, along with 200 intervention activities from *The ASQ User's Guide*. The *Ages & Stages Activities* contains developmentally appropriate activities, divided by age range and ASQ domain, that parents can use with their children. (See the Order Forms for ordering information for the ASQ and ASQ:SE products.)

THE QUESTIONNAIRES

The *Ages & Stages Questionnaires®: Social-Emotional*, which are also available in Spanish, are color coded for easy reference. They are intended to be photocopied in the course of service provision to families. The questionnaires can be mailed to parents and completed by them in the home environment, with the assistance of a nurse or social worker on a home visit or during a telephone interview, by parents at a medical clinic prior to a well-child check-up, or by a child's regular caregiver at a child care center.

Each questionnaire has a title page with an area containing a shaded drawing of a parent and child. A program logo or agency contact information may be placed in this shaded area so that it will appear on all duplicated questionnaires. If the questionnaires are to be used in mail-back format, the address of the program should be on the mail-out and mail-back sheet, which is also included, for easy return by parents.

Each questionnaire contains 22–36 questions addressing seven behavioral areas: self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people. To promote read-ability and parental identification with the forms, questionnaire items are worded with alternating male and female pronouns.

Anyone who spends time with a child on a regular basis, such as parents, caregivers, foster parents, grandparents, aunts, and uncles, is qualified to answer the questionnaire items. If parents or caregivers are not sure whether a child exhibits a particular behavior described in a questionnaire item, professionals should not advise or lead parents but instead should encourage them to use their judgment.

Because a screening tool is brief, mistakes will occur; children who do not have difficulties may be referred for further assessment, and children with difficulties may not be identified as needing further assessment. Thus, results from the ASQ:SE will not identify which children have difficulties and which ones do not. Rather, the results will *suggest* which children should be referred for further evaluation and which ones appear to be developing typically. Because the *Ages & Stages Questionnaires®: Social-Emotional* involve parents as screeners of their young child's development, completing the questionnaires may enhance parents' knowledge of their child's developmental status while involving them in the assessment process. In addition, serial or sequential monitoring has been shown to be more effective than one-time screening. Therefore, having parents complete the ASQ:SE questionnaires at regular intervals as their child develops may prove to be more effective and cost efficient than one-time screening programs conducted by professionals.

No one questionnaire or screening tool will be culturally appropriate for all children and families. Modifications may need to be made, such as translating certain phrases into a family's native language or seeking advice from a mental health professional who is familiar with the culture of the family to determine whether behaviors are within a cultural "norm."

If parents cannot read English or Spanish at a fifth- to sixth-grade level, someone can read the items aloud and help parents to complete the questionnaire. There are, however, some parents who may not answer the questionnaire accurately. Parents with limited cognitive abilities and those abusing alcohol or drugs are examples of parents who may have difficulty. Other professionally administered screening tools, such as those that are listed in *The ASQ:SE User's Guide*, may be more appropriate for children in these families.

SCORING PROCEDURES

The ASQ:SE Information Summary is designed to be completed by professionals and maintained by programs as a record of the child's performance on a questionnaire. A cutoff score appears on each ASQ:SE Information Summary that can easily be compared with the child's performance at that age interval to determine whether the child should be referred for further evaluation. Factors to consider when making referral decisions, such as the child's current health status and family/cultural factors such as stressful events, are also included.

The questionnaires are scored by converting each response—*most of the time, sometimes, and rarely or never*—to a numerical value. The letters Z, V, and X appear next to each check box on the questionnaires. The numerical values 0, 5, and 10 correspond to Z, V, and X, respectively. Also, each time that parents mark that an item is an area of concern, 5 points is added to the child's score. To score the questionnaire, the numerical equivalents for each answer are added together to determine a total, which is compared with the empirically derived cutoff point for the questionnaire. If a child's total score is higher than the cutoff point, the child should be referred for further evaluation. Again, more explanation of how to score the questionnaires and how to determine when to refer a child for further evaluation can be found in *The ASQ:SE User's Guide*.

A MESSAGE FROM THE AUTHORS

The *Ages & Stages Questionnaires®: Social-Emotional* were designed to encourage screening of large numbers of children in an economical and efficient way. Our goal is to assist you in establishing a system that can identify children in need of intervention services in a timely and cost-effective manner. The ASQ:SE system works with the original ASQ to provide a more complete assessment of a child's development. The first edition of the *Ages & Stages Questionnaires®* was published in 1995; a second edition was released in 1999. We have valued the input and enthusiastic feedback we have received from the hundreds of personnel who are using the first and second edition ASQ questionnaires in screening, monitoring, and home visiting programs. The ASQ:SE contains eight questionnaires to be used at intervals at 6, 12, 18, 24, 30, 36, 48, and 60 months. This tool should assist parents, caregivers, and early intervention and early childhood personnel to identify children that may be at risk for developing social or emotional difficulties. We hope that you will find these materials of use and that, ultimately, the social and emotional developmental outcomes of young children and families will be improved.



About the Authors

The ASQ:SE system, including the *Ages & Stages Questionnaires®: Social-Emotional—English and Spanish versions*, *The ASQ:SE User's Guide*, and *ASQ:SE in Practice*, was developed by the following authors:

Jane Squires, Ph.D., Professor and Director, Early Intervention Program, Center on Human Development, University of Oregon, Eugene, Oregon 97403

Dr. Squires is a professor in special education, focusing on the field of early intervention. She is also Associate Director of the University of Oregon Center for Excellence in Development Disabilities. Dr. Squires has directed several research studies at the University of Oregon on the *Ages & Stages Questionnaires®* and the *Ages & Stages Questionnaires®: Social-Emotional*. In addition, she has directed national outreach training activities related to developmental screening and the involvement of parents in the assessment and monitoring of their child's development. In addition to her interests in screening and tracking, Dr. Squires directs a master's-level early intervention/special education personnel preparation program and teaches courses in early intervention at the University of Oregon.

Diane Bricker, Ph.D., Professor Emerita and Former Director, Early Intervention Program, Center on Human Development, University of Oregon, Eugene, Oregon 97403

Dr. Bricker has focused her professional career on the development and study of assessment/evaluation systems and intervention approaches for young children with disabilities and those who are at risk for disabilities. She has also been instrumental in the development and implementation of graduate-level personnel preparation programs. These programs have produced professionals who are delivering quality services to thousands of young children and their families. Dr. Bricker has published extensively in the field of early intervention.

Elizabeth Twombly, M.S., Senior Research Assistant, Early Intervention Program, Center on Human Development, University of Oregon, Eugene, Oregon 97403

Ms. Twombly is a senior research assistant at the Early Intervention Program. She has coordinated research activities on the *Ages & Stages Questionnaires®: Social-Emotional* and has been involved in several research studies on the *Ages & Stages Questionnaires®*. In addition, Ms. Twombly provides training and technical assistance to agencies on a variety of topics including screening and child-find activities, social and emotional assessment of young children, and the inclusion of parents in service provision.

Suzanne Yockelson, Ph.D., Research Associate, Early Intervention Program, Center on Human Development; and Program Coordinator, Educational Studies: Educational Foundations, and Instructor, Teacher Education Program, College of Education, University of Oregon, Eugene, Oregon 97403

Dr. Yockelson earned her doctorate at the University of Oregon in 1999. She consults with various state programs on using the *Ages & Stages Questionnaires*® for developmental screening of infants and young children. She teaches courses on child development, research, and curriculum at the University of Oregon's College of Education. Dr. Yockelson's research interests include the social and emotional development of infants and young children and parent education.

Maura Schoen Davis, Ph.D., Private Consultant, Early Intervention, Asheville, North Carolina

Dr. Davis earned her doctorate from the University of Oregon, where she investigated the concurrent validity of the *Ages & Stages Questionnaires*®: *Social-Emotional*. She is conducting training in evaluation and management as well as consulting in early intervention and early childhood special education.

Younghee Kim, Ph.D., Associate Professor, Master of Arts in Teaching Program, Education Department, Southern Oregon University, 1250 Siskiyou Boulevard, Ashland, Oregon 97520

Dr. Kim works with Early Childhood and Elementary Education Master of Arts in Teaching Program students at Southern Oregon University. She graduated from Sogang University in Seoul, Korea, in 1985. She received her master's degree in 1992 and her doctorate in 1996 from the University of Oregon in the area of early intervention/early childhood special education. Her special research interests include alternative assessment for young children with special needs, parent involvement in early intervention, and young children with emotional and social challenges, as well as multicultural education for children with diverse backgrounds. She lives with her husband and two young, bilingual children in Ashland, Oregon.



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Using ASQ:SE to Assess Young Children for Social or Emotional Difficulties

This seminar introduces the *Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE)* and show participants how to use this low-cost, reliable new tool to identify children 6–60 months old who are at risk for social or emotional difficulties.

This seminar typically encompasses an introduction to assessment and the ins and outs of using *ASQ:SE*, from setting up a tickler system, administering the questionnaires, tracking results, and scoring the questionnaires, to communicating results to families and considering the options for following up after questionnaires have been scored. It also addresses the role of parents in the *ASQ:SE* assessment process, including the validity of parent reporting and factors that affect parents' responses so that participants can ensure that they obtain the most reliable information possible. The speakers provide specifics on how to interpret *ASQ:SE* scores and how to make referral and intervention decisions based on those scores.

Programs that are already using the *ASQ:SE* will also find this seminar useful. The speakers can tailor the seminar to individual programs' needs and address any implementation issues that programs identify in advance of the seminar date.

Speakers supplement their instruction with extended case studies, and they offer role-plays and hands-on activities that give participants experience using *ASQ:SE* before going out in the field to work with families.

Following this seminar, participants will be able to

- administer and score *ASQ:SE*
- interpret *ASQ:SE* findings and communicate the results with families
- identify warning signs of social and emotional difficulties
- identify resources for age-appropriate intervention strategies and activities to enhance social-emotional development
- describe the process for referring children at-risk for social and emotional difficulties to appropriate agencies

This seminar can be combined with instruction in *ASQ* so that participants will be prepared to screen young children for developmental delays as well. "Train the trainer" sessions are also available for participants interested in instructing others to use *ASQ:SE*.

Speakers

Elizabeth Twombly, M.S., has been involved with the ASQ project for 10 years. Most recently she has worked as a Senior Research Assistant in the development of *Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE)*. Ms. Twombly instructs early childhood professionals nationwide from fields such as early intervention, childcare, and public health on using ASQ in screening and monitoring programs for infants and children who are at risk for developmental delays. She has a Master's degree in Early Intervention from the University of Oregon.

Suzanne Yockelson, Ph.D., received her degree from the University of Oregon Early Intervention Program and has a background in education for typically and atypically developing children. She provides instruction on developmental screening of young children using ASQ. Dr. Yockelson teaches a variety of courses in an undergraduate program in teacher education which she also coordinates. Her research interests include social and emotional development of young children and teacher education.

Linda Stone, Ph.D., is Director of the Orlando Area Part C Early Intervention Program and Program Manager of the Developmental Center for Infants and Children at Arnold Palmer Hospital for Children and Women. Previously, she was on faculty at the University of South Florida College of Public Health, serving as a program director at The Lawton and Rhea Chiles Center for Healthy Mothers and Babies. Dr. Stone's experience includes establishing and directing the Orange County Healthy Start Coalition (OCHSC), a not-for-profit agency advocating quality systems of prenatal and infant health services for residents of Orange County. She was also instrumental in developing and implementing a model of therapeutic childcare for substance-exposed infants, toddlers, and preschool children, and home visiting, education, and support services for their biological parents.

In the early 1990s, Dr. Stone was selected as one of three team leaders to oversee Florida's PL 99-457, Part H, Cost/Implementation Study. This study projected the impact, service costs, and cost/benefits of providing early intervention services to infants and toddlers in Florida. She has worked with the Florida State University Center for Prevention and Early Intervention Policy, Florida Department of Health and Rehabilitative Services, Florida Department of Education, and Arnold Palmer Hospital for Children and Women. She is a licensed school psychologist and a marriage and family therapist.

Barbara Battin, R.N., M.P.H., is on the faculty at the University of South Florida at the College of Nursing, where she teaches community health nursing. Ms. Battin is currently teaching two web-based courses on school health nursing and community health. In addition, she conducts instructional programs on a variety of maternal and child health topics including *Ages & Stages Questionnaires® (ASQ)*, Denver II, and the HOME scale.

Ms. Battin received a Bachelor's Degree in Nursing at Florida State University and a Master's Degree in Public Health at the University of South Florida. She has worked in a variety of capacities as a maternal and child health nursing consultant and instructor. She has coordinated and presented state-wide workshops related to maternal, child, adolescent, school, and public health issues.

Jantina Clifford, M.S. is a doctoral student in the Early Intervention Program at the University of Oregon. Ms. Clifford has taught in a variety of settings as an early childhood educator and has a master's degree in early intervention from the University of Oregon. She currently conducts seminars on the *Ages & Stages Questionnaires® (ASQ)* and *the Ages & Stages Questionnaires®: Social Emotional (ASQ:SE)*, and she assists in courses in the Teacher Education Program at the University of Oregon. Jantina's research interests are focused on infant mental health and support for adoptive families and children.

Required Materials

The ASQ:SE User's Guide, for each participant and a CD-ROM or box of questionnaires for each office.

Seminar Length

1 day or longer

(A one-day overview of the ASQ system is available for organizations considering this tool. No materials required.)

Number of participants

10–60

Who Will Benefit from this Seminar

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By Jane Squires, Ph.D., Diane Bricker, Ph.D., & Elizabeth Twombly, M.S.
with assistance from Suzanne Yockelson, Ph.D.,
Maura Schoen Davis, Ph.D., & Younghee Kim, Ph.D.

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