

Please provide the following information. Use black or blue ink only and print legibly when completing this form. Date ASQ completed: Child's information Middle Child's first name: initial: Child's last name: Child's gender:) Male Female Child's date of birth: Person filling out questionnaire Middle Last name: First name: Relationship to child: Child care Parent Guardian Street address: Grandparent Foster Other: or other relative State/ City: Province: Postal code: Other telephone number: Home telephone number: Country: E-mail address: Names of people assisting in questionnaire completion: **Program Information** Child ID #: Program ID #:

Program name:



36 Month Questionnaire

34 months 16 days through 38 months 30 days

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

	Import	tant Points to Remember:	Notes:				
	☑ Try (each activity with your baby before marking a response.					
		se completing this questionnaire a game that is fun for and your child.					
	⊴ Mak	e sure your child is rested and fed.					
	₫ Plea	ase return this questionnaire by					
C	ОММ	IUNICATION	YI	ES	SOMETIMES	NOT YET	
1.	so forth	you ask your child to point to her nose, eyes, hair, feet, ean, does she correctly point to at least seven body parts? of parts of herself, you, or a doll. Mark "sometimes" if she points to at least three different body parts.)	(She can		0		
2.		our child make sentences that are three or four words lor give an example:	ng?		\bigcirc	\bigcirc	
3.	"put th	t giving your child help by pointing or using gestures, as e book <i>on</i> the table" and "put the shoe <i>under</i> the chair. ild carry out both of these directions correctly?			\bigcirc	\bigcirc	
4.	pening ing," "r	ooking at a picture book, does your child tell you what is or what action is taking place in the picture (for example running," "eating," or "crying")? You may ask, "What is t) doing?"	e, "bark-		0	\bigcirc	
5.	"See, the your che and ask the zipp down. I	our child how a zipper on a coat moves up and down, are his goes up and down." Put the zipper to the middle and ild to move the zipper down. Return the zipper to the max your child to move the zipper up. Do this several times, oper in the middle before asking your child to move it up Does your child consistently move the zipper up when your down when you say "down"?	l ask iddle placing or		0		
6.		you ask, "What is your name?" does your child say both h t names?	ner first		\bigcirc	\bigcirc	_
				CC	MMUNICATION	N TOTAL	

	11.10 6 3				9
G	ROSS MOTOR	YES	SOMETIMES	NOT YET	
1.	Without holding onto anything for support, does your child kick a ball by swinging his leg forward?	0	0	0	
2.	Does your child jump with both feet leaving the floor at the same time?	0	\bigcirc	\bigcirc	_
3.	Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)	0	0		
4.	Does your child stand on one foot for about 1 second without holding onto anything?	0	\bigcirc	0	
5.	While standing, does your child throw a ball overhand by raising his arm to shoulder height and throwing the ball forward? (Dropping the ball or throwing the ball underhand should be scored as "not yet.")	0	0	\circ	
6.	Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?	0	GROSS MOTO	OR TOTAL	_
FI	NE MOTOR	YES	SOMETIMES	NOT YET	
1.	After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?	0		\bigcirc	



FINE MOTOR (continued)	YES	SOMETIMES	NOT YET	
2. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?	\circ	0	0	
3. After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle? Count as "yes" Count as "yes" Count as "not yet"	0	\bigcirc		
4. After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?		0		
5. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.)	\bigcirc	0	0	
6. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?	\bigcirc	\bigcirc	\bigcirc	
		FINE MOTOR TOTAL		
PROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up four objects in a row? (You can also use spools of thread, small boxes, or other toys.)		0	\bigcirc	
2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?	0	\bigcirc	0	

PROBLEM SOLVING (continued)			36 Month Questionnaire		page 5 of 7	
		YES	SOMETIMES	NOT YET		
3.	When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? (Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.") Please write your child's response here:	0		0		
4.	When you say, "Say 'seven three,'" does your child repeat just the two numbers in the same order? Do not repeat the numbers. If necessary, try another pair of numbers and say, "Say 'eight two.'" (Your child must repeat just one series of two numbers for you to answer "yes" to this question.)	0		\bigcirc		
5.	Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it?	\circ	\bigcirc	\bigcirc		
6.	When you say, "Say 'five eight three,'" does your child repeat just the three numbers in the same order? Do not repeat the numbers. If necessary, try another series of numbers and say, "Say 'six nine two.'" (Your shild must repeat just one series of three numbers for your to anywer.	\circ	\bigcirc	\bigcirc		
	child must repeat just one series of three numbers for you to answer "yes" to this question.)	Р	ROBLEM SOLVIN	NG TOTAL		
P	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET		
1.	Does your child use a spoon to feed herself with little spilling?	\bigcirc	\bigcirc	\bigcirc		
2.	Does your child push a little wagon, stroller, or toy on wheels, steering it around objects and backing out of corners if he cannot turn?	\bigcirc	\bigcirc	\bigcirc		
3.	When your child is looking in a mirror and you ask, "Who is in the mirror?" does she say either "me" or her own name?	\bigcirc	\bigcirc	\bigcirc		
4.	Does your child put on a coat, jacket, or shirt by himself?	\bigcirc	\bigcirc	\bigcirc		
5.	Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?	\bigcirc	\bigcirc	\bigcirc		
6.	Does your child take turns by waiting while another child or adult takes a turn?	\bigcirc	\bigcirc	\bigcirc		

PERSONAL-SOCIAL TOTAL



OVERALL

. Do you think your child hears well? If no, explain:	YES	○ NO
. Do you think your child talks like other children her age? If no, explain:	YES	O NO
. Can you understand most of what your child says? If no, explain:	YES	O NO
. Can other people understand most of what your child says? If no, explain:	YES	O NO
. Do you think your child walks, runs, and climbs like other children his age? If no, explain:	YES	O NO
. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	YES	O NO

OVERALL (continued)		
7. Do you have any concerns about your child's vision? If yes, explain:	YES	O NO
. Has your child had any medical problems in the last several months? If yes, explain:	YES	O NO
Do you have any concerns about your child's behavior? If yes, explain:	YES	O NO
. Does anything about your child worry you? If yes, explain:	YES	O NO