



ASQ Screening Summary for Parents



Child's Name _____ Date _____ Prepared by _____ Initialed by Parent(s) _____

What we learned from the ASQ questionnaire.	Look what my child can do!	Here are some ways we can help!
Communication <input type="checkbox"/> Developing like other children this age <input type="checkbox"/> Some need for encouragement <input type="checkbox"/> Would benefit from extra help from others		
Gross Motor <input type="checkbox"/> Developing like other children this age <input type="checkbox"/> Some need for encouragement <input type="checkbox"/> Would benefit from extra help from others		
Fine Motor <input type="checkbox"/> Developing like other children this age <input type="checkbox"/> Some need for encouragement <input type="checkbox"/> Would benefit from extra help from others		
Problem solving <input type="checkbox"/> Developing like other children this age <input type="checkbox"/> Some need for encouragement <input type="checkbox"/> Would benefit from extra help from others		
Personal-Social <input type="checkbox"/> Developing like other children this age <input type="checkbox"/> Some need for encouragement <input type="checkbox"/> Would benefit from extra help from others		

Overall Section(Concerns identified and next steps)