30/33 Month Visit

Dear Parent/Caregiver,

Thank you for participating in our child screening/monitoring program. The enclosed questionnaire from the Ages and Stages, Third Edition (ASQ-3), is a screening tool that will provide a quick check of your child’s development. The information you supply will help reveal your child’s strengths, uncover any areas of concern, and determine if there are community resources or services that may be useful for your child or your family.

We are proud and honored to take care of a diverse group of patients. If your child is already receiving Early Intervention for any reason, we look forward to discussing the individual development of your child at this appointment. Only fill out the portion of this screening test you believe is relevant for your child. Do not feel you have to complete all the questions. Additionally, please update us on any services currently in place and the frequency and duration that these services are being rendered.

When completing the questionnaire, make sure he or she is well rested and fed. Try to do the activities alone with your child and without other siblings present. It will likely take 15-30 minutes to complete. Please read the questions carefully trying very hard not to use hand gestures or pointing to help your child complete the task. Also avoid telling your child what to do; sometimes all we expect for some questions is copying what the parent does. Each area has six questions that go from easier to more difficult skills. Your child may be able to do some but not all of the items.

Please be sure to send back the questionnaire so it is received at least 2 days prior to your child’s visit. If you have any questions or concerns, please contact the office. We look forward to reviewing this assessment with you at your next visit.

Sincerely,

Eleanor Weinstein PNP

Panorama Pediatric Group
Revised 6/16/16
**Child's Information**

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<tr>
<th>Child's first name:</th>
<th>Middle Initial:</th>
<th>Child's last name:</th>
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<th>Child's date of birth:</th>
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**Person Filling Out Questionnaire**

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<th>Relationship to child:</th>
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<td>Parent</td>
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<td>Guardian</td>
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<td>Grandparent or other relative</td>
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<td>Foster parent</td>
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<td>Other</td>
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**Names of people assisting in questionnaire completion:**

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**Program Information**

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<th>Program name:</th>
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COMMUNICATION

1. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, “What is this?” does your child correctly name at least one picture?
   
   YES  SOMETIMES NOT YET
   
2. Without your giving him clues by pointing or using gestures, can your child carry out at least three of these kinds of directions?
   
   a. “Put the toy on the table.”
   b. “Close the door.”
   c. “Bring me a towel.”
   d. “Find your coat.”
   e. “Take my hand.”
   f. “Get your book.”

3. When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she correctly point to at least seven body parts? (She can point to parts of herself, you, or a doll. Mark “sometimes” if she correctly points to at least three different body parts.)

4. Does your child make sentences that are three or four words long? Please give an example:

5. Without giving your child help by pointing or using gestures, ask him to “put the book on the table” and “put the shoe under the chair.” Does your child carry out both of these directions correctly?

6. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, “barking,” “running,” “eating,” or “crying”)? You may ask, “What is the dog (or boy) doing?”

COMMUNICATION TOTAL
GROSS MOTOR

1. Does your child run fairly well, stopping herself without bumping into things or falling?  
   YES  SOMETIMES  NOT YET
   
2. Does your child walk either up or down at least two steps by himself? He may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)
   YES  SOMETIMES  NOT YET
   
3. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?
   YES  SOMETIMES  NOT YET
   
4. Does your child jump with both feet leaving the floor at the same time?
   YES  SOMETIMES  NOT YET
   
5. 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.
   YES  SOMETIMES  NOT YET
   
6. Does your child stand on one foot for about 1 second without holding onto anything?
   YES  SOMETIMES  NOT YET

GROSS MOTOR TOTAL

*If Gross Motor Item 5 is marked "yes" or "sometimes," mark Gross Motor Item 2 "yes."
FINE MOTOR

1. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?  
   YES  SOMETIMES  NOT YET

2. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask him to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?  
   Count as “yes”
   Count as “not yet”

3. Can your child string small items such as beads, macaroni, or pasta “wagon wheels” onto a string or shoelace?  

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?  
   Count as “yes”
   Count as “not yet”

5. 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 “not yet”

6. Does your child turn pages in a book, one page at a time?  

FINE MOTOR TOTAL

PROBLEM SOLVING

1. When looking in the mirror, ask, “Where is ______?" (Use your child's name.) Does your child point to her image in the mirror?  

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)?  
   YES  SOMETIMES  NOT YET
PROBLEM SOLVING (continued)

3. 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.)

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

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

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

PERSONAL-SOCIAL

1. If you do any of the following gestures, does your child copy at least one of them?
   a. Open and close your mouth.  
   b. Blink your eyes.  
   c. Pull on your earlobe.  
   d. Pat your cheek.

2. Does your child use a spoon to feed himself with little spilling?

3. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if she cannot turn?

4. Does your child put on a coat, jacket, or shirt by himself?

5. After you put on loose-fitting pants around her feet, does your child pull them completely up to her waist?

6. When your child is looking in a mirror and you ask, “Who is in the mirror?” does he say either “me” or his own name?

PERSONAL-SOCIAL TOTAL
OVERALL

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

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

Ages & Stages Questionnaires®, Third Edition (ASQ-3™), Squires & Bricker
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OVERALL  (continued)

7. Do you have any concerns about your child's vision? If yes, explain:
   □ YES  □ NO

   [Blank space for explanation]

8. Has your child had any medical problems in the last several months? If yes, explain:
   □ YES  □ NO

   [Blank space for explanation]

9. Do you have any concerns about your child's behavior? If yes, explain:
   □ YES  □ NO

   [Blank space for explanation]

10. Does anything about your child worry you? If yes, explain:
    □ YES  □ NO

    [Blank space for explanation]