

# SOONERSTART DEVELOPMENTAL SCREENING AGES AND STAGES QUESTIONNAIRE (ASQ) RESULTS PAGE

Child Information						
Name of child:	Date of Birth:	SoonerStart Site:				
Screening Information						
Questionnaire Used (month):	Age at administration in months and days:	If premature, adjusted age in months and days:				
Communication						
<b>Answer:</b> 1. Yes 2. Sometimes 3. Not Yet	Q1:	Q2:	Q3:	Q4:	Q5:	Q6:
Gross Motor						
<b>Answer:</b> 1. Yes 2. Sometimes 3. Not Yet	Q1:	Q2:	Q3:	Q4:	Q5:	Q6:
Fine Motor						
<b>Answer:</b> 1. Yes 2. Sometimes 3. Not Yet	Q1:	Q2:	Q3:	Q4:	Q5:	Q6:
Problem Solving						
<b>Answer:</b> 1. Yes 2. Sometimes 3. Not Yet	Q1:	Q2:	Q3:	Q4:	Q5:	Q6:
Personal-Social						
<b>Answer:</b> 1. Yes 2. Sometimes 3. Not Yet	Q1:	Q2:	Q3:	Q4:	Q5:	Q6:

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ASQ Results

White = Development appears to be on schedule (Pass)

Gray = Provide activities and Monitor (Pass)

Black = Further assessment with a professional may be needed

Communication	Total Score:	Result by Color:
Gross Motor	Total Score:	Result by Color:
Fine Motor	Total Score:	Result by Color:
Problem Solving	Total Score:	Result by Color:
Personal-Social	Total Score:	Result by Color:
Name of Resource Coordinator:		Date Completed:

