

ASQ (ASQ-3) Questionnaire



Infant ID Infant Name ♦ Infant DOB

Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

Check one: Infancy 4 Months Infancy 10 Months Toddler 18 Months Toddler 24 Months (optional)

1. Please provide Ages and Stages scores for the child:

- Communication
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening
- Gross Motor
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening
- Fine Motor
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening
- Problem Solving
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening
- Personal-social
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening

Squires, J., Twombly, E., Bricker, D. & Potter, L. (2009). ASQ-3 User's Guide 3rd Ed. Baltimore, MD: Paul H. Brookes Publishing Co, Inc.

If Child scores in gray or black areas of concern in any sub-area, complete backside of this form. Also record referrals to EI on Use of Government and Community Services form.

For Children who Screened at Risk for Developmental Delay

MIECHV REFERRAL TRACKING & FOLLOW-UP – INDEX CHILD

Please send this form to the State MONTHLY with updates
(due by the 15th of the following month)

Name of Home Visitor: _____

NFP Child ID #: _____

Name of Index Child: _____

Name of Index Parent: _____

	INITIAL REFERRAL CONTACT	FOLLOW-UP		
Type of Service	Date EI Referral Contacted	Date of EI Evaluation	If EI Evaluation NOT completed within 45 days of initial referral contact -- REASON:	Enrolled in EI?
1) Early Intervention Services	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the EI referral or did not take action <input type="checkbox"/> Child is waiting for EI evaluation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a) Early Intervention Services	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the EI referral or did not take action <input type="checkbox"/> Child is waiting for EI Evaluation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

	INITIAL REFERRAL CONTACT	FOLLOW-UP		
Type of Service	Date Service Referral Contacted	Date Service Started/Received	If Service NOT received within 30 days of initial referral contact -- REASON:	
2) Another Community Service: <i>Type: _____</i>	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the referral or did not take action <input type="checkbox"/> Child is waiting for service <input type="checkbox"/> Parent was unable to access service due to barriers (such as transportation, cost, time, child care, etc.) <input type="checkbox"/> Other: _____	
2a) Another Community Service: <i>Type: _____</i>	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the referral or did not take action <input type="checkbox"/> Child is waiting for service <input type="checkbox"/> Parent was unable to access service due to barriers (such as transportation, cost, time, child care, etc.) <input type="checkbox"/> Other: _____	
3) Individualized developmental support from a home visitor	N/A	/ / 20		N/A
3a) Individualized developmental support from a home visitor	N/A	/ / 20		N/A