

**Questions 1-12 for Teacher Response**

1. Date Summary Completed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. Center or Program Name  
\_\_\_\_\_

3. What county is your program in?  
\_\_\_\_\_

**Center/Program Type**

Center     Home     Home visitation

5. Child's age in months:    \_\_\_ \_\_\_ *months*

**6. ASQ-3 completed by**

Parent     Provider     Both

**7. ASQ-3 result**

	White	Gray	Black
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross Motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine Motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Social	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9. ASQ-SE completed by**

Parent     Provider     Both

**9. ASQ-SE result**

Below cutoff     Near cutoff     Above cutoff

**10. Do you intend to modify planning and activities provided for the child in these domains?**

	Yes	No	Not Sure
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross Motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine Motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Social	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Physician who will receive results  
\_\_\_\_\_

12. Will you make additional referrals? If yes, please describe.  
\_\_\_\_\_

**Questions 13-19 for Parent Response**

13. Were the questions on the Ages and Stages Questionnaire clear?

- Not at all clear
- Somewhat clear
- Very clear

14. How comfortable were you answering questions on the Ages and Stages Questionnaire?

- Not at all comfortable
- Somewhat comfortable
- Very comfortable

15. Do you understand the purpose of the Ages and Stages Questionnaire?

- Not at all
- Somewhat
- Yes, very clearly

16. How much did you learn about your child's development after taking the Ages and Stages Questionnaire?

- None     A little     A lot

17. Was information you were given about your child's development helpful?

- Not at all helpful
- Somewhat helpful
- Very helpful

18. How likely are you to discuss results with your child's doctor?

- Not at all likely
- Somewhat likely
- Very likely

19. How soon do you intend to set an appointment with your child's doctor?

- Within one month
- Within the next 3 months
- Within the next 6 months

**This survey is part of the Ages & Stages Project.**

The goal of the project is to ensure that children are healthy and ready to learn. The project seeks to coordinate parents, teachers, and physicians in providing the best care possible for each individual child.

Participating children should be screened at 6, 18, 30, 42, and 54 months.

Teachers and parents, please fill out the survey after discussing ASQ screening results. Upon completion, teachers should fax or mail the survey to:

**Janice Dent  
Community Research  
521 Jack Stephens Dr, Slot 530  
Little Rock, AR 72205**

**Fax: 686-8741**

This survey may be reproduced, but additional copies are also available upon request.

For requests or questions, contact your Resource and Referral Agency or  
Janice Dent at UAMS  
(501) 686-6602  
[dentjanicel@uams.edu](mailto:dentjanicel@uams.edu)

**Thank you for participating!**