# ASQ-3 Ages & Stages Questionnaires®

## 7 months 0 days through 8 months 30 days Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed:								
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#### 8 Month Questionnaire

7 months 0 days through 8 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

	Important Points to Remember:	Notes:				
	☑ Try each activity with your baby before marking a respons	se				
	Make completing this questionnaire a game that is fun for your and your baby.	or				
	☑ Make sure your baby is rested and fed.					
	Please return this questionnaire by					)
C	OMMUNICATION		YES	SOMETIMES	NOT YET	
1.	If you call to your baby when you are out of sight, does she direction of your voice?	look in the	$\bigcirc$	$\bigcirc$	$\bigcirc$	
2.	When a loud noise occurs, does your baby turn to see where came from?	e the sound	$\bigcirc$	$\bigcirc$	$\bigcirc$	
3.	If you copy the sounds your baby makes, does your baby repsame sounds back to you?	peat the	$\bigcirc$	$\bigcirc$	$\bigcirc$	
4.	Does your baby make sounds like "da," "ga," "ka," and "ba	a"?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
5.	Does your baby respond to the tone of your voice and stop at least briefly when you say "no-no" to him?	his activity	$\bigcirc$	$\bigcirc$	$\bigcirc$	
6.	Does your baby make two similar sounds like "ba-ba," "da-da-ga-ga"? (The sounds do not need to mean anything.)	da," or	$\bigcirc$	$\bigcirc$	$\bigcirc$	
			C	COMMUNICATIO	N TOTAL	
G	ROSS MOTOR	_	YES	SOMETIMES	NOT YET	
1.	When you put your baby on the floor, does she lean on her hands while sitting? (If she already sits up straight without leaning on her hands, mark "yes" for this item.)		0	$\bigcirc$	0	
2.	Does your baby roll from his back to his tummy, getting both from under him?	h arms out	$\bigcirc$	$\bigcirc$	$\bigcirc$	

ROSS MOTOR (continued)	YES	SOMETIMES	NOT YET	
Does your baby get into a crawling position by getting up on her hands and knees?	_	0	$\circ$	_
If you hold both hands just to balance your baby, does he support his own weight while standing?			0	_
When sitting on the floor, does your baby sit up straight for several minutes <i>without</i> using her hands for support?			0	
When you stand your baby next to furniture or the crib rail, does he hold on without leaning his chest against the furniture for support?		*If Gross Motor Item "yes" or "some	n 5 is marked times," mark	_
NE MOTOR	YES	SOMETIMES	NOT YET	
Does your baby reach for a crumb or Cheerio and touch it with her finger or hand? (If she already picks up a small object, mark "yes" for this item.)			$\bigcirc$	
Does your baby pick up a small toy, holding it in the center of his hand with his fingers around it?		0	$\bigcirc$	
Does your baby try to pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion, even if she isn't able to pick it up? (If she already picks up a crumb or Cheerio, mark "yes" for this item.)			0	
Does your baby pick up a small toy with only one hand?			0	
	Does your baby get into a crawling position by getting up on her hands and knees?  If you hold both hands just to balance your baby, does he support his own weight while standing?  When sitting on the floor, does your baby sit up straight for several minutes without using her hands for support?  When you stand your baby next to furniture or the crib rail, does he hold on without leaning his chest against the furniture for support?  NE MOTOR  Does your baby reach for a crumb or Cheerio and touch it with her finger or hand? (If she already picks up a small object, mark "yes" for this item.)  Does your baby pick up a small toy, holding it in the center of his hand with his fingers around it?  Does your baby try to pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion, even if she isn't able to pick it up? (If she already picks up a crumb or Cheerio, mark "yes" for this item.)  Does your baby pick up a small toy with only one	Does your baby get into a crawling position by getting up on her hands and knees?  If you hold both hands just to balance your baby, does he support his own weight while standing?  When sitting on the floor, does your baby sit up straight for several minutes without using her hands for support?  When you stand your baby next to furniture or the crib rail, does he hold on without leaning his chest against the furniture for support?  NE MOTOR  Does your baby reach for a crumb or Cheerio and touch it with her finger or hand? (If she already picks up a small object, mark "yes" for this item.)  Does your baby pick up a small toy, holding it in the center of his hand with his fingers around it?  Does your baby try to pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion, even if she isn't able to pick it up? (If she already picks up a crumb or Cheerio, mark "yes" for this item.)  Does your baby pick up a small toy with only one	Does your baby get into a crawling position by getting up on her hands and knees?  If you hold both hands just to balance your baby, does he support his own weight while standing?  When sitting on the floor, does your baby sit up straight for several minutes without using her hands for support?  When you stand your baby next to furniture or the crib rail, does he hold on without leaning his chest against the furniture for support?  WE MOTOR  Does your baby reach for a crumb or Cheerio and touch it with her finger or hand? (If she already picks up a small object, mark "yes" for this item.)  Does your baby try to pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion, even if she isn't able to pick it up? (If she already picks up a crumb or Cheerio, mark "yes" for this item.)  Does your baby pick up a small toy with only one	Does your baby get into a crawling position by getting up on her hands and knees?  If you hold both hands just to balance your baby, does he support his own weight while standing?  When sitting on the floor, does your baby sit up straight for several minutes without using her hands for support?  When you stand your baby next to furniture or the crib rail, does he hold on without leaning his chest against the furniture for support?  WE MOTOR  Does your baby reach for a crumb or Cheerio and touch it with her finger or hand? If she already picks up a small object, mark "yes" for this item.)  Does your baby try to pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion, even if she isn't able to pick it up? If she already picks up a crumb or Cheerio, mark "yes" for this item.)  Does your baby pick up a small toy kind already picks up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion, even if she isn't able to pick it up? Iff she already picks up a crumb or Cheerio, mark "yes" for this item.)  Does your baby pick up a small toy with only one

F	INE MOTOR (continued)	YES	SOMETIMES	NOT YET	
5.	Does your baby successfully pick up a crumb or Cheerio by using his thumb and all of his fingers in a raking motion? (If he already picks up a crumb or Cheerio, mark "yes" for this item.)	0		0	_
6.	Does your baby pick up a small toy with the tips of her thumb and fingers? (You should see a space between the	$\bigcirc$	$\bigcirc$	$\bigcirc$	*
	toy and her palm.)		*If Fine Motor Item "yes" or "some Fine Motor I	n 6 is marked times," mark	
Ρ	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	Does your baby pick up a toy and put it in his mouth?	0	0	0	
2.	When your baby is on her back, does she try to get a toy she has dropped if she can see it?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
3.	Does your baby play by banging a toy up and down on the floor or table?	$\circ$		0	
4.	Does your baby pass a toy back and forth from one hand to the other?	$\bigcirc$	$\bigcirc$	0	_
5.	Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?	$\bigcirc$	$\circ$	$\bigcirc$	_
6.	When holding a toy in his hand, does your baby bang it against another toy on the table?	0	$\circ$	$\circ$	
		Р	ROBLEM SOLVIN	IG TOTAL	

RSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
	0	$\bigcirc$	$\bigcirc$	
	$\bigcirc$		0	
	$\bigcirc$	$\circ$	$\bigcirc$	
	$\bigcirc$	$\bigcirc$	$\circ$	
	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Does your baby feed himself a cracker or a cookie?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
		PERSONAL-SOCIA	L TOTAL	
<b>VERALL</b>				
ents and providers may use the space below for additional comments.				
Does your baby use both hands and both legs equally well? If no, explain:		YES	O NO	
	me?	YES	O NO	
	When lying on her back, does your baby play by grabbing her foot?  When in front of a large mirror, does your baby reach out to pat the mirror?  Does your baby try to get a toy that is out of reach? (He may roll, pivot on his tummy, or crawl to get it.)  While your baby is on her back, does she put her foot in her mouth?  Does your baby drink water, juice, or formula from a cup while you hold it?  Does your baby feed himself a cracker or a cookie?  VERALL  ents and providers may use the space below for additional comments.  Does your baby use both hands and both legs equally well? If no, explain:	When lying on her back, does your baby play by grabbing her foot?  When in front of a large mirror, does your baby reach out to pat the mirror?  Does your baby try to get a toy that is out of reach? (He may roll, pivot on his tummy, or crawl to get it.)  While your baby is on her back, does she put her foot in her mouth?  Does your baby drink water, juice, or formula from a cup while you hold it?  Does your baby feed himself a cracker or a cookie?  VERALL  ents and providers may use the space below for additional comments.  Does your baby use both hands and both legs equally well? If no, explain:  When you help your baby stand, are his feet flat on the surface most of the time?	When lying on her back, does your baby play by grabbing her foot?  When in front of a large mirror, does your baby reach out to pat the mirror?  Does your baby try to get a toy that is out of reach? (He may roll, pivot on his tummy, or crawl to get it.)  While your baby is on her back, does she put her foot in her mouth?  Does your baby drink water, juice, or formula from a cup while you hold it?  Does your baby feed himself a cracker or a cookie?  PERSONAL-SOCIA  VERALL  ents and providers may use the space below for additional comments.  Does your baby use both hands and both legs equally well? If no, explain:  YES  When you help your baby stand, are his feet flat on the surface most of the time?	When lying on her back, does your baby play by grabbing her foot?  When in front of a large mirror, does your baby reach out to pat the mirror?  Does your baby try to get a toy that is out of reach? (He may roll, pivot on his tummy, or crawl to get it.)  While your baby is on her back, does she put her foot in her mouth?  Does your baby drink water, juice, or formula from a cup while you hold it?  Does your baby feed himself a cracker or a cookie?  PERSONAL-SOCIAL TOTAL  VERALL  ents and providers may use the space below for additional comments.  Does your baby use both hands and both legs equally well? If no, explain:  YES NO

C	VERALL (continued)			
3.	Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:	YES	O NO	
4.	Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	YES	○ NO	
5.	Do you have concerns about your baby's vision? If yes, explain:	YES	O NO	
6.	Has your baby had any medical problems in the last several months? If yes, explain:	YES	О NO	
7.	Do you have any concerns about your baby's behavior? If yes, explain:	YES	O NO	
8.	Does anything about your baby worry you? If yes, explain:	YES	O NO	



### 8 Month ASQ-3 Information Summary

7 months 0 days through 8 months 30 days

Ва	by's name:							[	Date A	SQ cor	mplet	ed:							
Ва	by's ID #:							0	Date of	birth:									
	lministering pr												naturity nnaire?		Yes	$\circ$	No		
1.	score and responses ar In the chart k	e missin	g. Score	each ite	em (YES	= 10, 5	SOMETI	MES =	5, NO	T YET	= 0).	Add ite	em scores	, and					
	Area	Cutoff	Total Score	0	5	10	15	20	25	<del>5</del> ;	30	35	40	45	50	)	55	(	60
	Communication	33.06										0	0	0	С	)	0	(	$\overline{\bigcirc}$
	Gross Motor	30.61										0		Ō	Č	)	Ō	(	Ō
	Fine Motor	40.15									•			0	IC	)	0	(	$\overline{\bigcirc}$
	Problem Solving	36.17											0	Ó	C	)	0	(	$\overline{\bigcirc}$
	Personal-Social	35.84											0	$\Diamond$	С	)	$\bigcirc$	(	$\overline{\Box}$
2.	TRANSFER (	OVERAL	L RESPO	ONSES:	Bolded	lupper	case res	ponses	requir	e follo	w-up	. See A	SQ-3 Use	r's Gu	ide, C	Chap	ter 6.		
	1. Uses bot Commer		and bot	h legs e	equally v	vell?	Yes	NO	5.		erns a	about v s:	ision?				YE	S	No
	2. Feet are Commer	Yes	NO	6.	-	medic ments	al prob ::	lems?				YE	S	No					
	3. Concern Commer		not maki	ng sour	nds?		YES	No	7.		erns a		ehavior?				YE	S	No
	4. Family h Commer		hearing	impairn	nent?		YES	No	8.	Othe Comi	r cond						YE	S	No
3.	ASQ SCORE responses, a If the baby's If the baby's	nd othe total sc total sc	r conside ore is in t ore is in t	erations the ==== the =====	, such as area, it area, it	s oppor is abov is close	tunities e the cue to the	to prac utoff, ar cutoff.	ctice sl nd the Provid	kills, to baby's e learr	dete deve ning a	rmine a elopme ctivitie	appropriat nt appear s and mor	te follo s to b nitor.	ow-up e on :	o. sche	dule.	rall	
4.	FOLLOW-UF	ACTIO	N TAKEI	N: Chec	ck all tha	at apply	<i>'</i> .						OPTION						
	Provide	activitie	s and res	creen ii	n	months	i.						YES, S = response			ES, r	V = IV	) i	YEI,
	Share re	sults wit	th primar	y health	n care p	rovider.								T 1	2	3	4	5	6
	Refer fo	r (circle	all that a	pply) he	earing, v	vision, a	nd/or b	ehavior	al scre	ening		Col	mmunication	+-		3	4	3	
			/ health c										Gross Motor	-					
			terventic										Fine Motor						
		•	n taken a	-								Prol	olem Solving						
				(1						Pe	rsonal-Social						ı l		

Other (specify):

# ASQ-3 Ages & Stages Questionnaires®

## 9 months 0 days through 9 months 30 days Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed:								
	М	М	D	D	Υ	Υ	Υ	Υ



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Baby's	M I	D I	D ·	Y	Y				3 o pre we	or mo emat eeks p	ore w curely prem	born veeks y, # of nature	f						Bab	oy's ge	ender Ile	r:	) Fe	emale												
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First n	ame:	:	$\overline{}$	$\overline{}$	$\overline{}$	$\top$	$\overline{}$			$\overline{}$	$\overline{}$	$\overline{}$					initia		Last	t nam	ie:	_				$\overline{}$	$\overline{}$	$\overline{}$	$\top$	$\overline{}$	$\overline{}$	$\overline{}$	$\overline{}$	$\overline{}$	$\overline{}$	—
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Bab	y ID	#:	$\top$	T	$\top$	$\top$	$\top$	$\top$	-	$\neg$	$\neg$	$\neg$	$\overline{}$	$\neg$	$\top$	$\overline{}$	7												Г	$\top$	٦		$\top$	1		
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### **9** Month Questionnaire

9 months 0 days through 9 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

	Important Points to Remember:	Notes:				
	☑ Try each activity with your baby before marking a respons	e				
	Make completing this questionnaire a game that is fun for you and your baby.					
	☑ Make sure your baby is rested and fed.					
	Please return this questionnaire by					
C	OMMUNICATION		YES	SOMETIMES	NOT YET	
1.	Does your baby make sounds like "da," "ga," "ka," and "ba	"?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
2.	If you copy the sounds your baby makes, does your baby repsame sounds back to you?	eat the	$\bigcirc$	$\circ$	$\bigcirc$	_
3.	Does your baby make two similar sounds like "ba-ba," "da-d "ga-ga"? (The sounds do not need to mean anything.)	a," or	$\bigcirc$	$\bigcirc$	$\bigcirc$	
4.	If you ask your baby to, does he play at least one nursery gar you don't show him the activity yourself (such as "bye-bye," boo," "clap your hands," "So Big")?		$\bigcirc$	$\bigcirc$	$\bigcirc$	
5.	Does your baby follow one simple command, such as "Come "Give it to me," or "Put it back," without your using gestures		$\bigcirc$	$\bigcirc$	$\bigcirc$	_
6.	Does your baby say three words, such as "Mama," "Dada," a "Baba"? (A "word" is a sound or sounds your baby says cons		$\bigcirc$	$\circ$	$\bigcirc$	
	mean someone or something.)		C	COMMUNICATIO	N TOTAL	
G	ROSS MOTOR		YES	SOMETIMES	NOT YET	
1.	If you hold both hands just to balance your baby, does she support her own weight while standing?		0		$\bigcirc$	
2.	When sitting on the floor, does your baby sit up straight for several minutes <i>without</i> using his hands for support?		$\bigcirc$	$\bigcirc$	$\bigcirc$	

G	ROSS MOTOR (continued)	YES	SOMETIMES	NOT YET	
	(33,111,111,111,111,111,111,111,111,111,	. 25	00220		
3.	When you stand your baby next to furniture or the crib rail, does she hold on without leaning her chest against the furniture for support?	$\bigcirc$		0	
4.	While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position?	0		0	
5.	While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?	$\bigcirc$	$\bigcirc$	$\bigcirc$	_
6.	Does your baby walk beside furniture while holding on with only one hand?	$\bigcirc$	$\bigcirc$	$\bigcirc$	_
			GROSS MOTO	OR TOTAL	
FI	NE MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your baby pick up a small toy with only one hand?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
2.	Does your baby successfully pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion? (If she already picks up a crumb or Cheerio, mark "yes" for this item.)	$\bigcirc$		$\bigcirc$	
3.	Does your baby pick up a small toy with the tips of his thumb and fingers? (You should see a space between the toy and his palm.)	$\bigcirc$	$\bigcirc$	$\bigcirc$	—
4.	After one or two tries, does your baby pick up a piece of string with her first finger and thumb? (The string may be attached to a toy.)	$\circ$	$\circ$	0	—
5.	Does your baby pick up a crumb or Cheerio with the <i>tips</i> of his thumb and a finger? He may rest his arm or hand on the table while doing it.	$\bigcirc$		0	
6.	Does your baby put a small toy down, without dropping it, and then take her hand off the toy?	$\bigcirc$	$\bigcirc$	$\bigcirc$	_
			FINE MOTO	OR TOTAL	

\*If Fine Motor Item 5 is marked "yes" or "sometimes," mark Fine Motor Item 2 "yes."

P	ROBLEM SOLVING	YES	SOMETIMES	NOT YET				
1.	Does your baby pass a toy back and forth from one hand to the other?	0	$\bigcirc$	$\bigcirc$				
2.	Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?	0	$\bigcirc$	$\bigcirc$				
3.	When holding a toy in his hand, does your baby bang it against another toy on the table?	$\circ$	$\bigcirc$	$\bigcirc$				
4.	While holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?	$\bigcirc$	$\bigcirc$	$\bigcirc$				
5.	Does your baby poke at or try to get a crumb or Cheerio that is inside a clear bottle (such as a plastic soda-pop bottle or baby bottle)?	$\bigcirc$	$\bigcirc$	$\bigcirc$				
6.	After watching you hide a small toy under a piece of paper or cloth, does your baby find it? (Be sure the toy is completely hidden.)	$\bigcirc$	$\bigcirc$	$\bigcirc$				
		PROBLEM SOLVING TOTAL						
P	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET				
1.	While your baby is on her back, does she put her foot in her mouth?	$\bigcirc$	$\bigcirc$	$\bigcirc$				
2.	Does your baby drink water, juice, or formula from a cup while you hold it?	$\bigcirc$	$\bigcirc$	$\bigcirc$				
3.	Does your baby feed himself a cracker or a cookie?	$\bigcirc$	$\bigcirc$	$\bigcirc$				
4.	When you hold out your hand and ask for her toy, does your baby offer it to you even if she doesn't let go of it? (If she already lets go of the toy into your hand, mark "yes" for this item.)		$\bigcirc$					
5.	When you dress your baby, does he push his arm through a sleeve once his arm is started in the hole of the sleeve?	$\bigcirc$	$\circ$	$\bigcirc$	_			
6.	When you hold out your hand and ask for her toy, does your baby let go of it into your hand?	$\bigcirc$	$\bigcirc$	$\bigcirc$	_			
		PI	PERSONAL-SOCIAL TOTAL					



#### **OVERALL**

ents and providers may use the space below for additional comments.		
Does your baby use both hands and both legs equally well? If no, explain:		O NO
When you help your baby stand, are his feet flat on the surface most of the time?	YES	O NO
If no, explain:	<u> </u>	<u> </u>
	O	O
Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:	○ YES	O NO
Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	○ YES	O NO
Do you have concerns about your baby's vision? If yes, explain:	YES	○ NO
	( ) YES	<u> </u>
Has your baby had any medical problems in the last several months? If yes, explain:	○ YES	O NO



### **9** Month ASQ-3 Information Summary

9 months 0 days through 9 months 30 days

Bal	by's name:							D	ate A	.SQ complet	ted:							
Baby's ID #:							D											
Administering program/provider:																		
1.	responses a	<b>SCORE AND TRANSFER TOTALS TO CHART BELOW:</b> See <i>ASQ-3 User's Guide</i> for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.																
	Area	Cutoff	Total Score	0	5	10	15	20	2!	5 30	35	40	45	50	)	55		60
-	Communication	13.97					$\bigcirc$	0		$\Diamond$	$\circ$	$\overline{}$	0	$\overline{C}$	$\overline{)}$	0	(	0
-	Gross Motor	17.82						0	C		0	$\bigcirc$	0	C	)	0	(	0
-	Fine Motor	31.32									0	0	0	C	)	0	(	0
1	Problem Solving	28.72									0		0	C	)	0	(	0
	Personal-Social	18.91									$\bigcirc$		$\bigcirc$	$\subset$	<u> </u>	$\bigcirc$	(	0
2.	TRANSFER	OVERAI	_ LL RESP(	ONSES:	Bolded	_ l upper	case res	ponses	requi	re follow-up	_ o. See <i>A</i>	- ISQ-3 User	r's Gu	ide, (	- Char	oter 6	-	_
	Uses both hands and both legs equally well?     Comments:						Yes	NO	5.	Concerns Comment		rision?				YI	ES	No
	Feet are flat on the surface most of the time?     Comments:						Yes	NO	6.	Any media Comment			ΥI	ES	No			
	<ol> <li>Concerns about not making sounds? Comments:</li> </ol>					YES	No	7.	Concerns Comment		pehavior?		YES No					
	4. Family ł Comme	y history of hearing impairment? nents:				YES	No	8.	Other con Comment							ES	No	
3.	ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.																	
	If the baby's If the baby's If the baby's	's total sc	ore is in	the 🔲	area, it	is close	to the	cutoff. F	Provid	de learning a	activitie	s and mon	itor.					
4.	FOLLOW-UP ACTION TAKEN: Check all that apply.  5. OPTIONAL: Transfer								ansfe	er ite	m res	pon	ses					
	Provide activities and rescreen in months.										(Y =	YES, S = response	SOM	ETIM				
	Share results with primary health care provider.										——————————————————————————————————————	т —					Τ,	
Refer for (circle all that apply) hearing, vision, and						nd/or b	nd/or behavioral screening.					1	2	3	4	5	6	
Refer to primary health care provider or other co					_				mmunication	1		_	$\vdash$					
·	reason):									-	Gross Motor	+-			$\vdash$			
	Refer to early intervention/early childhood special education.								Pro	Fine Motor blem Solving	+		-	$\vdash$				
	No further action taken at this time									Pro	biem Solving	ـــــــ		L	$\sqcup$		ш	

Personal-Social

Other (specify):