

C. CALCULATING THE CHILD'S AGE

1. General Instructions

General information such as the child's name, birth date, and test date should be recorded first on the test form. The child's age is computed by subtracting the date of birth from the date of testing. (When it is necessary to "borrow" in the subtraction, 30 days are borrowed from the month column, and 12 months are borrowed from the year column.)

Example #1:	Year	Month	Day
Date of Test.....	90	7	15
Date of Birth	88	3	10
Age of Child	2	4	5

The age of the child in Example #1 is found to be 2 years, 4 months, and 5 days.

Example #2:	Year	Month	Day
.....	18		
.....	89	6	45
Date of Test.....	90	7	15
Date of Birth	88	10	28
Age of Child	1	8	17

The age of the child in Example #2 is 1 year, 8 months, and 17 days. The age is calculated as follows:

- Step 1.** It is not possible to subtract 28 days from 15. Therefore, borrow 30 days (1 month) from 7 months. Add 30 days to 15 to make 45 days. Six months are left in the month column.
- Step 2.** Subtract 28 days from 45 days = 17 days.
- Step 3.** It is not possible to subtract 10 months from 6. Therefore, borrow 12 months (1 year) from 90. Add 12 months to 6, to make 18 months; 89 is left in the year column.
- Step 4.** Subtract 10 months from 18 months = 8 months.
- Step 5.** Subtract 88 from 89 = 1 year. The age of the child in Example #2 is found to be 1 year, 8 months, and 17 days.

Accurate age calculation is very important, and should be checked carefully before proceeding with the test. The child's age is used as a reference point against which all item performances are compared.

2. Adjusting for Prematurity

For children who were born more than 2 weeks before the expected date of delivery and who are less than 2 years of age, the calculated age must be adjusted. To adjust the age, first divide the number of weeks premature into months and days, using 4 weeks to a month and 7 days to a week. Then subtract the resulting month(s) and days from the calculated age.

Example #3:	Year	Month	Day
Date of Test.....	90	8	20
Date of Birth	90	6	1
Age of Child	2	19	
6 weeks premature		1	14
Adjusted Age of Child.....	1	5	

The calculated age of the child in Example #3 is found to be 2 months 19 days. The child was born 6 weeks (1 month 14 days) prematurely, so this amount is subtracted from the calculated age to arrive at the adjusted age of 1 month 5 days. Use this adjusted age to draw the age line. In addition, it is necessary to indicate on the test form that the child's age was adjusted for prematurity. No age adjustment is necessary for children 2 years of age and above or for children born later than expected. (When the child reaches 2 years of age or more it is no longer necessary to adjust for prematurity because the weeks premature represent an increasingly smaller fraction of the child's total age.)

To days Date

Year
2009
~~2010~~

Month
9 + 12
~~10~~

Day
15 ⁺³⁰/₄₅

DOB

2009

11

26

12 months = 1 year

30 days = 1 month

7 days = 1 week

4 weeks = 1 month

preemie - 6wks

2 wks = 1 month

14 days

	10	19
-	1	14
	9 m	5 days

Google "Age Calculator"

Table 6.2. Score adjustment chart for the ASQ-3 when item responses have been omitted

Area score (for the items that have responses)	Adjusted total area score (one omitted item)	Adjusted total area score (two omitted items)
50	60	—
45	54	—
40	48	60
35	42	52.5
30	36	45
25	30	37.5
20	24	30
15	18	22.5
10	12	15
5	6	7.5
0	0	0

Table 6.3. ASQ-3 Overall questions by age interval and possible problem indicators

ASQ-3 intervals	Overall question	Possible problem indicator of	Examples of referrals
2-14	Does your baby use both hands/ legs equally well?	Cerebral palsy	Health care provider; motor specialist
2-14	When you help your baby stand, are his/her feet flat on the surface most of the time?	Cerebral palsy	Health care provider; motor specialist
16-60	Do you think your child talks like other toddlers/children his/her age?	Articulation delay; speech-language disorder	Early intervention/early childhood special educator (EI/ECSE); speech-language pathologist (SLP)
16-60	Can you understand most of what your child says?	Articulation delay; speech-language disorder	EI/ECSE; SLP
30-60	Can other people understand most of what your child says?	Articulation delay; speech-language disorder	EI/ECSE; SLP
16-60	Do you think your child walks, runs, and climbs like other toddlers/children his/her age?	Neurological conditions; cerebral palsy	EI/ECSE; health care provider; motor specialist
All	Do you think your baby/child hears well?	Hearing impairment	EI/ECSE; audiologist
All	Does either parent have a family history of childhood deafness or hearing impairment?	Hearing impairment	EI/ECSE; audiologist
All	Do you have concerns about your baby's/child's vision?	Visual impairment; strabismus	Primary health care provider
All	Has your baby/child had any medical problems in the last several months?	If ear infections, possible hearing impairment; other medical problems could indicate a very long list of issues	Primary health care provider; audiologist for hearing evaluation
All	Do you have any concerns about your baby's/child's behavior?	Regulatory disorder; autism; attention-deficit/hyperactivity disorder; oppositional defiant disorder; anxiety disorder; depression	EI/ECSE; health care provider; infant mental health or behavioral specialist
All	Does anything about your baby/child worry you?		



18 Month ASQ-3 Information Summary

17 months 0 days through
18 months 30 days

Child's name: _____ Date ASQ completed: 8-3-10
 Child's ID #: _____ Date of birth: 1-2-09
 Administering program/provider: DG Was age adjusted for prematurity when selecting questionnaire? Yes No

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide 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	25	30	35	40	45	50	55	60
Communication	13.06	<u>40</u>	●	●	●	●	●	●	●	●	●	●	●	●	●
Gross Motor	37.38	<u>55</u>	●	●	●	●	●	●	●	●	●	●	●	●	●
Fine Motor	34.32	<u>45</u>	●	●	●	●	●	●	●	●	●	●	●	●	●
Problem Solving	25.74	<u>37.5</u>	●	●	●	●	●	●	●	●	●	●	●	●	●
Personal-Social	27.19	<u>45</u>	●	●	●	●	●	●	●	●	●	●	●	●	●

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- Hears well? **Yes** NO 6. Concerns about vision? YES **No**
Comments: _____
- Talks like other toddlers his age? **Yes** NO 7. Any medical problems? **YES** No
Comments: _____
- Understand most of what your child says? **Yes** NO 8. Concerns about behavior? YES **No**
Comments: _____
- Walks, runs, and climbs like other toddlers? **Yes** NO 9. Other concerns? YES **No**
Comments: _____
- Family history of hearing impairment? YES **No**
Comments: _____

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 child's total score is in the area, it is above the cutoff, and the child's development appears to be on schedule.
 If the child's total score is in the area, it is close to the cutoff. Provide learning activities and monitor.
 If the child's total score is in the area, it is below the cutoff. Further assessment with a professional may be needed.

4. FOLLOW-UP ACTION TAKEN: Check all that apply.

- Provide activities and rescreen in 6 months.
- Share results with primary health care provider.
- Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- Refer to primary health care provider or other community agency (specify reason): _____
- Refer to early intervention/early childhood special education.
- No further action taken at this time
- Other (specify): _____

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication	S	Y	Y	S	Y	N
Gross Motor	Y	Y	Y	Y	Y	S
Fine Motor	Y	S	Y	N	Y	Y
Problem Solving	Y	S	S	Y	N	N
Personal-Social	S	Y	Y	Y	N	Y



Ages & Stages Questionnaires®

48 Month Questionnaire

45 months 0 days through 50 months 30 days

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

Date ASQ completed: 11/18/2008



Child's information

Child's first name: John Middle initial: X. Child's last name: Smith

Child's date of birth: 11/12/2004

Child's gender:
 Male Female

Person filling out questionnaire

First name: Jane Middle initial: (blank) Last name: Smith

Street address: 123 Center Street, Apt. 9

Relationship to child:
 Parent Guardian Teacher Child care provider
 Grandparent or other relative Foster parent Other: _____

City: Anytown State/Province: MD ZIP/Postal code: 21230

Country: USA Home telephone number: 410-555-0155 Other telephone number: 410-555-0189

E-mail address: _____

Names of people assisting in questionnaire completion: _____

Program Information

Child ID #: 00123456789000000

Program ID #: 98765432123456789

Program name: Anytown Preschool

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:

- Try each activity with your baby before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested and fed.
- Please return this questionnaire by _____.

Notes:

COMMUNICATION

1. Does your child name at least three items from a common category? For example, if you say to your child, "Tell me some things that you can eat," does your child answer with something like "cookies, eggs, and cereal"? Or if you say, "Tell me the names of some animals," does your child answer with something like "cow, dog, and elephant"?

YES SOMETIMES NOT YET

5

2. Does your child answer the following questions? (Mark "sometimes" if your child answers only one question.)

"What do you do when you are hungry?" (Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.") Please write your child's response:

10

Eat

"What do you do when you are tired?" (Acceptable answers include "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.") Please write your child's response:

Go night-night

3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball," does she say something like, "It's round. I throw it. It's big"?

5

4. Does your child use endings of words, such as "-s," "-ed," and "-ing"? For example, does your child say things like, "I see two cats," "I am playing," or "I kicked the ball"?

0

COMMUNICATION (continued)

	YES	SOMETIMES	NOT YET	
5. Without your giving help by pointing or repeating, does your child follow three directions that are <i>unrelated</i> to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<u>0</u>
6. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I am going to the park," or "Is there a toy to play with?" or "Are you coming, too?"	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>
COMMUNICATION TOTAL				<u>25</u>

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child catch a large ball with both hands? (You should stand about 5 feet away and give your child two or three tries before you mark the answer.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
2. Does your child climb the rungs of a ladder of a playground slide and slide down without help?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
3. While standing, does your child throw a ball <i>overhand</i> in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. (Dropping the ball or throwing the ball underhand should be scored as "not yet.")	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
4. Does your child hop up and down on either the right or left foot at least one time without losing her balance or falling?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
5. Does your child jump forward a distance of 20 inches from a standing position, starting with his feet together?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
6. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? (You may give your child two or three tries before you mark the answer.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
GROSS MOTOR TOTAL				<u>60</u>

FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child put together a five- to seven-piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>

FINE MOTOR (continued)

2. Using child-safe scissors, does your child cut a paper in half on a more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.)



YES SOMETIMES NOT YET

10

3. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil, crayon, or pen, without tracing? (Your child's drawings should look similar to the design of the shapes below, but they may be different in size.)



5

4. Does your child unbutton one or more buttons? (Your child may use his own clothing or a doll's clothing.)

0

5. Does your child draw pictures of people that have at least three of the following features: head, eyes, nose, mouth, neck, hair, trunk, arms, hands, legs, or feet?

0

6. Does your child color mostly within the lines in a coloring book or within the lines of a 2-inch circle that you draw? (Your child should not go more than 1/4 inch outside the lines on most of the picture.)

0

FINE MOTOR TOTAL

20

PROBLEM SOLVING

1. When you say, "Say 'five eight three,'" does your child repeat just the three numbers in the same order? Do not repeat the numbers. If necessary, try another series of numbers and say, "Say 'six nine two.'" (Your child must repeat just one series of three numbers to answer "yes" to this question.)

YES SOMETIMES NOT YET

5

2. When asked, "Which circle is the smallest?" does your child point to the smallest circle? (Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)



5

3. Without your giving help by pointing, does your child follow three different directions using the words "under," "between," and "middle"? For example, ask your child to put the shoe "under the couch." Then ask her to put the ball "between the chairs" and the book "in the middle of the table."

0

4. When shown objects and asked, "What color is this?" does your child name five different colors, like red, blue, yellow, orange, black, white, or pink? (Mark "yes" only if your child answers the question correctly using five colors.)

5

PROBLEM SOLVING (continued)

	YES	SOMETIMES	NOT YET	
5. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother, or sister, or an imaginary animal or figure.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>
6. If you place five objects in front of your child, can he count them by saying, "one, two, three, four, five," in order? (Ask this question without providing help by pointing, gesturing, or naming.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<u>0</u>
PROBLEM SOLVING TOTAL				<u>20</u>

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. Does your child serve herself, taking food from one container to another using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
2. Does your child tell you at least four of the following? Please mark the items your child knows.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
<input checked="" type="radio"/> a. First name <input checked="" type="radio"/> d. Last name <input checked="" type="radio"/> b. Age <input checked="" type="radio"/> e. Boy or girl <input type="radio"/> c. City she lives in <input type="radio"/> f. Telephone number				
3. Does your child wash his hands using soap and water and dry off with a towel without help?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
4. Does your child tell you the names of two or more playmates, not including brothers and sisters? (Ask this question without providing help by suggesting names of playmates or friends.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
5. Does your child brush her teeth by putting toothpaste on the toothbrush and brushing all of her teeth without help? (You may still need to check and rebrush your child's teeth.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
6. Does your child dress or undress himself without help (except for snaps, buttons, and zippers)?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
PERSONAL-SOCIAL TOTAL				<u>60</u>

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

Had severe ear infections. Didn't start talking until age 2-3 years, after tubes were placed.

OVERALL (continued)

2. Do you think your child talks like other toddlers her age? If no, explain:

YES NO

His sentence structure and comprehension are not as advanced as other kids who are a year younger.

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

Other people have a hard time understanding him.

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

7. Do you have any concerns about your child's vision? If yes, explain:

YES NO

SAMPLE

OVERALL (continued)

8. Has your child had any medical problems in the last several months? If yes, explain:

 YES NO

Ear infections.

9. Do you have any concerns about your child's behavior? If yes, explain:

 YES NO

10. Does anything about your child worry you? If yes, explain:

 YES NO

Language development. No letter or number recognition and he's 4 years old. Even the 2 1/2 yr old knows more.

SAMPLE



48 Month ASQ-3 Information Summary

45 months 0 days through
50 months 30 days

Child's name: John X. Smith Date ASQ completed: 11/18/2008
 Child's ID #: 00123456789000000 Date of birth: 11/12/2004
 Administering program/provider: Anytown Preschool/Ms. Jenkins

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 User's Guide 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	25	30	35	40	45	50	55	60
Communication	30.72	25	●	●	●	●	●	○	○	○	○	○	○	○	○
Gross Motor	32.78	60	●	●	●	●	●	●	●	●	●	○	○	○	●
Fine Motor	15.81	20	●	●	●	●	○	○	○	○	○	○	○	○	○
Problem Solving	31.30	20	●	●	●	●	○	○	○	○	○	○	○	○	○
Personal-Social	26.60	60	●	●	●	●	●	●	●	●	○	○	○	○	●

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- Hears well? Yes NO
 Comments: **Ear infex, ear tubes, didn't talk until 2-3 yrs.**
- Talks like other toddlers his age? Yes NO
 Comments: **Sentences and compreh. not as advanced as younger kids**
- Understand most of what your child says? Yes NO
 Comments:
- Others understand most of what your child says? Yes NO
 Comments:
- Walks, runs, and climbs like other toddlers? Yes NO
 Comments:
- Family history of hearing impairment? YES No
 Comments:
- Concerns about vision? YES No
 Comments:
- Any medical problems? YES No
 Comments: **Ear infex**
- Concerns about behavior? YES No
 Comments:
- Other concerns? YES No
 Comments: **Language devel.- doesn't recognize numbers or letters yet.**

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 child's total score is in the area, it is above the cutoff, and the child's development appears to be on schedule.
 If the child's total score is in the area, it is close to the cutoff. Provide learning activities and monitor.
 If the child's total score is in the area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

- Provide activities and rescreen in _____ months.
- Share results with primary health care provider.
- Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- _____ Refer to primary health care provider or other community agency (specify reason): _____
- Refer to early intervention/early childhood special education.
- _____ No further action taken at this time
- _____ Other (specify): _____

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication	S	Y	S	N	N	S
Gross Motor	Y	Y	Y	Y	Y	Y
Fine Motor	S	Y	S	N	N	N
Problem Solving	S	S	N	S	S	N
Personal-Social	Y	Y	Y	Y	Y	Y

Activities for Children 48 - 60 Months Old

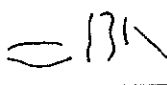


<p>Play the "who, what, and where" game. Ask your child who works in a school, what is in a school, and where is the school. Expand on your child's answers by asking more questions. Ask about other topics, like the library, bus stop, or post office.</p>	<p>When you are setting the table for a meal, play the "what doesn't belong" game. Add a small toy or other object next to the plate and eating utensils. Ask your child if she can tell you what doesn't belong here. You can try this game any time of the day. For example, while brushing your child's hair, set out a brush, barrette, comb, and a ball.</p>	<p>Let your child help prepare a picnic. Show him what he can use for the picnic (bread, peanut butter, and apples). Lay out sandwich bags and a lunch box, basket, or large paper bag. Then go have fun on the picnic.</p>	<p>On a rainy day, pretend to open a shoe store. Use old shoes, paper, pencils, and a chair to sit down and try on shoes. You can be the customer. Encourage your child to "write" your order down. Then she can take a turn being the customer and practice trying on and buying shoes.</p>	<p>Play the "guess what will happen" game to encourage your child's problem-solving and thinking skills. For example, during bath time, ask your child, "What do you think will happen if I turn on the hot and cold water at the same time?" or "What would happen if I stacked the blocks to the top of the ceiling?"</p>
<p>Play "bucket hoops." Have your child stand about 6 feet away and throw a medium-size ball at a large bucket or trash can. For fun outdoors on a summer day, fill the bucket with water.</p>	<p>Write your child's name often. When your child finishes drawing a picture, be sure to put his name on it and say the letters as you write them. If your child is interested, encourage him to name and/or to copy the letters. Point out the letters in your child's name throughout the day on cereal boxes, sign boards, and books.</p>	<p>Invite your child to play a counting game. Using a large piece of paper, make a simple game board with a straight path. Use dice to determine the count. Count with your child, and encourage her to hop the game piece to each square, counting each time the piece touches down.</p>	<p>Make a person with playdough or clay using sticks, buttons, toothpicks, beads, and any other small items. Start with a playdough (or clay) head and body and use the objects for arms, legs, and eyes. Ask your child questions about his person.</p>	<p>Encourage your child to learn her full name, address, and telephone number. Make it into a singing or rhyming game for fun. Ask your child to repeat it back to you when you are riding in the car or on the bus.</p>
<p>Cut out three small, three medium, and three large circles. Color each set of circles a different color (or use colored paper for each). Your child can sort the circles by color or by size. You can also ask your child about the different sizes. For example, ask your child, "Which one is smallest?" Try this game using buttons removed from an old shirt.</p>	<p>Go on a walk and pick up things you find. Bring the items home and help your child sort them into groups. For example, groups can include rocks, paper, or leaves. Encourage your child to start a collection of special things. Find a box or special place where he can display the collection.</p>	<p>Play a picture guessing game. Cover a picture in a familiar book with a sheet of paper and uncover a little at a time until your child has guessed the picture.</p>	<p>Let your child help you prepare a meal. She can spread peanut butter and jelly, peel a banana, cut with a butter knife, pour cereal, and add milk (using a small container). Never give her a task involving the stove or oven without careful supervision.</p>	<p>"Write" and mail a letter to a friend or relative. Provide your child with paper, crayons or pencil, and an envelope. Let your child draw, scribble, or write; or he can tell you what to write down. When your child is finished, let him fold the letter to fit in the envelope, lick, and seal. You can write the address on the front. Be sure to let him decorate the envelope as well. After he has put the stamp on, help mail the letter.</p>
<p>Play "circus." Find old, colorful clothes and help your child put on a circus show. Provide a rope on the ground for the high wire act, a sturdy box to stand on to announce the acts, fun objects for a magic act, and stuffed animals for the show. Encourage your child's imagination and creativity in planning the show. Don't forget to clap.</p>	<p>Take a pack of playing cards and choose four or five matching sets. Lay the cards out face up, and help your child to find the pairs. Talk about what makes the pairs of cards the "same" and "different."</p>	<p>Make bubbles. Use 1/4 cup dishwashing liquid (Dawn or Joy works best) and 2 1/2 cups water. Use straws to blow bubbles on a cookie sheet. Or make a wand by stringing two pieces of a drinking straw onto a string or piece of yarn. Tie the ends of the string together to make a circle. Holding onto the straw pieces, dip the string in the bubble mixture. Pull it out and gently move forward or backward. You should see lovely, big bubbles.</p>	<p>Make a bean bag to catch and throw. Fill the toe of an old sock or pantyhose with 3/4 cup dry beans. Sew the remaining side or tie off with a rubber band. Play "hot potato" or simply play catch. Encourage your child to throw the ball overhand and underhand.</p>	<p>Pretend to be an animal. Encourage your child to use her imagination and become a kitty. You can ask, "What do kitties like to eat?" or "Where do kitties live?" Play along, and see how far the game can go.</p>

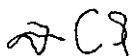
PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. Does your child drop several small toys, one after another, into a container like a bowl or box? (You may show him how to do it.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
2. After you have shown your child how, does she try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>Blank</u>
3. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle over to dump it out? (You may show him how.) (You can use a soda-pop bottle or a baby bottle.)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>
4. Without your showing her how, does your child scribble back and forth when you give her a crayon (or pencil or pen)?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
5. After watching you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in any direction? (Mark "not yet" if your child scribbles back and forth.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<u>0</u>
6. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? (Do not show him how.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>Blank</u>

Count as "yes"



Count as "not yet"



PROBLEM SOLVING TOTAL

*If Problem Solving Item 6 is marked "yes" or "sometimes," mark Problem Solving Item 3 "yes."

$$\textcircled{1} \quad 25 \div 4 = 6.25$$

Total area score	# of items answered	Avg score

$$25 + 6.25 + 6.25 = \textcircled{37.5}$$

Total area Avg score and omission

look at cutoff - or refer to table 6.2

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. While looking at herself in the mirror, does your child offer a toy to her own image?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. Does your child play with a doll or stuffed animal by hugging it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. Does your child get your attention or try to show you something by pulling on your hand or clothes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. Does your child come to you when he needs help, such as with winding up a toy or unscrewing a lid from a jar?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Does your child drink from a cup or glass, putting it down again with little spilling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

PERSONAL-SOCIAL TOTAL