ASQ-3 Ages & Stages Questionnaires®

Parent Conference Sheet

Child's name: _____

Date of birth: _____

Date ASQ completed: _____

Child's age at screening (months/days): _____

ASQ questionnaire administered: _____

Date of conference: _____

Parent(s) or caregiver(s): _____

_____

Person conducting conference: _____

Others at conference: _____

_____

CONFERENCE GOALS: The goal of this conference is to share results of ASQ with you and provide an opportunity to discuss your child's development. Please let us know if you have additional goals for this meeting.

CHILD'S STRENGTHS: We will discuss your child's areas of strength identified through ASQ and shared by you and other team members.

AREAS OF CONCERN: We will discuss areas of concern identified through ASQ, including Overall items, and additional developmental or behavioral concerns that you and other team members may have.

FOLLOW-UP ACTION TAKEN: We will discuss the next steps (marked below) that we are suggesting based on your child's ASQ.

_____ Try the developmental activities provided and look forward to receiving another ASQ to complete in _____ months.
_____ We will share your child's ASQ results with the primary health care provider.
_____ We recommend that your child be referred for (circle all that apply) hearing, vision, and/or behavioral screening.
_____ We recommend that your child be referred to the primary health care provider or another community agency for the following reason: _____.
_____ We recommend that your child be referred to early intervention/early childhood special education for further assessment.
_____ No further action is needed at this time.
_____ Other: _____

NOTES:

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