

# 24 Month Information Summary 21 months 0 days through 26 months 30 days



Child's name: \_\_\_\_\_ Date ASQ:SE-2 completed: \_\_\_\_\_  
 Child's ID #: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_  
 Person who completed ASQ:SE-2: \_\_\_\_\_ Child's age in months and days: \_\_\_\_\_  
 Administering program/provider: \_\_\_\_\_ Child's gender:  Male  Female

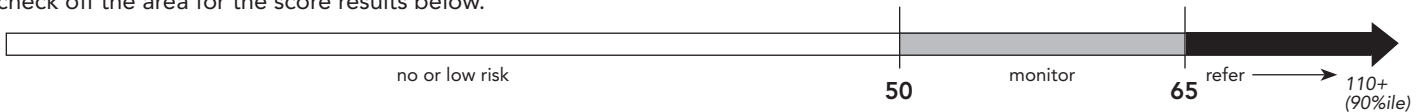
## 1. ASQ:SE-2 SCORING CHART:

- Score items (Z = 0, V = 5, X = 10, Concern = 5).
- Transfer the page totals and add them for the total score.
- Record the child's total score next to the cutoff.

TOTAL POINTS ON PAGE 1	
TOTAL POINTS ON PAGE 2	
TOTAL POINTS ON PAGE 3	
TOTAL POINTS ON PAGE 4	
<b>Total score</b>	

Cutoff	Total score
<b>65</b>	

## 2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.



- \_\_\_ The child's total score is in the  area. It is below the cutoff. Social-emotional development appears to be on schedule.  
 \_\_\_ The child's total score is in the  area. It is close to the cutoff. Review behaviors of concern and monitor.  
 \_\_\_ The child's total score is in the  area. It is above the cutoff. Further assessment with a professional may be needed.

## 3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer parent/caregiver comments. YES responses require follow-up.

- 1-31. Any Concerns marked on scored items?    **YES**    no    Comments: \_\_\_\_\_
32. Eating/sleeping concerns?    **YES**    no    Comments: \_\_\_\_\_
33. Other worries?    **YES**    no    Comments: \_\_\_\_\_

## 4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 98-103 in the ASQ:SE-2 User's Guide.

- \_\_\_ **Setting/time factors** (e.g., Is the child's behavior the same at home as at school?)  
 \_\_\_ **Developmental factors** (e.g., Is the child's behavior related to a developmental stage or delay?)  
 \_\_\_ **Health factors** (e.g., Is the child's behavior related to health or biological factors?)  
 \_\_\_ **Family/cultural factors** (e.g., Is the child's behavior acceptable given the child's cultural or family context? Have there been any stressful events in the child's life recently?)  
 \_\_\_ **Parent concerns** (e.g., Did the parent/caregiver express any concerns about the child's behavior?)

## 5. FOLLOW-UP ACTION: Check all that apply.

- \_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.  
 \_\_\_ Share results with primary health care provider.  
 \_\_\_ Provide parent education materials.  
 \_\_\_ Provide information about available parenting classes or support groups.  
 \_\_\_ Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): \_\_\_\_\_  
 \_\_\_ Administer developmental screening (e.g., ASQ-3).  
 \_\_\_ Refer to early intervention/early childhood special education.  
 \_\_\_ Refer for social-emotional, behavioral, or mental health evaluation.  
 \_\_\_ Other: \_\_\_\_\_