

Child Monitoring Sheet



Child's name: _____ Date of birth: _____ Child ID #: _____ Child gender: Male Female

- Instructions:** You may use this form to track a child's ASQ:SE-2 screening results over time. Write the date the ASQ:SE-2 was administered at the top of each column.
1. Mark the bubble that corresponds with the ASQ:SE-2 result (refer to the completed ASQ:SE-2 Information Summary). If a score is below the monitoring zone, mark the bubble for "Well Below." If a score is within the monitoring zone, mark "Monitor." If a score is above the cutoff, mark "Above."
 2. Indicate the total number of scored items that the caregiver marked as a Concern.
 3. Mark "Yes" or "No" to indicate whether there were items of Concern in the Overall section and whether there was a parent conference.
 4. Record any follow-up action or notes.
 5. **Optional:** Calculate an average item score* by dividing the ASQ:SE-2 total score by the number of answered scored items. (See page 117 of the *ASQ:SE-2 User's Guide* for more information.)

	ASQ:SE-2 2 month Date given	ASQ:SE-2 6 month Date given	ASQ:SE-2 12 month Date given	ASQ:SE-2 18 month Date given	ASQ:SE-2 24 month Date given	ASQ:SE-2 30 month Date given	ASQ:SE-2 36 month Date given	ASQ:SE-2 48 month Date given	ASQ:SE-2 60 month Date given
ASQ:SE-2 total score	<input type="radio"/> Above <input type="radio"/> Monitor <input type="radio"/> Well Below	<input type="radio"/> Above <input type="radio"/> Monitor <input type="radio"/> Well Below	<input type="radio"/> Above <input type="radio"/> Monitor <input type="radio"/> Well Below	<input type="radio"/> Above <input type="radio"/> Monitor <input type="radio"/> Well Below	<input type="radio"/> Above <input type="radio"/> Monitor <input type="radio"/> Well Below	<input type="radio"/> Above <input type="radio"/> Monitor <input type="radio"/> Well Below	<input type="radio"/> Above <input type="radio"/> Monitor <input type="radio"/> Well Below	<input type="radio"/> Above <input type="radio"/> Monitor <input type="radio"/> Well Below	<input type="radio"/> Above <input type="radio"/> Monitor <input type="radio"/> Well Below
Number of scored items with Concern checked									
Overall concerns indicated	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Parent conference	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Follow-up action/ notes									
Optional: Average item score*									