

## Ages and Stages Questionnaire: Social Emotional Summary

Child's Name: \_\_\_\_\_ Service Coordinator: \_\_\_\_\_  
Chronological Age: \_\_\_\_\_ Months Adjusted Age: \_\_\_\_\_ Months  
Social Emotional Consultant: Diane Haber, ext. 223  
Reason for Referral: \_\_\_\_\_ Date of ASQ:SE \_\_\_\_\_

**Outcome-Building Based on Family-Identified Concerns:** Sample questions – What concerns do you have about your child? How do these concerns affect daily activities? How do these concerns affect relationships in the home?

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**Strategy-Building Based on Family-Identified Strengths:** Sample questions – Who lives in the home? Who cares for the child during the day? At night? Who does the child play with? Does child attend day care/other social outlets? Is there any other information about the family/child we need to know? What do you enjoy doing with your child? What activities would you like having your family do together? How does your child get needs or wants met? How does your child explore the environment? What types of settings would you like to see your child participate in (park, play group, library, swimming pool)

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**ASQ:SE Score:** \_\_\_\_\_ **Cut-off score:** \_\_\_\_\_

If the child's ASQ:SE score is above the cut-off score, then the child may benefit from more in-depth evaluation.

### ASQ-SE Listed Concerns

From the ASQ-SE, list all items here that scored 10, or were marked "concerns" for parents, and all other items that may be "red flag" statements to you. If no concerns, write "none."

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**Evaluations Indicated:** \_\_\_ DT \_\_\_ ST \_\_\_ OT \_\_\_ PT \_\_\_ SW \_\_\_ Psych \_\_\_ Other  
Summary sent to: (List names and discipline)

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Date to SEC: \_\_\_\_\_