



# Ages & Stages Questionnaires®



## 54 Month Questionnaire

51 months 0 days through 56 months 30 days

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

Date ASQ completed: \_\_\_\_\_

### Child's information

Child's first name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Child's last name: \_\_\_\_\_

Child's gender:  
 Male  Female

Child's date of birth: \_\_\_\_\_

### Person filling out questionnaire

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Street address: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal code: \_\_\_\_\_

Country: \_\_\_\_\_ Home telephone number: \_\_\_\_\_ Other telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Names of people assisting in questionnaire completion: \_\_\_\_\_

### Program Information

Child ID #: \_\_\_\_\_

Program ID #: \_\_\_\_\_

Program name: \_\_\_\_\_

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

### Important Points to Remember:

- Try each activity with your child 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:

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## COMMUNICATION

YES                      SOMETIMES                      NOT YET

1. 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"?
2. 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," "Is there a toy to play with?" or "Are you coming, too?"
3. 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"?
4. Without giving your child help by pointing or repeating directions, does he follow three directions that are *unrelated* 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."
5. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"? Please write an example:




<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

6. When talking about something that already happened, does your child use words that end in "-ed," such as "walked," "jumped," or "played"? Ask your child questions, such as "How did you get to the store?" ("We walked.") "What did you do at your friend's house?" ("We played.") Please write an example:


<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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COMMUNICATION TOTAL \_\_\_\_\_

**GROSS MOTOR**

	YES	SOMETIMES	NOT YET	
1. Does your child hop up and down on either the right foot or the left foot at least one time without losing her balance or falling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. 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. <i>(Dropping the ball or throwing the ball underhand should be scored as "not yet.")</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
3. Does your child jump forward a distance of 20 inches from a standing position, starting with her feet together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. Does your child catch a large ball with both hands? <i>(You should stand about 5 feet away and give your child two or three tries before you mark the answer.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
5. 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? <i>(You may give your child two or three tries before you mark the answer.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
6. Does your child walk on his tiptoes for 15 feet (about the length of a large car)? <i>(You may show him how to do this.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				GROSS MOTOR TOTAL —

**FINE MOTOR**

	YES	SOMETIMES	NOT YET	
1. 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? <i>(Your child's drawings should look similar to the design of the shapes below, but they may be different in size.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
2. Does your child unbutton one or more buttons? Your child may use his own clothing or a doll's clothing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. Does your child color mostly within the lines in a coloring book or within the lines of a 2-inch circle that you draw? <i>(Your child should not go more than 1/4 inch outside the lines on most of the picture.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—



**PROBLEM SOLVING** (continued)

6. Does your child know the names of numbers? (Mark "yes" if he identifies the three numbers below. Mark "sometimes" if he identifies two numbers.)

**3                    1                    2**

YES	SOMETIMES	NOT YET	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

PROBLEM SOLVING TOTAL      —

**PERSONAL-SOCIAL**

1. Does your child wash her hands using soap and water and dry off with a towel without help?

YES	SOMETIMES	NOT YET	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

2. 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
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3. Does your child brush his teeth by putting toothpaste on the toothbrush and brushing all of his teeth without help? (You may still need to check and rebrush your child's teeth.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
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4. 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
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5. Does your child tell you at least four of the following? Please mark the items your child knows.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
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- a. First name                     d. Last name
- b. Age                                     e. Boy or girl
- c. City he lives in                     f. Telephone number

6. Does your child dress and undress herself, including buttoning medium-size buttons and zipping front zippers?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
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PERSONAL-SOCIAL TOTAL      —

**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

**OVERALL** (continued)

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

 YES NO

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

5. Do you think your child walks, runs, and climbs like other children 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

**OVERALL** (continued)

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

 YES NO

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

