

APPENDIX A:

After Screening Letter: ASQ-3 and ASQ:SE-2

Date: _____ Child's name: _____

Dear Parent, Parent's name: _____

Thank you for completing the Ages & Stages Questionnaires about your child's development. Please review your child's results below. Date completed: _____

We are here to answer any questions. DOB: _____

Clinic: _____

Developmental Area:

Your child is doing well in these areas:

Your child might need help in these areas (please talk to your child's health provider for ideas):

Your child needs an evaluation in these areas:

Communication (how your child talks)

Gross Motor (how your child moves his or her body)

Fine Motor (how your child moves his or her hands)

Problem Solving (how your child thinks)

Personal-Social (how your child interacts and plays with others and learns to do things on his/her own)

Social-Emotional (how your child feels and behaves)

Please contact us with any questions: _____

Regards,

