

# 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,

