

APPENDICES GUIDE AND TIME LINE (2013-2014)

Alabama Pre-Kindergarten Program

Time Line

STATUS	TASK	APPENDIX	DATE	SUBMISSION
	Site Demographic Information Form	A	September 1	On-Line
	Standardized Site Budget Form	B	September 1	On-Line
	Teacher Demographic Information Form	C	September 1	On-Line
	Accreditation Documentation		September 30	On-Site
	Official Transcripts (new teachers only)		October 1	Mailed to OSR
	Teacher Training Verification	D	On-going	On-Line/STI PD
	Teacher Salary Schedules	E		
	Parent Fee Sliding Scale For Tiered and Plus Grants	F		
	Child Registration Form	G	September 1	On-Line
	Parent Contract	H	September 1	On Site; Originals to be picked up by Program Monitor; copies left on-site
	Notice of Receipt and Explanation of Code of Student Behavior	I	September 1	On-Site
	Child Physical Examination Form	J	September 30	On-Site
	Child Health Screening Record	K	December 31	On-Site
	List of Health Care Providers for Dental, Vision, and Dental Screenings	L		
	Waiver Request Form	M	On-going	On-Line
	New Student Checklist	N	On-going	On-Site
	Immediate Suspension Notification Form	O	As Needed	On-Line
	Parent Orientation Verification and Sign-In	P		On-Site
	Suggested Topics to Cover During Parent Orientation	Q		
	Planned Parent Activities for the Year		October 1	On-Site
	Copies of Staff Background Checks- Lead, Auxiliary, Substitutes		October 1	Mailed

	Parent Conference Verification	R		On-Site
	Individual Parent/Family Involvement Log	S		On-Site
	Code of Alabama for the Office of School Readiness	T		
	First Class Pre-K Classroom Guidelines	U		
	Required Equipment, Materials, and Supplies	V		
	Classroom Inventory and Purchase List	W	On-going	On-Site; to be checked by Program Coaches and Monitors
	Alabama's Mandatory Child Abuse and Neglect Law	X		
	Ages and Stages Questionnaire (ASQ-3) – to be completed by parents	Y	September 30	On-Site
	Parent Survey	Z	April 30	Mailed
	Teacher Survey	AA	April 30	On-Line
	Director Survey	BB	April 30	On-Line
	End-of-Year Report	CC	June 15	On-Line
	End-of-the-Year Reconciliation Budget	DD	June 15	On-Line
	Children with Special Needs	EE		
	Intervention Request Form	FF		Email to Assigned Coach

APPENDIX A
Alabama Pre-Kindergarten Program
Site Demographic Information Form

Name of Program:	
County:	
Type of Site: (circle one)	Head Start Private Child Care College/University Public School Faith Based Community (i.e. housing authority)
Physical Address:	
Fiscal Address: (mail check to)	
Name of Contact Person 1: Title of Contact Person: Phone Number: Email: Fax:	
Name of Contact 2: Title of Contact 2: Phone Number: Email: Fax:	
Years in Operation: (as a First Class Classroom)	
Start Up Date:	
Child Selection Procedure Utilized:	
# Children on Waiting List	
Hours of Operation:	
Lead Teacher: Credentials: (attach documents)	
Auxiliary Teacher: Credentials: (attach documents)	
Selected Curriculum	
Accreditation Status/Source:	
License #/Date:	
Ending Date for the Year:	

APPENDIX B

**Alabama Pre-Kindergarten Program
Standardized Budget Form**

Alabama First Class Pre-K Site Budget Worksheet				
Name of Program:				
Date:			County:	
Category	First Class Amount	Matching Funds	Parent Fees	Total
Personnel				
Lead Teacher				
Auxiliary Teacher				
Admin/Accounting costs (6% maximum)				
Substitutes				
Background checks				
Accounting				
Payroll Taxes				
Fringe Benefits				
Insurance				
Retirement				
Educational Equipment and Supplies				
Instructional materials				
Classroom furnishings				
Classroom electronic equipment				
Playground equipment and supplies				
Professional Development				
Registration				
Travel (mileage)				
Lodging and food				
Other Equipment and Supplies				
Classroom maintenance and cleaning				
Computer support				
Utilities (\$1,000 maximum)				
Parent programs and involvement				
Safety equipment and supplies				
Food for children(prior approval required)				
Administrative supplies (\$500 maximum)				
Advertising (\$1,000)				
Health Services				
Health screenings				
Health services and supplies				
Travel				
Travel in support of classroom				
In-State Field Trips (including travel costs)				
TOTAL				

APPENDIX C
Alabama Pre-Kindergarten Program
Teacher Demographic Information Form

Name of Program: _____ County: _____

Contact Person: _____ Telephone Number: _____

Lead Teacher: _____

Email: _____

Name of Degree (attach documentation) _____

Date of Employment with OSR Pre-K Program _____

#Years teaching Pre-K in professional career _____

Date of termination from OSR Pre-K Program _____

Reason for termination _____

Auxiliary Teacher: _____

Email: _____

Name of Degree (attach documentation) _____

Date of Employment with OSR Pre-K Program _____

#Years teaching Pre-K in professional career _____

Date of termination from OSR Pre-K Program _____

Reason for termination _____

Substitute Teacher: _____

Name of Degree (attach documentation) _____

Date of Employment with OSR Pre-K Program _____

#Years teaching Pre-K in professional career _____

Date of termination from OSR Pre-K Program _____

Reason for termination _____

APPENDIX E

Alabama Pre-Kindergarten Program OSR Teacher Salary Schedule (Non-Certified & Certified)

LEAD TEACHER:

	BS/BA	Certified
First Class Program Salaries	\$31,518	\$36,867

These are minimum starting salaries. Programs can adjust salaries based on additional sources of funding and years of experience.

Note: The salary for certified teachers is only required for teachers in **public schools**.

AUXILIARY TEACHER:

	CDA/Required Coursework
First Class Salary	\$18,033

OSR only *requires* programs to pay the CDA salary for auxiliary teachers. If the auxiliary teacher has a higher credential, programs may *choose* to pay the recommended salary for that credential.

If the Auxiliary Teacher salary exceeds the current salary of Teacher's Aides in public school sites, it is recommended that the school develop a new classification to reflect the increased education requirement and increased work expectations of an OSR Auxiliary Teacher.

Alabama Pre-Kindergarten Program
Alabama State Department of Education Teacher Salary Schedule

FY 2014 Foundation Program					
State Minimum Salary Schedule Classroom Teachers Public School Experience – 187 Day Contract					
	Bachelor	Master	6-Year	Doctoral	Non-Degree
	BS	MS	6Y	DO	ND
< 3 yrs	36,867	42,395	45,714	49,032	36,867
< 6 yrs	40,551	46,634	50,283	53,935	40,551
< 9 yrs	42,327	48,675	52,499	56,295	42,327
< 12 yrs	42,894	49,329	53,191	57,051	42,894
< 15 yrs	43,674	50,223	54,155	58,088	43,674
< 18 yrs	44,670	51,371	55,391	59,409	44,670
<21 yrs	45,247	52,032	56,105	60,179	45,247
24 yrs	45,825	52,699	56,822	60,947	45,825
< 27 yrs	46,370	53,245	57,370	61,494	46,370
27+ yrs	46,917	53,792	57,916	62,040	46,917
<p>The anniversary date of experience shall be used to determine the appropriate step for experience.</p> <p>An employee is entitled to pay for an advanced degree in the monthly pay period that begins after the State Superintendent recognizes the advanced degree. If the contract period has ended, the increase in pay will become effective with the first pay period of the next contract. The advanced degree must be earned from a regionally accredited institution.</p>					

APPENDIX F

Alabama Pre-Kindergarten Program Parent Fee Sliding Scale for Tiered and Plus Grants

2013 Federal Poverty Guidelines:

Household Size	100%	133%	150%	200%	300%	400%
1	\$11,490	\$15,282	\$17,235	\$22,980	\$34,470	\$45,960
2	15,510	20,628	23,265	31,020	46,530	62,040
3	19,530	25,975	29,295	39,060	58,590	78,120
4	23,550	31,322	35,325	47,100	70,650	94,200
5	27,570	36,668	41,355	55,140	82,710	110,280
6	31,590	42,015	47,385	63,180	94,770	126,360
7	35,610	47,361	53,415	71,220	106,830	142,440
8	39,630	52,708	59,445	79,260	118,890	158,520
For each additional person, add	\$4,020	\$5,347	\$6,030	\$8,040	\$12,060	\$16,080

2012-2013 Sliding Fee Scale

For First Class Pre-Kindergarten Program

Percentage of Poverty	Parent Fees Not To Exceed
0-200%	\$40/ month
201-300%	\$100/ month
301-400%	\$200/ month
>400%	\$300/ month

Parent Fees are not a requirement of the First Class Pre-Kindergarten program. However, programs may choose to request parent fees (tuition) based on the above guidelines. No child may be refused access to First Class Pre-Kindergarten program based on inability to pay.

APPENDIX G

**Alabama Pre-Kindergarten Program
Application**

Date of Application: _____

Program Name: _____ **County:** _____

Child's Name: First _____ **Middle** _____ **Last** _____

Preferred Name: _____ **Child's Date of Birth:** _____

Child's Age: _____ **Gender:** _____ Male _____ Female

Language Spoken at Home: _____

Child's Social Security Number: _____ - _____ - _____

Race/Ethnicity of Child: (circle one) Black / White / Hispanic / Asian / Other

Parent/Guardian Name: _____

Address: _____ **City** _____ **Zip** _____

Alternate Address: _____ **City** _____ **Zip** _____

Phone Number: (_____) _____ **Alternate Number**(_____) _____

Emergency Contact Name: _____ **Phone** _____

Medical / Developmental Diagnoses: _____

Name of Medical Insurance Carrier: _____ **Policy #:** _____

Please answer the following questions:

Is your child currently receiving services from the local school system? YES NO
If yes, what services? _____

Does your child have a current Individualized Education Plan (IEP)? YES NO

Has your child attended Early Head Start or Head Start? YES NO
___less than 1 year ___1 year ___more than 1 year

Has your child attended a center based child care program? YES NO
___less than 1 year ___1 year ___more than 1 year

Has your child attended a home based child care program? YES NO
___less than 1 year ___1 year ___more than 1 year

Has your child participated in a home visiting program? YES NO
___less than 1 year ___1 year ___more than 1 year

Has your child attended another preschool program? YES NO
___less than 1 year ___1 year ___more than 1 year

Please locate the number of people in your household and circle the income in that row that is closest to your annual (yearly) household income. This information is used to determine the parent fees if you are attending a program that charges fees. All information will be kept confidential.

Household Size	100%	133%	150%	200%	300%	400%
1	\$11,490	\$15,282	\$17,235	\$22,980	\$34,470	\$45,960
2	15,510	20,628	23,265	31,020	46,530	62,040
3	19,530	25,975	29,295	39,060	58,590	78,120
4	23,550	31,322	35,325	47,100	70,650	94,200
5	27,570	36,668	41,355	55,140	82,710	110,280
6	31,590	42,015	47,385	63,180	94,770	126,360
7	35,610	47,361	53,415	71,220	106,830	142,440
8	39,630	52,708	59,445	79,260	118,890	158,520
For each additional person, add	\$4,020	\$5,347	\$6,030	\$8,040	\$12,060	\$16,080

To Be Completed by Program Staff

Enrollment Date: _____

Withdrawal Date: _____

Reason for Withdrawal: _____

Parent Fee Amount: \$ _____ per month

Disability Information: _____

Services Child is Receiving: _____

THE INFO ON THIS ONE PAGE WILL BE CAPTURED IN BASELINE BUT IT WILL NOT BE PART OF THE REGISTRATION FORM

APPENDIX H

**Alabama First Class Pre-K
Parent Contract**

Name of Program: _____ County: _____

The intent is for your child to gain the greatest possible benefits from this preschool experience. As space is limited, selection to the program is a privilege that requires parental responsibilities. Each parent is asked to carefully consider the following requirements for participating in the program. Your signature will acknowledge that you understand and agree to abide by these guidelines.

I agree to:

1. Attend an orientation session at the beginning of the school year.
2. Attend one scheduled parent conference each semester resulting in 2 conferences per school year.
3. Meet with my child's teacher in my home if requested to do so.
4. Complete a total of 12 hours of parent participation.
5. Have my child at school by _____ a.m. (Children are not admitted into the building before _____ a.m.)
6. Pick up my child at _____ p.m. (Children must be picked up no later than _____ p.m.)
7. Send a written excuse to my child's teacher for every absence.
8. Assume responsibility for my child's conduct.
9. Submit all appropriate forms and documentation to site location by given deadlines.
10. Work cooperatively with my child's teacher by agreeing to read and follow Section CF 1-4 of the OSR Program Guidelines (Pre-K Code of Student Behavior.) I understand that these procedures apply to all students and parents in the OSR First Class Pre-K program and at activities and events sponsored by the OSR Pre-K program staff. _____ (Initial here)
11. Give permission to OSR to monitor the academic performance of my child by the next four years (pre-K through 3rd grade.) _____ (Initial here)
12. Give permission to OSR to photograph and videotape my child engaged in instructional activity and to use my child's demographic information for OSR reports and publications (no identifiable information will be directly associated with your child.) _____ (Initial here)

I understand that failure to comply with any of these guidelines will result in my child's dismissal from the OSR First Class Pre-K Program.

Child's Name

Parent/Guardian Signature

Date

APPENDIX I

**Alabama Pre-Kindergarten Program
Notice of Receipt and Explanation of Code of Student Behavior**

I, _____ (parent/guardian), have received a copy of the Alabama Pre-K Child and Family Section (CF 1-4) of the OSR Program Guidelines. I have read and understand these procedures. I acknowledge that these procedures apply to all students and parents in the OSR Pre-K program and at activities and events sponsored or supervised by OSR Pre-K program staff.

My signature below indicates that I agree to adhere to these policies and procedures.

Program Name

County

Child's Name

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Teacher Signature

Date

APPENDIX J

**Alabama Pre-Kindergarten Program
Child Physical Examination Form**

Name of Program: _____ County: _____

To be completed by child's health care provider prior to enrollment

Name _____ Birth Date _____

Date _____ HT _____ = _____ % WT _____ = _____ % BP _____

Eyes _____ Ears _____

Nose/Throat _____ Teeth _____

Heart _____ Circulation _____

Lungs _____

Skin _____ Nutrition _____

Special Conditions:

Allergies _____

Daily Medications _____

Other _____

PLEASE PRINT LEGIBLY

Examined By: _____ Phone Number: _____

Signature

Date

Complete Mailing Address: _____

Parent's Signature: _____ Date: _____

APPENDIX K
Alabama Pre-Kindergarten Program
CHILD HEALTH SCREENING RECORD

To be completed by nurse or trained professional (NOT Pre-K teacher or director)

Name of Program: _____	County: _____
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Name _____ D.O.B. ____/____/____
Last First Middle

P = Passed F = Failed * = See Note

VISION	HEARING	DENTAL
Date _____ Circle one: (left eye) P F Signature _____ Date _____ Circle one: (right eye) P F Signature _____ Print: _____	Date _____ Circle one: (left ear) P F Signature _____ Date _____ Circle one: (right ear) P F Signature _____ Print: _____	Date _____ Comments: _____ _____ _____ Signature _____ Print: _____
Comments: Correction Obtained: Date _____ Correction Obtained: Date _____ Signature _____ Print: _____	Comments: Correction Obtained: Date _____ Correction Obtained: Date _____ Signature _____ Print: _____	Additional Notes _____ _____ _____ Signature _____ Print: _____

Parent's Signature: _____ Date: _____

APPENDIX L

Alabama Pre-Kindergarten Program

List of Health Care Providers for Vision, Hearing and Dental Screenings

APPENDIX M
Alabama Pre-Kindergarten Program
Waiver Request Form

Name of Program: _____ County: _____

First Class Coach: _____ First Class Monitor: _____

Teacher: _____ Current # of Students: _____

Request to:

_____ **INCREASE** class size from _____ to _____ (Head Start Programs only)

Please state why your classroom size should be increased:

_____ **DECREASE** class size from _____ to _____

If decreasing class size, please provide the following information:

Do you have any other waivers to decrease class size? YES NO
If yes, how many? _____

Child's Name: _____

Child's Diagnosis: _____

Does the child have an active IEP? YES NO

If yes, what services are they currently receiving? _____

Is anyone from the local school system coming into your classroom to help with this child?
 YES NO

If so, how often?

If the child does not have an IEP, have the parents agreed to a referral for special education testing? YES NO

Describe specific examples of how this child requires more time from both teachers than other children.

**Send completed form to Dianna Tullier, First Class Special Needs Coordinator,
dianna.tullier@dca.alabama.gov**

APPENDIX N
Alabama Pre-Kindergarten Program
New Student Checklist

_____ Child Registration Form (On-line)

_____ Ages and Stages (ASQ-3) *(to be checked on-site)*

_____ Parent Contract

_____ Notice of Receipt and Explanation of code of Student Behavior *(signed and kept on- site)*

_____ Child Physical Examination Form (On-Site)

_____ Child Health Screening Record (On-Site)

APPENDIX O

Alabama Pre-Kindergarten Program Immediate Suspension Notification Form

Suspension in the Alabama Pre-K Program is not used for punishment. The purpose of suspension is to give the student time away from the classroom. During this time, the teachers will assess the situation and develop strategies to help ensure the child's future success.

Please send the following information to the First Class Coach:

Date: _____

Student Name: _____

Program Name: _____ County: _____

First Class Coach: _____ First Class Monitor: _____

Dates of Suspension: _____ Suspension Number: 1 2 3

Documented Reason(s) for Suspension:

Please list below the strategies that will be implemented upon the student's return to improve behavior:

OSR Program Guidelines Section CF 4.4: An immediate suspension for up to two (2) days can be made at any time the Pre-K provider determines a child is causing harm to himself/herself or others; or, a child is unable to successfully participate in program activities. Programs can implement immediate suspension (up to two days) on a maximum of three occasions per child. No prior approval is needed; however, the First Class Coach must be notified the same day such action has been taken using the Suspension Notification Form.

APPENDIX P

**Alabama Pre-Kindergarten Program
Parent Orientation Verification and Sign-In**

Program Name/County: _____

Contact Person: _____ Date: _____

Telephone Number: _____ Number of Hours: _____

Number in Attendance: _____

Summary of Orientation:

Child's Name	Parent/Guardian's Signature	Relation to Child
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

APPENDIX Q

Alabama Pre-Kindergarten Program Suggested Topics to Cover During Parent Orientation

1. Explanation of First Class Pre-K
2. Local program policies and procedures (recommended to be in writing)
3. How to complete the required paperwork
4. What a developmentally appropriate classroom for 4 year-olds look like
5. Ages and Stages (ASQ-3) Developmental screener
6. What parents should expect from the program
7. What program staff will expect from the parents (First Class Pre-K parent contract)
8. Anticipated outcomes of participation in the program – the Teaching Strategies GOLD Assessment, lesson planning, intentional teaching
9. Code of student behavior (Give parents a copy of Section CF 1-5 of OSR Program Guidelines and have them sign form in Appendix I)
10. Upcoming events and deadlines

APPENDIX R

**Alabama Pre-Kindergarten Program
Parent Conference Verification**

Program Name/County: _____

Contact Person: _____

Telephone Number: _____

Mid-Year Parent Conference (held before December 15th)

Date of Conference: _____

Child's Name: _____

Parent/Guardian Name: _____ Relationship to Child: _____

(Please Print)

Parent/Guardian's Signature: _____

End of Year Parent Conference (held before May 31st)

Date of Conference: _____

Child's Name: _____

Parent/Guardian Name: _____ Relationship to Child: _____

(Please Print)

Parent/Guardian's Signature: _____

APPENDIX T

Alabama Pre-Kindergarten Program Code of Alabama for the Office of School Readiness

Alabama Office of School Readiness, Code of Alabama, Section 26-24-23,24,25

Duties of office.

The Office of School Readiness shall do all of the following:

- (1) Establish criteria and administer such programs and services as may be necessary for the operation and management of a voluntary prekindergarten program.
- (2) Administer such programs and services as may be necessary for the operation and management of preschool and certain child development programs coordinating with the Department of Education for the inclusion of preschool special education.
- (3) Ensure that the prekindergarten program provides a developmentally appropriate preschool program emphasizing growth in language and literacy, math concepts, science, arts, physical development, and personal and social competence.
- (4) Receive and disperse any funds appropriated to the office from the Legislature for the establishment, operation, and administration of the prekindergarten program. The budget of the office shall be part of the Department of Children's Affairs.
- (5) Assist local units of administration in this state so as to assure the proliferation of services under this article.
- (6) Coordinate with the regulatory division for the licensing of child care centers and with the administration of the United States child and adult care food programs at the child care centers participating in the prekindergarten program.
- (7) Issue annual reports to the Governor and the Legislature concerning the administration and operation of the prekindergarten program.
- (8) Provide leadership for enhancement of school readiness in this state by aggressively establishing a unified approach to the state's efforts toward enhancement of school readiness. In support of this effort, the office may develop and implement specific strategies that address the state's school readiness programs.
- (9) Safeguard the effective use of federal, state, local, and private resources to achieve the highest possible level of school readiness for the state's children.
- (10) Provide technical assistance to local programs.
- (11) Assess gaps in services.
- (12) By January 2001, adopt a system for measuring school readiness that provides objective data regarding the expectations for school readiness, and establish a method for collecting the data and guidelines for using the data.

The measurement, the data collection, and the use of the data must serve the statewide school readiness goals. The criteria for determining which data to collect should be the usefulness of the data to state policymakers and local programs' administrators in administering programs and allocating state funds, and must include the tracking of school readiness system information back to individual school readiness programs to assist in determining program effectiveness.

(Act 2000-613, p. 1230, §5.)

Entities that may participate.

The following entities may voluntarily, but shall not be required to, participate in the programs and services administered by the Office of School Readiness:

- (1) Public schools.
- (2) Private schools.
- (3) Churches.
- (4) Existing public prekindergarten programs.
- (5) Existing private prekindergarten programs.
- (6) Existing nonprofit prekindergarten programs.
- (7) Any other entities or programs approved by the office.

(Act 2000-613, p. 1230, §6.)

Collaboration on programs.

As additional funds become available, all programs within each county participating in school readiness shall collaborate on early education and child care programs that are funded with state and/or federal funding including, but not limited to, adult and community education programs, Even-Start literacy programs, prekindergarten early intervention programs, Head Start programs, programs offered by public and private providers of child care, migrant prekindergarten programs, Title 1 programs, subsidized child care programs, and teen parenting programs, together with any additional funds appropriated or obtained for this section. These programs shall be components of the integrated school readiness program.

(Act 2000-613, p. 1230, §7.)

APPENDIX U

Alabama Pre-Kindergarten Program
First Class Pre-K Classroom Guidelines

APPENDIX V

Alabama Pre-Kindergarten Program Required Equipment, Materials, and Supplies

Priority One: (must be included in all classrooms the first year of operation)

<p><u>Blocks:</u> Types of Blocks:</p> <ul style="list-style-type: none">• Unit Blocks (starter set)• wood blocks• cardboard bricks/hollow blocks <p>Small building materials:</p> <ul style="list-style-type: none">• legos• bristle blocks• building logs• small wood blocks <p>Accessories:</p> <ul style="list-style-type: none">• small vehicles• multi-cultural people figures• career people figures• traffic signs• animal figures• street rug	<p><u>Math:</u> Counting:</p> <ul style="list-style-type: none">• counting bears/ animals• dominos• counting games <p>Written Number:</p> <ul style="list-style-type: none">• magnet numbers• number bingo• tactile number templates• number peg puzzles <p>Measuring:</p> <ul style="list-style-type: none">• unifix or snap cubes• chain links• 1 inch wooden cubes• 1 inch tiles• timers• balance scale <p>Comparing Quantities:</p> <ul style="list-style-type: none">• pegs and peg boards• sorting trays <p>Shapes:</p> <ul style="list-style-type: none">• pattern blocks and cards• attribute blocks• lacing shapes• stringing shape beads• tangrams and puzzles• geoboards	<p><u>Fine Motor:</u> Manipulatives:</p> <ul style="list-style-type: none">• gears• magnetiles• tweezer activities• tinker toys• connecting tubes• interlocking manipulatives <p>Puzzles:</p> <ul style="list-style-type: none">• puzzles with many different subjects and # of pieces• floor puzzles• knobbed and knob less
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<p><u>Nature and Science:</u> Collections Natural Objects:</p> <ul style="list-style-type: none"> • Rocks and minerals • leaves • seeds • acorns • pine cones • shells • feathers • nuts • sticks • spices <p>Living Things:</p> <ul style="list-style-type: none"> • models of insects • models of animals • live plants • bug boxes • root view farm <p>Science Tools:</p> <ul style="list-style-type: none"> • thermometers • flashlight • prisms (plastic) • unbreakable mirrors • binoculars • maps and globes • sky and star maps • pipettes • color paddles • various types of scales • measuring cups & spoons • linear measuring devices • Stop watch • magnifiers <p>Games & Toys:</p> <ul style="list-style-type: none"> • kaleidoscopes • science matching cards/ sequence cards <p>Activities:</p> <ul style="list-style-type: none"> • Plastic tubs for soil & sand • water experiments • sink/float • magnetic testing 	<p><u>Dramatic Play:</u> Dramatic Play Furnishings:</p> <ul style="list-style-type: none"> • play kitchen set • doll furniture • dress up clothes storage • mirror <p>Dramatic Play Props: <i>home props such as:</i></p> <ul style="list-style-type: none"> • dishes, pots and pans, eating and cooking utensils, food containers, plastic food sets, empty food containers, small appliances with cords cut, mirror, iron, steering wheel, place mats, measuring cups, spoons, graduated size mixing bowls, glasses, broom, mop, vacuum cleaner, hair dryer, curling iron, magazines, telephone, cell phones and telephone books <p>Dress-up Clothes:</p> <ul style="list-style-type: none"> • community helper costumes • cultural costumes <p><i>Female gender specific such as:</i></p> <ul style="list-style-type: none"> • shoes • purses • scarves • dresses • skirts <p><i>Male gender specific such as:</i></p> <ul style="list-style-type: none"> • ties • wallets • shoes • jacket <p>Theme Related Props</p>	<p><u>Library:</u> Wide variety of children's books: <i>(Minimum of 36 books, either classroom or from a library)</i></p> <ul style="list-style-type: none"> • rhyming • alliteration • predictable • informational/ factual • classics • award winners • nursery rhymes & poetry • fantasy • nature & science • race/culture • people • abilities • animals • variety of big books (minimum of 6) • Class/child made books • photo books of class trips or events <p>Library Area Furnishings:</p> <ul style="list-style-type: none"> • Pillows • rug • child-sized rocker or beanbag chairs <p>Additional Language Materials:</p> <ul style="list-style-type: none"> • alphabet, beginning sounds and rhyming word puzzles • 3-D letters • letter templates • felt story board pieces • puppets
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<p><u>Writing:</u> <u>Writing Materials:</u></p> <ul style="list-style-type: none"> • catalogs • office forms • "junk" mail • telephones • message pads • guest checks • receipt books • order forms • variety of paper • clipboards • magnadoodle • journaling/notebook pads • writing materials & tools to be placed in all centers • dry erase boards • chalk boards <p><u>Writing Tools:</u></p> <ul style="list-style-type: none"> • pencils • pens • markers • crayons • chalk • erasers • pencil sharpener • dry erase markers/crayons • old computer keyboards • children's name cards • word/picture cards • letter stencils • letter stamps 	<p><u>Art Materials:</u> <u>Drawing:</u></p> <ul style="list-style-type: none"> • crayons ("fat" & small) • markers • colored pencils • sidewalk chalk • white & colored drawing chalk <p><u>Paints:</u></p> <ul style="list-style-type: none"> • variety of paint (temperas, finger, watercolor) • double easel • paint brushes • sponges • sponge brushes • paint cups • art aprons <p><u>Paper:</u></p> <ul style="list-style-type: none"> • variety of sizes, shapes, weight, texture and colors <p><u>3D:</u></p> <ul style="list-style-type: none"> • Play dough/clay • clay cutters and other clay equipment • styrofoam • cardboard tubes • boxes • bottles • popsicle sticks • wood pieces <p><u>Collage:</u></p> <ul style="list-style-type: none"> • sequins and spangles • paper shapes • yarn • string • ribbon • felt • paper and fabric scraps • wallpaper samples • wiggly eyes • lace • chenille pipe cleaners • glitter • pom-poms <p><u>Tools:</u></p> <ul style="list-style-type: none"> • stencils • glue • scissors • hole punchers • tape i.e. masking, clear & colored • staplers 	<p><u>Music and Movement:</u> <u>Instruments:</u></p> <ul style="list-style-type: none"> • Children's musical instruments school-made or purchased (set of 10) <p><u>Music CDs /iPod/iPad/MP3/ Tapes:</u></p> <ul style="list-style-type: none"> • Variety of music tapes/CDs for children (minimum of 10) <p><u>Dance props:</u></p> <ul style="list-style-type: none"> • scarves • ribbon rings • hats • tutus • streamers
--	--	--

	<p><u>Gross Motor:</u></p> <ul style="list-style-type: none"> • balls • parachute • riding toys • hoops • large balls/bats • short basketball goal • ring toss • wagons 	<p><u>Other Materials:</u></p> <ul style="list-style-type: none"> • pulleys • wedges • corks • marbles • small boats • plastic toys • ping pong balls • nuts and bolts • screwdriver • screws • wrench • pliers • hammer • nails • watering cans • small, hand held tape recorder • small journals for recording data and observations • clipboards • plastic trays • tactile materials • stacking/nesting toys • parquetry blocks
--	---	--

Priority Two: May be added after priority one requirements are met

Additional unit blocks, Hollow blocks, additional block sets, large vehicles for block play, sand and water tables

Sand and water play toys such as: buckets, cups, measuring cups, sifter, funnel, tubing, sponges, small cars, trucks, squeeze bottles, spray bottles, boats, dishwashing liquid, variety of molds including alphabet and numbers

Variety of puppets, puppets stage, and stuffed animals

Flannel board materials, Magnetic board and a variety of magnets, Dry erase board and markers

Additional dramatic play props, manipulatives, materials for creating in Art and Drying rack

Additional paint and play dough/clay colors Pipe works

Child-sized sofa and chair, Play house, farm, and garage. Tool box, tools, workbench, and safety glasses

Additional dolls and doll accessories, Canister set, Tablecloth, and Luggage

Additional dress-up props, Play mats such as: town, farm

APPENDIX W

**Alabama Pre-Kindergarten Program
Classroom Inventory and Purchase List**

Program Name: _____ County: _____
Contact Person: _____
Telephone Number: _____ Fax Number: _____

NOTE: Non-consumable items over \$500.00 must be pre-approved by the assigned by First Class Monitor PRIOR to purchasing.

Equipment/Materials/Supplies	Company	Quantity <small>(ex. 2 @ \$5.00)</small>	Total <small>(ex. \$10.00)</small>	Received (TA initials)

Approved By: _____ Date: _____

APPENDIX X

Alabama Pre-Kindergarten Program

Alabama's Mandatory Child Abuse and Neglect Law

APPENDIX Y

**Alabama Pre-Kindergarten Program
Ages and Stages Questionnaire (ASQ-3)**



Ages & Stages
Questionnaires®

THIRD EDITION

ASQ-3™

Quick Start Guide

The ASQ-3™ *Quick Start Guide* has been designed to help programs improve screening implementation using the *Ages & Stages Questionnaires®, Third Edition (ASQ-3™): A Parent-Completed Child Monitoring System*. The sections that follow offer reminders on key aspects of administering and scoring ASQ-3. This guide also includes helpful tips for working with families. Be sure you also have the complete *ASQ-3™ User's Guide* available for full information.

SELECTING THE CORRECT QUESTIONNAIRE

Each ASQ-3 questionnaire has three main parts: 1) a family information sheet, 2) several pages of the items/questions to be answered by a parent or primary caregiver, and 3) an ASQ-3 Information Summary sheet. There are 21 questionnaires for use at different ages, referred to as "intervals." Selecting the correct interval for the child is critical to accurate use of the ASQ-3. Each ASQ-3 interval has an age range clearly marked in several places. To select a questionnaire, be sure to do the following:

- Confirm what the child's exact age will be at the time of screening (see "Calculating the Child's Age at Administration" later in this *ASQ-3 Quick Start Guide*; refer to Chapter 6 in the *ASQ-3™ User's Guide* for detailed guidance).
- If the child is younger than 24 months at the time of screening, adjust age for prematurity if the child was born 3 or more weeks prematurely (see "Adjusting for Prematurity" later in this *ASQ-3 Quick Start Guide* and refer to the *ASQ-3 User's Guide* for complete instructions).
- Check the age range (found at the top of the family information sheet and on the initial page of the questionnaire interval) and be sure that the child's age falls within this range.

COMPLETING A QUESTIONNAIRE

Each interval of the ASQ-3 has 30 questions about a child's abilities, organized in five areas: Communication, Gross Motor, Fine Motor, Problem Solving, and Personal-Social. For each of these items, parents are given three choices for answering whether their child is demonstrating the skill described: "yes," "sometimes," and "not yet." The following pointers will help ensure accuracy when completing a screening.

- Remember that a child's parent or other significant caregiver should complete the questionnaire. ~~Caregivers have the ability to observe and encourage a child's optimal performance.~~
- When possible, it is preferable to make the questionnaire available to the parent or caregiver prior to the desired administration date. In this way, the caregiver can read through the questionnaire in advance and provide opportunities for the child to play with the materials that might be unfamiliar.
- Before the first time that a parent or caregiver completes a questionnaire, explain—in person, over the phone, or in writing—the purpose of screening and why the ASQ-3 has been selected. (You may want to use the parent/caregiver handout, "What Is ASQ-3™?", as a handy resource to help with this. This handout can be found in the ASQ online management system and on the CD-ROM that comes with the ASQ-3 questionnaires box.)
- If a parent or caregiver needs assistance completing the questionnaire, consider appropriate accommodations such as
 - Completing the questionnaire together during a home visit
 - Answering caregiver questions
 - Reading items aloud
 - Assisting the parent in eliciting and interpreting the child's responses

- Fill in any appropriate information on the family information sheet and in the "Important Points to Remember" and "Notes" sections on the first page of the questionnaire.
- If you are able to meet with the parent/caregiver in advance of the screening, go over the "Important Points to Remember" on the initial page of the questionnaire.
- Describe the kinds of questions in each developmental area, and explain the choices for answering and when to select them.
- Encourage the parent to try each activity with his or her child before answering an item.

SCORING A QUESTIONNAIRE

Following the steps below will help ensure accuracy in scoring. These guidelines are particularly appropriate for scoring questionnaires by hand. (If you are using the ASQ online management system to complete the scoring, please refer to the user's guides in the online system.)

1. **Review the questionnaire for items with missing responses:** Proceed to Step 2 if all items on a questionnaire are answered. If responses are missing, determine why and, if appropriate, gather information to score the items. If it is not possible (e.g., the parent cannot be contacted) or the item is inappropriate for the family (e.g., for cultural reasons), you may omit the item and adjust the score in that area. See the directions later in the *ASQ-3 Quick Start Guide* under "Adjusting Scores When Item Responses Are Missing." *Note: An ASQ area should not be scored if more than two items in that area are unanswered.*
2. **Correct items marked "not yet" or "sometimes" if more advanced items are marked "yes" or "sometimes":** Scoring instructions for interrelated items are clearly marked with an asterisk near the end of each applicable area of each ASQ questionnaire. For these interrelated items, if the more advanced item is marked "yes" (or, in some cases, "sometimes"), the easier item should be marked "yes." Refer to the asterisked scoring instructions on the questionnaires for details.
3. **Score each item on the questionnaire:** Assign appropriate points for each item: "yes" = 10, "sometimes" = 5, and "not yet" = 0. Item scores may be recorded on the scoring lines to the right of the area where parents record their "yes," "sometimes," or "not yet" responses.
4. **Total the points for each of the developmental areas:** Calculate a total score for each area: Communication, Gross Motor, Fine Motor, Problem Solving, and Personal-Social. Record the total for each area on the scoring line provided at the end of the area.
5. **Transfer each area total score to the ASQ-3 Information Summary sheet:** Record the area total scores on the scoring grid (at left of bar graph), and fill in the appropriate bubbles on the bar graph.
6. **Transfer responses from the Overall section to the ASQ-3 Information Summary sheet:** Include "yes" and "no" responses as well as any written notes.
7. **Record follow-up decisions:** Record any follow-up plans made at the bottom of the ASQ-3 Information Summary sheet. See the next section for additional information on interpreting results and follow-up.
8. **OPTIONAL: Record individual item responses on the ASQ-3 Information Summary sheet:** Record responses to individual questionnaire items (Y, S, or N) in the grid at the bottom right of the ASQ-3 Information Summary sheet. If responses are missing, mark the grid with an X for those items. If the completed questionnaire is returned to parents, the program can retain this sheet as a 1-page summary of all of the questionnaire's information.

INTERPRETING RESULTS

Carefully review the ASQ-3 Information Summary sheet (the five area total scores and Overall responses), as well as any additional available information (e.g., discussions with family, notes from other providers). The bar graph in Step 1 on the Information Summary gives you an easy way to review a child's scores and consider appropriate next steps:

- A score above the cutoff (i.e., in the white area of the bar) indicates that the child appears to be doing well in that developmental area at this time. Providing an enriched environment, including using activities (e.g., intervention activities, *Ages & Stages Learning Activities*) will promote continued healthy development.

- Each developmental area has a referral "cutoff point" specified next to the area name and indicated by the exact division between the light gray and black areas on the bar. A score in the "monitoring zone" (the light gray shaded area in the bar graph) is close to the cutoff. A score in the monitoring zone means that the child may need practice in that area. Development should be closely monitored (i.e., the child should be rescreened).
- A score below the referral cutoff point (i.e., in the dark shaded area of the bar) indicates that the child may need further assessment in that area.

In Step 2, with the responses to the overall questions, if the bold uppercase response (i.e., YES or NO) has been marked, follow-up is necessary. **Overall responses may indicate the need for further assessment or monitoring, even if total area scores are all well above the cutoff points.** See the ASQ-3 User's Guide for further guidance. For example, if a parent indicates concern about hearing impairment, referral to an audiologist may be suggested. Concerns about health and development can be referred to the child's pediatric provider.

FOLLOWING UP AND COMMUNICATING RESULTS

After scoring, results of the screening need to be shared with the parent and reported to the program. When possible, it is preferable to meet with the parent or caregiver who has completed the questionnaire. Keep in mind the following:

- Provide screening results to the family as quickly as possible.
- Review the purpose of screening (e.g., screening only indicates the need for further assessment).
- Review ASQ-3 area scores, emphasizing the child's strengths. Discuss any concerns indicated in the Overall section.
- Be careful with language used when describing area score results. Use terms such as "above cutoff," "close to cutoffs," or "below cutoffs." Avoid terms such as "test," "fail," "normal," or "abnormal."
- Discuss additional factors that may have affected scores (e.g., opportunity, health history, cultural or environmental factors). (See Chapter 6 in the ASQ-3 User's Guide for more guidance.)
- Provide parents with appropriate follow-up information such as
 - Learning activities (e.g., intervention activities from the ASQ online management system or included on the CD-ROM in the ASQ-3 questionnaires box; *Ages & Stages Learning Activities* available separately)
 - Referral options or forms
 - Information about community resources
 - Reminders about when to schedule follow-up

Indicate any follow-up decisions made on the ASQ-3 Information Summary sheet.

ENSURING USE OF THE CORRECT AGE INTERVAL

One of the most common errors in administering the ASQ involves selection of the wrong age interval for the child. The following sections on calculating age and determining prematurity are quick references for improved administration.

Calculating the Child's Age at Administration The child's age at administration is calculated by subtracting the date of birth from ASQ administration date (date ASQ completed). See the examples below and on the next page for calculating age and adjusting age if child is premature.

	Year	Month	Day
Administration date	2009	7	15
Date of birth	2005	3	10
Age of child	4 years	4 months	5 days

Example 1 This example shows how subtraction is used to calculate an exact age of 4 years, 4 months, 5 days. The child's age in months and days is 52 months and 5 days. The 54 month questionnaire will be used. (The age administration range of the 54 month questionnaire is 51 months 0 days through 56 months 30 days.)

	Year	Month	Day
Administration date	2008	18 (6 + 12 months)	45 (15 + 30 days)
	2009	6	45
Date of birth	2007	7	45
Age of child	2007	10	28
	1 year	8 months	17 days

Example 2 In this example, the administration date is 7/15/2009. The child was born on 10/28/2007. The child's age is 20 months and 17 days. The 20 month questionnaire will be used. (Age administration range of the 20 month questionnaire is 19 months 0 days through 20 months 30 days.)

Adjusting for Prematurity If a baby was born 3 or more weeks prematurely and is less than 24 months of age, the baby's age is adjusted to determine which ASQ-3 interval to administer. Adjusted age is calculated by subtracting the number of weeks premature from the child's actual age.

Example 3 A 6-month-old baby is being screened and was born 2 months prematurely. The appropriate ASQ interval to administer is the 4 month questionnaire.

ADJUSTING SCORES WHEN ITEM RESPONSES ARE MISSING

When an item needs to be omitted, area item scores are averaged and the area total score is adjusted. Adjusted area scores are created so that the child is not penalized for unanswered items or items that are inappropriate given their cultural context. An area should *not* be scored if more than two items are unanswered.

Use the information provided in the table below to determine the adjusted area score. Find the total score of *completed* items in the left-hand column. Follow across to the right to determine the adjusted area score if one or two items are omitted. Compare this score with the area's referral cutoff point on the ASQ-3 Information Summary.

Area score	Adjusted area score—1 item omitted	Adjusted area score—2 items omitted
50	60	—
45	54	—
40	48	60
35	42	52.5
30	36	45
25	30	37.5
20	24	30
15	18	22.5
10	12	15
5	6	7.5
0	0	0

Example 4 In the Fine Motor area, a child's total score for answered items was 20 points, but one item was omitted. The child's adjusted area score should be 24 points.

ADDITIONAL ASQ RESOURCES

There are numerous additional ASQ products to assist you in your work with families. These include questionnaires in Spanish (other languages may also be available), training DVDs, a book of activities (also in Spanish), and online management and questionnaire completion systems (see www.agesandstages.com for more information).

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Additional ASQ-3 Information

How do I decide which ASQ-3 to use for the 2012-2013 school year?

If the date of birth falls between:

Use this ASQ-3:

September 1, 2008 - December 31, 2008

60 month ASQ-3

January 1, 2009 – June 1, 2009

54 month ASQ-3

June 2, 2009 - August 31, 2009

48 month ASQ-3

What do I do if the child scores in the black in any area(s)?

Scores in the black area(s) indicate that a referral for additional services may be needed, if the child is not already receiving them. There are 3 options:

Option 1 The school system **IS** already involved...

- If the child already has an Individualized Education Plan (IEP) and is receiving services through the local school system **NO** further action is required.
- Monitor the child's progress; implement strategies according to the IEP.
- Notify the school and First Class Coach if changes occur.

Option 2 The school system is **NOT** involved and your classroom is located in a public school or a Head Start Center...

- Fill out the necessary in-house referral form.
- Notify your Special Education Director or Disabilities Coordinator to discuss making a referral.
- Write the name and phone number of the contact person in the follow-up section of the summary sheet.
- Provide a copy of the completed summary sheet to everyone, including the First Class Coach.

Option 3 The schools system is **NOT** involved and your classroom is located in another program...

- By using the child's address, determine the school in which they will attend Kindergarten.
- Contact the Special Education Coordinator in that school to discuss making a referral.
- Write the name and phone number of the contact person in the follow-up section of the summary sheet.
- Provide a copy of the completed summary sheet to everyone, including the First Class Coach.

What do I do if the child scores in the GRAY in any area(s)?

Scores in the gray area(s) indicate that the child MAY have some delays. You should...

- Review follow-up activities that may assist the child in the area(s) of delay.
- Continue to monitor the child using the Teaching Strategies GOLD assessment. If that assessment indicates that the child is not progressing, a conversation with the parents should occur.

What do I do if the child scores in the WHITE area(s)?

Scores in the white area(s) indicate that the child is performing typically and no follow-up screening or referral is needed.



Ages & Stages Questionnaires®

48 Month Questionnaire

45 months 0 days through 50 months 30 days



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

Date ASQ completed:

M	M	D	D	Y	Y	Y	Y		

Child's information

Child's first name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Child's last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Child's date of birth:

M	M	D	D	Y	Y	Y	Y		

Child's gender: Male Female

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:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



48 Month Questionnaire

45 months 0 days
through 50 months 30 days

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:

COMMUNICATION

1. Does your child name at least three items from a common category? For example, if you say to your child, "Tell me some things that you can eat," does your child answer with something like "cookies, eggs, and cereal"? Or if you say, "Tell me the names of some animals," does your child answer with something like "cow, dog, and elephant"?

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

2. Does your child answer the following questions? (Mark "sometimes" if your child answers only one question.)

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

"What do you do when you are hungry?" (Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.") Please write your child's response:

"What do you do when you are tired?" (Acceptable answers include "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.") Please write your child's response:

3. 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"?

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

4. 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"?

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

COMMUNICATION (continued)

	YES	SOMETIMES	NOT YET	
5. Without your giving help by pointing or repeating, does your child follow three directions that are <i>unrelated</i> 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."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. 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," or "Is there a toy to play with?" or "Are you coming, too?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
COMMUNICATION TOTAL				—

GROSS MOTOR

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



FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child put together a five- to seven-piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

FINE MOTOR (continued)

YES SOMETIMES NOT YET

2. Using child-safe scissors, does your child cut a paper in half on a more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.)



3. 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? (Your child's drawings should look similar to the design of the shapes below, but they may be different in size.)



4. Does your child unbutton one or more buttons? (Your child may use his own clothing or a doll's clothing.)

5. Does your child draw pictures of people that have at least three of the following features: head, eyes, nose, mouth, neck, hair, trunk, arms, hands, legs, or feet?

6. Does your child color mostly within the lines in a coloring book or within the lines of a 2-inch circle that you draw? (Your child should not go more than 1/4 inch outside the lines on most of the picture.)

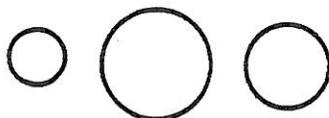
FINE MOTOR TOTAL

PROBLEM SOLVING

YES SOMETIMES NOT YET

1. When you say, "Say 'five eight three,'" does your child repeat just the three numbers in the same order? Do not repeat the numbers. If necessary, try another series of numbers and say, "Say 'six nine two.'" (Your child must repeat just one series of three numbers to answer "yes" to this question.)

2. When asked, "Which circle is the smallest?" does your child point to the smallest circle? (Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)



3. Without your giving help by pointing, does your child follow three different directions using the words "under," "between," and "middle"? For example, ask your child to put the shoe "under the couch." Then ask her to put the ball "between the chairs" and the book "in the middle of the table."

4. When shown objects and asked, "What color is this?" does your child name five different colors, like red, blue, yellow, orange, black, white, or pink? (Mark "yes" only if your child answers the question correctly using five colors.)

PROBLEM SOLVING (continued)

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|---|
| 5. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother, or sister, or an imaginary animal or figure. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. If you place five objects in front of your child, can he count them by saying, "one, two, three, four, five," in order? (Ask this question without providing help by pointing, gesturing, or naming.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

PROBLEM SOLVING TOTAL —

PERSONAL-SOCIAL

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. 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"/> | — |
| 2. 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"/> | — |
| <input type="radio"/> a. First name <input type="radio"/> d. Last name
<input type="radio"/> b. Age <input type="radio"/> e. Boy or girl
<input type="radio"/> c. City she lives in <input type="radio"/> f. Telephone number | | | | |
| 3. Does your child wash his hands using soap and water and dry off with a towel without help? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. 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"/> | — |
| 5. Does your child brush her teeth by putting toothpaste on the toothbrush and brushing all of her teeth without help? (You may still need to check and rebrush your child's teeth.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Does your child dress or undress himself without help (except for snaps, buttons, and zippers)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

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

[Empty rounded rectangular box for explanation]

3. Can you understand most of what your child says? If no, explain:

YES NO

[Empty rounded rectangular box for explanation]

4. Can other people understand most of what your child says? If no, explain:

YES NO

[Empty rounded rectangular box for explanation]

5. Do you think your child walks, runs, and climbs like other children his age? If no, explain:

YES NO

[Empty rounded rectangular box for explanation]

6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:

YES NO

[Empty rounded rectangular box for explanation]

7. Do you have any concerns about your child's vision? If yes, explain:

YES NO

[Empty rounded rectangular box for explanation]

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



48 Month ASQ-3 Information Summary

45 months 0 days through
50 months 30 days

Child's name: _____ Date ASQ completed: _____
 Child's ID #: _____ Date of birth: _____
 Administering program/provider: _____

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	30.72		●	●	●	●	●	●	●	●	○	○	○	○	○
Gross Motor	32.78		●	●	●	●	●	●	●	●	○	○	○	○	○
Fine Motor	15.81		●	●	●	●	●	●	●	○	○	○	○	○	○
Problem Solving	31.30		●	●	●	●	●	●	●	○	○	○	○	○	○
Personal-Social	26.60		●	●	●	●	●	●	●	○	○	○	○	○	○

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- | | | | | | |
|---|-----|-----------|---|------------|----|
| 1. Hears well?
Comments: | Yes | NO | 6. Family history of hearing impairment?
Comments: | YES | No |
| 2. Talks like other children his age?
Comments: | Yes | NO | 7. Concerns about vision?
Comments: | YES | No |
| 3. Understand most of what your child says?
Comments: | Yes | NO | 8. Any medical problems?
Comments: | YES | No |
| 4. Others understand most of what your child says?
Comments: | Yes | NO | 9. Concerns about behavior?
Comments: | YES | No |
| 5. Walks, runs, and climbs like other children?
Comments: | Yes | NO | 10. Other concerns?
Comments: | YES | No |

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the area, it is above the cutoff, and the child's development appears to be on schedule.
 If the child's total score is in the area, it is close to the cutoff. Provide learning activities and monitor.
 If the child's total score is in the area, it is below the cutoff. Further assessment with a professional may be needed.

4. FOLLOW-UP ACTION TAKEN: Check all that apply.

- Provide activities and rescreen in _____ months.
- Share results with primary health care provider.
- Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- Refer to primary health care provider or other community agency (specify reason): _____
- Refer to early intervention/early childhood special education.
- No further action taken at this time
- Other (specify): _____

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

ASQ-3 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:
M M D D Y Y Y Y

Child's information

Child's first name:

Middle initial:

Child's last name:

Child's date of birth:
M M D D Y Y Y Y

Child's gender:
 Male Female

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:



54 Month Questionnaire

51 months 0 days
through 56 months 30 days

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:

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"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
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?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
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"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. Without giving your child help by pointing or repeating directions, does he follow three directions that are <i>unrelated</i> 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."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
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"/>	—
<div style="border: 1px solid black; border-radius: 15px; height: 60px; width: 100%;"></div>				
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"/>	—
<div style="border: 1px solid black; border-radius: 15px; height: 60px; width: 100%;"></div>				

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 overhand 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. (Dropping the ball or throwing the ball underhand should be scored as "not yet.") | <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? (You should stand about 5 feet away and give your child two or three tries before you mark the answer.) | <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? (You may give your child two or three tries before you mark the answer.) | <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)? (You may show him how to do this.) | <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? (Your child's drawings should look similar to the design of the shapes below, but they may be different in size.) | <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? (Your child should not go more than 1/4 inch outside the lines on most of the picture.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

FINE MOTOR (continued)

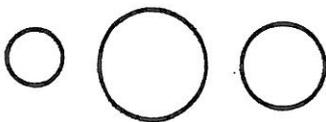
- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|---|
| 4. Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? (Mark "sometimes" if your child goes off the line three times.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| _____ | | | | |
| 5. Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child, "Draw a picture of a girl or a boy." If your child draws a person with head, body, arms, and legs, mark "yes." If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes." If your child draws a person with two or fewer parts (head, body, arms, or legs), mark "not yet." Be sure to include the sheet of paper with your child's drawing with this questionnaire. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Draw a line across a piece of paper. Using child-safe scissors, does your child cut the paper in half on a more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |



FINE MOTOR TOTAL —

PROBLEM SOLVING

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. When shown objects and asked, "What color is this?" does your child name five different colors, like red, blue, yellow, orange, black, white, or pink? (Mark "yes" only if your child answers the question correctly using five colors.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother, sister, or an imaginary animal or figure. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. If you place five objects in front of your child, can she count them by saying, "One, two, three, four, five" in order? (Ask this question without providing help by pointing, gesturing, or naming.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. When asked, "Which circle is smallest?" does your child point to the smallest circle? (Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |



- | | | | | |
|---|-----------------------|-----------------------|-----------------------|---|
| 5. Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes." | <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"/>	—
-----------------------	-----------------------	-----------------------	---

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"/>	—
-----------------------	-----------------------	-----------------------	---

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"/>	—
-----------------------	-----------------------	-----------------------	---

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"/>	—
-----------------------	-----------------------	-----------------------	---

- 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"/>	—
-----------------------	-----------------------	-----------------------	---

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

[Empty rounded rectangular box for explanation]

3. Can you understand most of what your child says? If no, explain:

YES NO

[Empty rounded rectangular box for explanation]

4. Can other people understand most of what your child says? If no, explain:

YES NO

[Empty rounded rectangular box for explanation]

5. Do you think your child walks, runs, and climbs like other children his age? If no, explain:

YES NO

[Empty rounded rectangular box for explanation]

6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:

YES NO

[Empty rounded rectangular box for explanation]

7. Do you have any concerns about your child's vision? If yes, explain:

YES NO

[Empty rounded rectangular box for explanation]

OVERALL (continued)

8. Has your child had any medical problems in the last several months? If yes, explain: YES NO

[Empty rounded rectangular box for explanation]

9. Do you have any concerns about your child's behavior? If yes, explain: YES NO

[Empty rounded rectangular box for explanation]

10. Does anything about your child worry you? If yes, explain: YES NO

[Empty rounded rectangular box for explanation]



54 Month ASQ-3 Information Summary

51 months 0 days through
56 months 30 days

Child's name: _____ Date ASQ completed: _____
 Child's ID #: _____ Date of birth: _____
 Administering program/provider: _____

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	31.85		●	●	●	●	●	●	●	●	●	○	○	○	○
Gross Motor	35.18		●	●	●	●	●	●	●	●	●	○	○	○	○
Fine Motor	17.32		●	●	●	●	●	●	●	●	○	○	○	○	○
Problem Solving	28.12		●	●	●	●	●	●	●	●	○	○	○	○	○
Personal-Social	32.33		●	●	●	●	●	●	●	●	○	○	○	○	○

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- | | | | | | |
|---|-----|-----------|---|-----|----|
| 1. Hears well?
Comments: _____ | Yes | NO | 6. Family history of hearing impairment?
Comments: _____ | YES | No |
| 2. Talks like other children his age?
Comments: _____ | Yes | NO | 7. Concerns about vision?
Comments: _____ | YES | No |
| 3. Understand most of what your child says?
Comments: _____ | Yes | NO | 8. Any medical problems?
Comments: _____ | YES | No |
| 4. Others understand most of what your child says?
Comments: _____ | Yes | NO | 9. Concerns about behavior?
Comments: _____ | YES | No |
| 5. Walks, runs, and climbs like other children?
Comments: _____ | Yes | NO | 10. Other concerns?
Comments: _____ | YES | No |

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the area, it is below the cutoff. Further assessment with a professional may be needed.

4. FOLLOW-UP ACTION TAKEN: Check all that apply.

- _____ Provide activities and rescreen in _____ months.
- _____ Share results with primary health care provider.
- _____ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- _____ Refer to primary health care provider or other community agency (specify reason): _____
- _____ Refer to early intervention/early childhood special education.
- _____ No further action taken at this time
- _____ Other (specify): _____

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



60 Month Questionnaire

57 months 0 days
through 66 months 0 days

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:

Notes:

- 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 _____.

COMMUNICATION

1. Without your giving help by pointing or repeating directions, does your child 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."

YES SOMETIMES NOT YET

2. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"? Please write an example:

3. 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:

4. Does your child use comparison words, such as "heavier," "stronger," or "shorter"? Ask your child questions, such as "A car is big, but a bus is _____" (bigger); "A cat is heavy, but a man is _____" (heavier); "A TV is small, but a book is _____" (smaller). Please write an example:

COMMUNICATION (continued)

5. Does your child answer the following questions? (Mark "sometimes" if your child answers only one question.)

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

"What do you do when you are hungry?" (Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.") Please write your child's response:

"What do you do when you are tired?" (Acceptable answers include: "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.") Please write your child's response:

6. Does your child repeat the sentences shown below back to you, without any mistakes? (Read the sentences one at a time. You may repeat each sentence one time. Mark "yes" if your child repeats both sentences without mistakes or "sometimes" if your child repeats one sentence without mistakes.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
-----------------------	-----------------------	-----------------------	---

Jane hides her shoes for Maria to find.

Al read the blue book under his bed.

COMMUNICATION TOTAL —

GROSS MOTOR

1. While standing, does your child throw a ball overhand 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. (Dropping the ball or throwing the ball underhand should be scored as "not yet.")



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

2. Does your child catch a large ball with both hands? (You should stand about 5 feet away and give your child two or three tries before you mark the answer.)



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
-----------------------	-----------------------	-----------------------	---

3. 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? (You may give your child two or three tries before you mark the answer.)



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
-----------------------	-----------------------	-----------------------	---

PROBLEM SOLVING (continued)

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|---|
| 3. Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Does your child finish the following sentences using a word that means the opposite of the word that is italicized? For example: "A rock is <i>hard</i> , and a pillow is <i>soft</i> ." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

Please write your child's responses below:

A cow is *big*, and a mouse is

Ice is *cold*, and fire is

We see stars at *night*, and we see the sun during the

When I throw the ball *up*, it comes

(Mark "yes" if he finishes three of four sentences correctly. Mark "sometimes" if he finishes two of four sentences correctly.)

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|---|
| 5. Does your child know the names of numbers? (Mark "yes" if she identifies the three numbers below. Mark "sometimes" if she identifies two numbers.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
|---|-----------------------|-----------------------|-----------------------|---|

3 1 2

- | | | | | |
|--|-----------------------|-----------------------|-----------------------|---|
| 6. Does your child name at least four letters in her name? Point to the letters and ask, "What letter is this?" (Point to the letters out of order.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
|--|-----------------------|-----------------------|-----------------------|---|

PROBLEM SOLVING TOTAL

PERSONAL-SOCIAL

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|---|
| 1. Can your child serve himself, 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"/> | — |
| 2. Does your child wash her hands and face using soap and water and dry off with a towel without help? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. 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"/> | — |
| <input type="radio"/> a. First name | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> b. Age | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> c. City he lives in | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> d. Last name | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> e. Boy or girl | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> f. Telephone number | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

PERSONAL-SOCIAL (continued)

	YES	SOMETIMES	NOT YET	
4. Does your child dress and undress himself, including buttoning medium-size buttons and zipping front zippers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Does your child use the toilet by herself? (She goes to the bathroom, sits on the toilet, wipes, and flushes.) Mark "yes" even if she does this after you remind her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. Does your child usually take turns and share with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

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

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

OVERALL (continued)

5. Do you think your child walks, runs, and climbs like other children his age?
If no, explain:

YES NO

[Empty rounded rectangular box for explanation]

6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:

YES NO

[Empty rounded rectangular box for explanation]

7. Do you have any concerns about your child's vision? If yes, explain:

YES NO

[Empty rounded rectangular box for explanation]

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

YES NO

[Empty rounded rectangular box for explanation]

9. Do you have any concerns about your child's behavior? If yes, explain:

YES NO

[Empty rounded rectangular box for explanation]

10. Does anything about your child worry you? If yes, explain:

YES NO

[Empty rounded rectangular box for explanation]



60 Month ASQ-3 Information Summary

57 months 0 days through
66 months 0 days

Child's name: _____ Date ASQ completed: _____
 Child's ID #: _____ Date of birth: _____
 Administering program/provider: _____

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	33.19		●	●	●	●	●	●	●	○	○	○	○	○	○
Gross Motor	31.28		●	●	●	●	●	●	●	○	○	○	○	○	○
Fine Motor	26.54		●	●	●	●	●	●	○	○	○	○	○	○	○
Problem Solving	29.99		●	●	●	●	●	●	○	○	○	○	○	○	○
Personal-Social	39.07		●	●	●	●	●	●	○	○	○	○	○	○	○

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- | | | | | | |
|---|-----|-----------|---|-----|----|
| 1. Hears well?
Comments: | Yes | NO | 6. Family history of hearing impairment?
Comments: | YES | No |
| 2. Talks like other children his age?
Comments: | Yes | NO | 7. Concerns about vision?
Comments: | YES | No |
| 3. Understand most of what your child says?
Comments: | Yes | NO | 8. Any medical problems?
Comments: | YES | No |
| 4. Others understand most of what your child says?
Comments: | Yes | NO | 9. Concerns about behavior?
Comments: | YES | No |
| 5. Walks, runs, and climbs like other children?
Comments: | Yes | NO | 10. Other concerns?
Comments: | YES | No |

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the area, it is above the cutoff, and the child's development appears to be on schedule.
 If the child's total score is in the area, it is close to the cutoff. Provide learning activities and monitor.
 If the child's total score is in the area, it is below the cutoff. Further assessment with a professional may be needed.

4. FOLLOW-UP ACTION TAKEN: Check all that apply.

- Provide activities and rescreen in _____ months.
- Share results with primary health care provider.
- Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- Refer to primary health care provider or other community agency (specify reason): _____
- Refer to early intervention/early childhood special education.
- No further action taken at this time
- Other (specify): _____

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



Ages & Stages Questionnaires®

45 meses 0 días a 50 meses 30 días

Cuestionario de 48 meses

Favor de proveer los siguientes datos. Al completar este formulario, use solamente una pluma de tinta negra o azul y escriba legiblemente con letra de molde.



Fecha en que se completó el cuestionario: _____

Información del niño/a:

Nombre del niño/a: _____

Inicial de su segundo nombre: _____

Apellido(s) del niño/a: _____

Sexo del niño/a:

Masculino

Femenino

Fecha de nacimiento del niño/a: _____

Información de la persona que está llenando este cuestionario

Nombre: _____

Inicial de su segundo nombre: _____

Apellido(s): _____

Parentesco con el niño/a:

Padre/madre

Tutor

Maestro/a

Educador/a o asistente de preescolar

Abuelo/a u otro pariente

Madre/padre de acogida

Otro/a: _____

Dirección: _____

Ciudad: _____

Estado/Provincia: _____

Código postal: _____

País: _____

de teléfono de casa: _____

Otro # de teléfono: _____

Su dirección electrónica: _____

Los nombres de las personas que le están ayudando a llenar este cuestionario: _____

Información del programa

de identificación del niño/a: _____

de identificación del programa: _____

Nombre del programa: _____

En las siguientes páginas Ud. encontrará una serie de preguntas sobre diferentes actividades que generalmente hacen los niños. Puede ser que su niño/a ya pueda hacer algunas de estas actividades, y que todavía no haya realizado otras. Después de leer cada pregunta, por favor marque la respuesta que indique si su niño/a hace la actividad regularmente, a veces, o todavía no.

Puntos que hay que recordar:

- Asegúrese de intentar cada actividad con su niño/a antes de contestar las preguntas.
- Complete el cuestionario haciendo las actividades con su niño/a como si fueran un juego divertido.
- Asegúrese de que su niño/a haya descansado y comido.
- Por favor, devuelva este cuestionario antes de esta fecha:

Notas:

COMUNICACION

1. ¿Dice su niño los nombres de al menos tres cosas de una categoría de objetos ordinarios? Por ejemplo, si Ud. le dice "Dime algunas cosas que se pueden comer", ¿su niño menciona alimentos (como galletas, huevos, o pan)? O si Ud. le dice "Dime los nombres de algunos animales, ¿su niño menciona algún animal (como vaca, perro, elefante)?

SI	A VECES	TODAVIA NO	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. ¿Contesta su niña las siguientes preguntas? (Marque "a veces" si su niña responde a una sólo de las 2 preguntas.)

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

"¿Qué haces cuando tienes hambre?" (Las respuestas aceptables incluyen frases como "pido algo de comer", "como", y "hago un sandwich".) Por favor, escriba la respuesta de su niña:

"¿Qué haces cuando tienes sueño?" (Las respuestas aceptables incluyen frases como "me acuesto", "duermo", y "me siento".) Por favor escriba la respuesta de su niña:

3. ¿Su niño puede mencionar al menos dos características de objetos ordinarios? Por ejemplo, al decirle, "Dime algo sobre tu pelota", ¿dice su niño algo como "Es redonda", "La tiro", "Es grande"?

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

4. Al formular sus palabras, ¿su niña usa terminaciones como "-é", "-ando", y "-s"? Por ejemplo, dice "Tiré la pelota", "Estoy jugando", o "Veo dos gatos".

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

COMUNICACION (continuación)

5. Sin hacer señas para ayudarlo ni repetir las instrucciones, ¿puede su niño llevar a cabo tres acciones *completamente diferentes* cuando Ud. se lo pide? Debe decirle las tres instrucciones antes de que él comience a hacerlas. Por ejemplo, le puede pedir, "Aplauda con las manos, camina hasta la puerta, y siéntate", o "Dame la pluma, abre el libro, y ponte de pie".
6. Al formar oraciones, ¿incluye su niña todas las palabras necesarias (como "un", "el", "la", "soy", "es", "está", y "son") para que sean completas? Por ejemplo dice: "Voy al parque", "¿Dónde está el juguete?" o "¿Vas a venir también?"

SI	A VECES	TODAVIA NO	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

TOTAL EN COMUNICACION _____

MOTORA GRUESA

1. Cuando Ud. le lanza una pelota grande, ¿su niño la agarra con las dos manos? (Ud. debe situarse a unos 5 pies, o 1.5 metros, de su niño y darle dos o tres oportunidades para hacer la actividad antes de marcar la respuesta.)



SI	A VECES	TODAVIA NO	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. En el parque infantil, ¿puede su niña subir los escalones de la resbaladilla para llegar a lo alto y después deslizarse sin ayuda?

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

3. Al estar de pie, ¿lanza una pelota hacia adelante, tirándola en la dirección de una persona que está a una distancia de al menos 6 pies (2 metros)? Su niño debe *levantar el brazo* a la altura del hombro para lanzarla. (Marque "todavía no" si la deja caer o si la tira desde la altura de la cintura.)



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

4. ¿Brinca con un solo pie (ya sea el izquierdo o el derecho) al menos una vez sin perder el equilibrio o caerse?

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

5. Empezando de pie y con los dos pies juntos, ¿su niña brinca una distancia de 20 pulgadas (medio metro)?

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

6. Sin apoyarse en ningún objeto, ¿se para en un solo pie al menos por 5 segundos sin perder el equilibrio y sin bajar el otro pie para apoyarse? (Ud. puede darle dos o tres oportunidades para hacer la actividad antes de marcar la respuesta.)



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

TOTAL EN MOTORA GRUESA _____

MOTORA FINA

- ¿Puede armar un rompecabezas de cinco a siete piezas que se conectan entre sí? (Si Ud. no tiene disponible un rompecabezas, tome una fotografía grande de una revista y córtela en 6 piezas.) ¿Puede reconstruir la imagen, juntando las piezas?

SI	A VECES	TODAVIA NO	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MOTORA FINA *(continuación)*

2. Usando tijeras para niños, ¿puede su niño cortar un papel a la mitad, manteniendo una línea bastante recta y abriendo y cerrando las tijeras? *(Por razones de seguridad, vigile cuidadosamente a su niño cuando usa las tijeras.)*



3. Usando de modelo las figuras de abajo, ¿copia su niño al menos tres de ellas en un papel grande con un lápiz, una crayola, o una pluma sin usar papel transparente o dibujar encima de las figuras? *(Los dibujos deben parecerse a las figuras, aunque puedan ser de un tamaño diferente.)*



4. ¿Desabotona su niño uno o más botones? Puede usar su propia ropa o la de una muñeca.
5. ¿Hace dibujos de personas incluyendo al menos tres de las siguientes características: la cabeza, los ojos, la nariz, la boca, el cuello, el pelo, el tronco, los brazos o las manos, las piernas, o los pies?
6. ¿Colorea generalmente sin salirse de la raya, ya sea una figura en un libro para colorear o un círculo de 2 pulgadas (5 centímetros) que Ud. trace? *(Su niña no debe salirse mas de 1/4 de pulgada, o un centímetro, fuera de la raya en la mayor parte del dibujo.)*

SI	A VECES	TODAVIA NO	
<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"/>	—
-----------------------	-----------------------	-----------------------	---

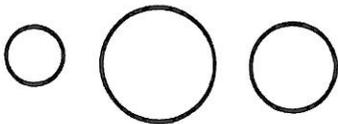
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
-----------------------	-----------------------	-----------------------	---

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
-----------------------	-----------------------	-----------------------	---

TOTAL EN MOTORA FINA —

RESOLUCION DE PROBLEMAS

1. Si Ud. le dice a su niño: "Di 'cinco, ocho, tres'", ¿repite él únicamente los tres números en el mismo orden? *Ud. no debe repetir los números. Si es necesario, intente otra serie de números, por ejemplo, "Di 'siete, nueve, dos'". (Su niño sólo tiene que repetir una serie de tres números para que Ud. pueda marcar "sí" en esta pregunta.)*
2. Si Ud. le pregunta, "¿Cuál círculo es el más pequeño?" ¿apunta su niña al círculo correcto? *(Haga esta pregunta sin ayudarle a través de señas o gestos que le puedan indicar cuál es el círculo más pequeño.)*



3. Sin darle ayuda por medio de señas, ¿puede llevar a cabo tres instrucciones diferentes que contengan las palabras "debajo", "entre", y "el centro"? Por ejemplo, pídale que ponga el zapato "debajo del sofá." Luego, pídale que ponga la pelota "entre las sillas" y el libro "al centro de la mesa".
4. Si Ud. le muestra diferentes objetos y le pregunta a su niño, "¿De qué color es esto?" ¿dice los nombres de cinco colores diferentes, como rojo, azul, amarillo, anaranjado, negro, blanco, o rosado? *(Marque "sí" solamente si contesta la pregunta correctamente mencionando al menos cinco colores.)*

SI	A VECES	TODAVIA NO	
<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"/>	—
-----------------------	-----------------------	-----------------------	---

RESOLUCION DE PROBLEMAS (continuación)

- | | SI | A VECES | TODAVIA NO | |
|---|-----------------------|-----------------------|-----------------------|---|
| 5. ¿Se disfraza y actúa imaginando ser alguien o algo diferente? Por ejemplo, se viste con ropa diferente y se imagina que es la mamá, el papá, el hermano, la hermana, un animal, o cualquier otro ser imaginario? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Si Ud. pone cinco objetos delante de su niña, ¿los puede contar diciendo "uno, dos, tres, cuatro, cinco" en el orden correcto? (Haga esta pregunta sin ayudarle, hacer señas, o decir los nombres de los objetos.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| TOTAL EN RESOLUCION DE PROBLEMAS | | | | — |

SOCIO-INDIVIDUAL

- | | SI | A VECES | TODAVIA NO | |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. ¿Usa cubiertos para servirse comida, sacándola de un recipiente y poniéndola en otro? Por ejemplo, ¿su niño puede usar una cuchara grande para sacar puré de manzana de un recipiente y ponerlo en un plato hondo? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. ¿Puede su niña decirle por lo menos cuatro de los siguientes datos? Por favor, marque los datos que su niña le dice correctamente. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> a. Su nombre <input type="radio"/> d. Su apellido
<input type="radio"/> b. Su edad <input type="radio"/> e. Si es niño o niña
<input type="radio"/> c. La ciudad en que vive <input type="radio"/> f. Su número de teléfono | | | | |
| 3. ¿Se lava las manos con agua y jabón y después se seca sin ayuda? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. ¿Puede decir los nombres de al menos dos compañeros de juego, sin incluir a los hermanos? (Pregúntele quiénes son sus amigos sin mencionar el nombre de ninguno de ellos.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. ¿Se lava los dientes poniendo pasta de dientes en el cepillo y cepillándose todos los dientes sin ayuda? (Responda "sí" aunque Ud. tenga que revisar que su niña se haya lavado bien y/o cepillarle de nuevo los dientes.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. ¿Se viste o se desviste su niño sin ayuda? (Sin tomar en cuenta subir/bajar cierres [cremalleras], abotonar/desabotonar, abrochar/desabrochar.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| TOTAL EN SOCIO-INDIVIDUAL | | | | — |

OBSERVACIONES GENERALES

Los padres y proveedores pueden utilizar el espacio después de cada pregunta para hacer comentarios adicionales.

1. ¿Cree Ud. que su niño/a oye bien? Si contesta "no", explique: SI NO

OBSERVACIONES GENERALES (continuación)

2. ¿Cree Ud. que su niño/a habla igual que los otros niños de su edad? Si contesta "no", explique:

 SI

 NO

3. ¿Puede Ud. entender casi todo lo que dice su niño/a? Si contesta "no", explique:

 SI

 NO

4. ¿Otras personas pueden entender la mayor parte de lo que dice su niño/a? Si contesta "no", explique:

 SI

 NO

5. ¿Cree Ud. que su niño/a camina, corre, y trepa igual que los otros niños de su edad? Si contesta "no", explique:

 SI

 NO

6. ¿Tiene algún familiar con historia de sordera o cualquier otro impedimento auditivo? Si contesta "sí", explique:

 SI

 NO

7. ¿Tiene Ud. alguna preocupación sobre la visión de su niño/a? Si contesta "sí", explique:

 SI

 NO

OBSERVACIONES GENERALES (continuación)

3. ¿Ha tenido su niño/a algún problema de salud en los últimos meses? Si contesta "sí", explique:

 SI NO

9. ¿Tiene alguna preocupación sobre el comportamiento de su niño/a? Si contesta "sí", explique:

 SI NO

10. ¿Le preocupa algún aspecto del desarrollo de su niño/a? Si contesta "sí", explique:

 SI NO



ASQ-3: Compilación de datos **48 meses** 45 meses 0 días a 50 meses 30 días

Nombre del niño/a: _____ Fecha de hoy: _____
 # de identificación del niño/a: _____ Fecha de nacimiento: _____
 Nombre del programa/proveedor: _____

1. CALIFIQUE EL CUESTIONARIO Y PASE EL PUNTAJE TOTAL DE CADA SECCION AL GRAFICO DE ABAJO: Véase *ASQ-3 User's Guide* para obtener más detalles, incluyendo la manera de ajustar el puntaje si faltan respuestas a algunas preguntas. Califique cada pregunta (SI = 10, A VECES = 5, TODAVIA NO = 0). Sume los puntos de cada pregunta, anotando el puntaje total en la línea provista al final de cada sección del cuestionario. En el gráfico de abajo, anote el puntaje total de cada sección, y rellene el círculo correspondiente.

Área	Límite	Puntaje Total	0	5	10	15	20	25	30	35	40	45	50	55	60
Comunicación	30.72		●	●	●	●	●	●	●	●	●	○	○	○	○
Motora gruesa	32.78		●	●	●	●	●	●	●	●	●	○	○	○	○
Motora fina	15.81		●	●	●	●	●	●	●	○	○	○	○	○	○
Resolución de problemas	31.30		●	●	●	●	●	●	●	●	●	○	○	○	○
Socio-individual	26.60		●	●	●	●	●	●	●	●	○	○	○	○	○

2. TRANSFIERA LAS RESPUESTAS DE LA SECCION TITULADA "OBSERVACIONES GENERALES": Las respuestas escritas en **negrita** o con mayúsculas requerirán un seguimiento. Véase el capítulo 6 del *ASQ-3 User's Guide* para obtener información sobre las pautas a seguir.

- | | | | |
|---|-------|---|-------|
| 1. ¿Oye bien?
Comentarios: | SÍ NO | 6. Historial: ¿Hay problemas auditivos en la familia?
Comentarios: | SI No |
| 2. ¿Habla como otros niños de su edad?
Comentarios: | SÍ NO | 7. ¿Preocupaciones sobre la vista?
Comentarios: | SI No |
| 3. ¿Ud. entiende lo que dice su niño/a?
Comentarios: | SÍ NO | 8. ¿Hay problemas de salud recientes?
Comentarios: | SI No |
| 4. ¿Otras personas entienden lo que dice su niño/a?
Comentarios: | SÍ NO | 9. ¿Preocupaciones sobre comportamiento?
Comentarios: | SI No |
| 5. ¿Camina, corre, y trepa como otros niños?
Comentarios: | SÍ NO | 10. ¿Otras preocupaciones?
Comentarios: | SI No |

3. INTERPRETACION DEL PUNTAJE Y RECOMENDACIONES PARA EL SEGUIMIENTO DEL ASQ: Para determinar el nivel de seguimiento apropiado, hay que tomar en cuenta el *Puntaje total* de cada sección, las respuestas de la sección titulada "Observaciones generales", y también factores adicionales, tales como considerar si el niño/a tiene oportunidades para practicar las habilidades.

Si el *Puntaje total* está dentro del área , el puntaje del niño/a está por encima de las expectativas, y el desarrollo del niño/a parece estar bien hasta ahora.

Si el *Puntaje total* está dentro del área , el puntaje está apenas por encima de las expectativas. Proporcione actividades adicionales para ayudarle al niño/a y vigile su progreso.

Si el *Puntaje total* está dentro del área , el puntaje está debajo de las expectativas. Quizás se requiera una evaluación adicional más a fondo.

4. SEGUIMIENTO DEL ASQ: Marque todos los que apliquen.

- Dar actividades adicionales y reevaluar en _____ meses.
- Compartir los resultados con su médico familiar (primary health care provider).
- Referirlo/la para una evaluación auditiva, visual, o de comportamiento. (Marque con un círculo todos los que apliquen.)
- Referirlo/la a un médico familiar u otra agencia comunitaria (favor de escribir la razón): _____
- Referirlo/la a un programa de intervención temprana/educación especial para niños preescolares para hacer una evaluación adicional.
- No tomar medidas adicionales en este momento.
- Medida adicional (favor de escribirla): _____

5. OPCIONAL: Anote las respuestas específicas (S = SI, V = A VECES, N = TODAVIA NO, R = falta esta respuesta).

	1	2	3	4	5	6
Comunicación						
Motora gruesa						
Motora fina						
Resolución de problemas						
Socio-individual						



Ages & Stages Questionnaires®



51 meses 0 días a 56 meses 30 días

Cuestionario de 54 meses

Favor de proveer los siguientes datos. Al completar este formulario, use solamente una pluma de tinta negra o azul y escriba legiblemente con letra de molde.

Fecha en que se completó el cuestionario: _____

Información del niño/a:

Nombre del niño/a: _____ Inicial de su segundo nombre: _____ Apellido(s) del niño/a: _____

Sexo del niño/a:
 Masculino Femenino

Fecha de nacimiento del niño/a: _____

Información de la persona que está llenando este cuestionario

Nombre: _____ Inicial de su segundo nombre: _____ Apellido(s): _____

Parentesco con el niño/a:
 Padre/madre Tutor Maestro/a Educador/a o asistente de preescolar
 Abuelo/a u otro pariente Madre/padre de acogida Otro/a: _____

Dirección: _____

Ciudad: _____ Estado/Provincia: _____ Código postal: _____

País: _____ # de teléfono de casa: _____ Otro # de teléfono: _____

Su dirección electrónica: _____

Los nombres de las personas que le están ayudando a llenar este cuestionario: _____

Información del programa

de identificación del niño/a:
de identificación del programa:
Nombre del programa:

En las siguientes páginas Ud. encontrará una serie de preguntas sobre diferentes actividades que generalmente hacen los niños. Puede ser que su niño/a ya pueda hacer algunas de estas actividades, y que todavía no haya realizado otras. Después de leer cada pregunta, por favor marque la respuesta que indique si su niño/a hace la actividad regularmente, a veces, o todavía no.

Puntos que hay que recordar:

Notas:

- Asegúrese de intentar cada actividad con su niño/a antes de contestar las preguntas.
- Complete el cuestionario haciendo las actividades con su niño/a como si fueran un juego divertido.
- Asegúrese de que su niño/a haya descansado y comido.
- Por favor, devuelva este cuestionario antes de esta fecha: _____

COMUNICACION

	SI	A VECES	TODAVIA NO	
1. ¿Su niña puede mencionar al menos dos características de objetos ordinarios? Por ejemplo, al decirle, "Dime algo sobre tu pelota", ¿dice su niña algo como "Es redonda", "La tiro", "Es grande"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. Al formar oraciones, ¿incluye su niño todas las palabras necesarias (como "un", "el", "la", "soy", "es", "está", y "son") para que sean completas? Por ejemplo dice: "Voy al parque", "¿Dónde está el juguete?" o "¿Vas a venir también?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
3. Al formular sus palabras, ¿su niña usa terminaciones como "-é", "-ando", y "-s"? Por ejemplo, dice "Tiré la pelota", "Estoy jugando", o "Veo dos gatos".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
4. Sin hacer señas para ayudarlo ni repetir las instrucciones, ¿puede su niño llevar a cabo tres acciones <i>completamente diferentes</i> cuando Ud. se lo pide? Debe decirle las tres instrucciones antes de que él comience a hacerlas. Por ejemplo, le puede pedir, "Aplauda con las manos, camina hasta la puerta, y siéntate", o "Dame la pluma, abre el libro, y ponte de pie".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
5. ¿Usa su niña oraciones de cuatro y cinco palabras? Por ejemplo, ¿dice su niña, "Quiero el coche verde", o "Quiero ponerme el suéter rojo"? Por favor, escriba un ejemplo:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

COMUNICACION (continuación)

6. Al hablar de algo que ya ha pasado, ¿usa su niña el tiempo pasado de los verbos (con terminaciones como -é, -aste, -ió, -ieron, etc.) como *camínaron, jugué, o brincamos*? Hágale preguntas a su niña como, "¿Cómo te fuiste a la tienda?" ("Caminé".) ¿Qué hiciste en la casa de tus amigas?" ("Jugamos a las muñecas".) Por favor, escriba un ejemplo:

SI	A VECES	TODAVIA NO	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

TOTAL EN COMUNICACION —

MOTORA GRUESA

1. ¿Brinca con un solo pie (ya sea el izquierdo o el derecho) al menos una vez sin perder el equilibrio o caerse?

2. Al estar de pie, ¿lanza una pelota hacia adelante, tirándola en la dirección de una persona que está a una distancia de al menos 6 pies (2 metros)? Su niño debe *levantar el brazo* a la altura del hombro para lanzarla. (Marque "todavía no" si la deja caer o si la tira desde la altura de la cintura.)



3. Empezando de pie y con los dos pies juntos, ¿su niño brinca una distancia de 20 pulgadas (medio metro)?

4. Cuando Ud. le lanza una pelota grande, ¿su niño la agarra con las dos manos? (Ud. debe situarse a unos 5 pies, o 1.5 metros, de su niño y darle dos o tres oportunidades para hacer la actividad antes de marcar la respuesta.)



5. Sin apoyarse en ningún objeto, ¿se para en un solo pie al menos por 5 segundos sin perder el equilibrio y sin bajar el otro pie para apoyarse? (Ud. puede darle dos o tres oportunidades para hacer la actividad antes de marcar la respuesta.)



6. ¿Puede su niña andar de puntas una distancia de 15 pies (aproximadamente la longitud de un auto grande)? (Ud. puede demostrarle cómo hacerlo.)

SI	A VECES	TODAVIA NO	
<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"/>	—

TOTAL EN MOTORA GRUESA —

MOTORA FINA

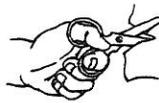
1. Usando de modelo las figuras de abajo, ¿copia su niño al menos tres de ellas en un papel grande con un lápiz, una crayola, o una pluma sin usar papel transparente o dibujar encima de las figuras? (Los dibujos deben parecerse a las figuras, aunque puedan ser de un tamaño diferente.)



- 2. ¿Desabotona su niña uno o más botones? Puede usar su propia ropa o la de una muñeca.
- 3. Colorea generalmente sin salirse de la raya, ya sea una figura en un libro para colorear o un círculo de 2 pulgadas (5 centímetros) que Ud. trace? (Su niño no debe salirse más de 1/4 de pulgada, o un centímetro, fuera de la raya en la mayor parte del dibujo.)
- 4. Pídale a su niña que trace sobre la línea de abajo con un lápiz. ¿Puede trazar la línea sin salirse de la raya más de dos veces? (Marque "a veces" si su niña se sale de la raya tres veces.)



- 5. Pídale a su niño que haga un dibujo de una persona en un papel en blanco. Ud. puede decirle: "Hazme un dibujo de un chico o de una chica". Si su niño dibuja una persona con cabeza, cuerpo, brazos, y piernas, marque "sí". Si su niño dibuja una persona incluyendo solamente tres partes del cuerpo (cabeza, tronco, brazos, o piernas), marque "a veces". Si su niño dibuja una persona incluyendo dos partes o menos del cuerpo (cabeza, tronco, brazos, o piernas), marque "todavía no". Asegúrese de entregar la hoja con el dibujo que hizo con este cuestionario.
- 6. Dibuje una línea en una hoja de papel. Usando tijeras para niños, ¿puede su niña cortar el papel a la mitad, siguiendo (más o menos) una línea recta y haciendo que las tijeras se abran y se cierren? (Por razones de seguridad, observe a su niña cuidadosamente mientras hace esta actividad.)



	SI	A VECES	TODAVIA NO	
	<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"/>	—
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
TOTAL EN MOTORA FINA				—

RESOLUCION DE PROBLEMAS

- 1. Si Ud. le muestra diferentes objetos y le pregunta a su niño, "¿De qué color es esto?" ¿dice los nombres de cinco colores diferentes, como rojo, azul, amarillo, anaranjado, negro, blanco, o rosado? (Marque "sí" solamente si contesta la pregunta correctamente mencionando al menos cinco colores.)
- ¿Se disfraya y actúa imaginando ser alguien o algo diferente? Por ejemplo, se viste con ropa diferente y se imagina que es la mamá, el papá, el hermano, la hermana, un animal, o cualquier otro ser imaginario?

	SI	A VECES	TODAVIA NO	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

RESOLUCION DE PROBLEMAS (continuación)

- | | SI | A VECES | TODAVIA NO | |
|--|-----------------------|-----------------------|-----------------------|---|
| 3. Si Ud. pone cinco objetos delante de su niña, ¿los puede contar diciendo "uno, dos, tres, cuatro, cinco" en el orden correcto? <i>(Haga esta pregunta sin ayudarle, hacer señas, o decir los nombres de los objetos.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Si Ud. le pregunta, "¿Cuál círculo es el más pequeño?" ¿apunta su niño al círculo correcto? <i>(Haga esta pregunta sin ayudarle a través de señas o gestos que le puedan indicar cuál es el círculo más pequeño.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |



- | | | | | |
|--|-----------------------|-----------------------|-----------------------|---|
| 5. ¿Puede su niña contar hasta 15 sin errores? Si puede hacerlo, marque "sí". Si su niña cuenta hasta 12 sin errores, marque "a veces". | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. ¿Sabe su niño los nombres de los números? <i>(Marque "sí" si puede identificar los tres números de abajo. Marque "a veces" si puede identificar dos números.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

3 1 2

TOTAL EN RESOLUCION DE PROBLEMAS —

SOCIO-INDIVIDUAL

- | | SI | A VECES | TODAVIA NO | | | | | | | |
|---|--|--------------------------------------|----------------------------------|--|--|--|--|--|--|--|
| 1. ¿Se lava las manos con agua y jabón y después se seca sin ayuda? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — | | | | | | |
| 2. ¿Puede decir los nombres de al menos dos compañeros de juego, sin incluir a los hermanos? <i>(Pregúntele quiénes son sus amigos sin mencionar el nombre de ninguno de ellos.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — | | | | | | |
| 3. ¿Se lava los dientes poniendo pasta de dientes en el cepillo y cepillándose todos los dientes sin ayuda? <i>(Responda "sí" aunque Ud. tenga que revisar que su niño se haya lavado bien y/o cepillarle de nuevo los dientes.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — | | | | | | |
| 4. ¿Usa cubiertos para servirse comida, sacándola de un recipiente y poniéndola en otro? Por ejemplo, ¿su niña puede usar una cuchara grande para sacar puré de manzana de un recipiente y ponerlo en un plato hondo? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — | | | | | | |
| 5. ¿Puede su niño decirle por lo menos cuatro de los siguientes datos? Por favor, marque los datos que su niño le dice correctamente. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="radio"/> a. Su nombre</td> <td style="width: 50%;"><input type="radio"/> d. Su apellido</td> </tr> <tr> <td><input type="radio"/> b. Su edad</td> <td><input type="radio"/> e. Si es niño o niña</td> </tr> <tr> <td><input type="radio"/> c. La ciudad en que vive</td> <td><input type="radio"/> f. Su número de teléfono</td> </tr> </table> | <input type="radio"/> a. Su nombre | <input type="radio"/> d. Su apellido | <input type="radio"/> b. Su edad | <input type="radio"/> e. Si es niño o niña | <input type="radio"/> c. La ciudad en que vive | <input type="radio"/> f. Su número de teléfono | | | | |
| <input type="radio"/> a. Su nombre | <input type="radio"/> d. Su apellido | | | | | | | | | |
| <input type="radio"/> b. Su edad | <input type="radio"/> e. Si es niño o niña | | | | | | | | | |
| <input type="radio"/> c. La ciudad en que vive | <input type="radio"/> f. Su número de teléfono | | | | | | | | | |
| 6. ¿Su niña se viste y se desviste sin ayuda, abotonando botones de tamaño mediano y subiéndolo o bajándolo (cremalleras) que se encuentren en la parte frontal de la ropa? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — | | | | | | |

TOTAL EN SOCIO-INDIVIDUAL —

OBSERVACIONES GENERALES

Los padres y proveedores pueden utilizar el espacio después de cada pregunta para hacer comentarios adicionales.

1. ¿Cree Ud. que su niño/a oye bien? Si contesta "no", explique: SI NO

2. ¿Cree Ud. que su niño/a habla igual que los otros niños de su edad? Si contesta "no", explique: SI NO

3. ¿Puede Ud. entender casi todo lo que dice su niño/a? Si contesta "no", explique: SI NO

4. ¿Otras personas pueden entender la mayor parte de lo que dice su niño/a? Si contesta "no", explique: SI NO

5. ¿Cree Ud. que su niño/a camina, corre, y trepa igual que los otros niños de su edad? Si contesta "no", explique: SI NO

OBSERVACIONES GENERALES (continuación)

6. ¿Tiene algún familiar con historia de sordera o cualquier otro impedimento auditivo? Si contesta "sí", explique:

 SI NO

7. ¿Tiene Ud. alguna preocupación sobre la visión de su niño/a? Si contesta "sí", explique:

 SI NO

8. ¿Ha tenido su niño/a algún problema de salud en los últimos meses? Si contesta "sí", explique:

 SI NO

9. ¿Tiene alguna preocupación sobre el comportamiento de su niño/a? Si contesta "sí", explique:

 SI NO

10. ¿Le preocupa algún aspecto del desarrollo de su niño/a? Si contesta "sí", explique:

 SI NO



ASQ-3: Compilación de datos 54 meses

51 meses 0 días a
56 meses 30 días

Nombre del niño/a: _____ Fecha de hoy: _____
 # de identificación del niño/a: _____ Fecha de nacimiento: _____
 Nombre del programa/proveedor: _____

1. CALIFIQUE EL CUESTIONARIO Y PASE EL PUNTAJE TOTAL DE CADA SECCION AL GRAFICO DE ABAJO: Véase *ASQ-3 User's Guide* para obtener más detalles, incluyendo la manera de ajustar el puntaje si faltan respuestas a algunas preguntas. Califique cada pregunta (SI = 10, A VECES = 5, TODAVIA NO = 0). Sume los puntos de cada pregunta, anotando el puntaje total en la línea provista al final de cada sección del cuestionario. En el gráfico de abajo, anote el puntaje total de cada sección, y rellene el círculo correspondiente.

Área	Límite	Puntaje Total	0	5	10	15	20	25	30	35	40	45	50	55	60
Comunicación	31.85		●	●	●	●	●	●	●	●	●	○	○	○	○
Motora gruesa	35.18		●	●	●	●	●	●	●	●	●	○	○	○	○
Motora fina	17.32		●	●	●	●	●	●	●	○	○	○	○	○	○
Resolución de problemas	28.12		●	●	●	●	●	●	●	●	○	○	○	○	○
Socio-individual	32.33		●	●	●	●	●	●	●	●	○	○	○	○	○

2. TRANSFIERA LAS RESPUESTAS DE LA SECCION TITULADA "OBSERVACIONES GENERALES": Las respuestas escritas en negrita o con mayúsculas requerirán un seguimiento. Véase el capítulo 6 del *ASQ-3 User's Guide* para obtener información sobre las pautas a seguir.

- | | | | |
|---|-------|---|-------|
| 1. ¿Oye bien?
Comentarios: | SÍ NO | 6. Historial: ¿Hay problemas auditivos en la familia?
Comentarios: | SI No |
| 2. ¿Habla como otros niños de su edad?
Comentarios: | SÍ NO | 7. ¿Preocupaciones sobre la vista?
Comentarios: | SI No |
| 3. ¿Ud. entiende lo que dice su niño/a?
Comentarios: | SÍ NO | 8. ¿Hay problemas de salud recientes?
Comentarios: | SI No |
| 4. ¿Otras personas entienden lo que dice su niño/a?
Comentarios: | SÍ NO | 9. ¿Preocupaciones sobre comportamiento?
Comentarios: | SI No |
| 5. ¿Camina, corre, y trepa como otros niños?
Comentarios: | SÍ NO | 10. ¿Otras preocupaciones?
Comentarios: | SI No |

3. INTERPRETACION DEL PUNTAJE Y RECOMENDACIONES PARA EL SEGUIMIENTO DEL ASQ: Para determinar el nivel de seguimiento apropiado, hay que tomar en cuenta el *Puntaje total* de cada sección, las respuestas de la sección titulada "Observaciones generales", y también factores adicionales, tales como considerar si el niño/a tiene oportunidades para practicar las habilidades.

Si el *Puntaje total* está dentro del área , el puntaje del niño/a está por encima de las expectativas, y el desarrollo del niño/a parece estar bien hasta ahora.

Si el *Puntaje total* está dentro del área , el puntaje está apenas por encima de las expectativas. Proporcione actividades adicionales para ayudarle al niño/a y vigile su progreso.

Si el *Puntaje total* está dentro del área , el puntaje está debajo de las expectativas. Quizás se requiera una evaluación adicional más a fondo.

4. SEGUIMIENTO DEL ASQ: Marque todos los que apliquen.

- Dar actividades adicionales y reevaluar en _____ meses.
- Compartir los resultados con su médico familiar (primary health care provider).
- Referirlo/la para una evaluación auditiva, visual, o de comportamiento. (Marque con un círculo todos los que apliquen.)
- Referirlo/la a un médico familiar u otra agencia comunitaria (favor de escribir la razón): _____
- Referirlo/la a un programa de intervención temprana/educación especial para niños preescolares para hacer una evaluación adicional.
- No tomar medidas adicionales en este momento.
- Medida adicional (favor de escribirla): _____

5. OPCIONAL: Anote las respuestas específicas (S = SI, V = A VECES, N = TODAVIA NO, R = falta esta respuesta).

	1	2	3	4	5	6
Comunicación						
Motora gruesa						
Motora fina						
Resolución de problemas						
Socio-individual						



Cuestionario de 60 meses

57 meses 0 días
a 66 meses 0 días

En las siguientes páginas Ud. encontrará una serie de preguntas sobre diferentes actividades que generalmente hacen los niños. Puede ser que su niño/a ya pueda hacer algunas de estas actividades, y que todavía no haya realizado otras. Después de leer cada pregunta, por favor marque la respuesta que indique si su niño/a hace la actividad regularmente, a veces, o todavía no.

Puntos que hay que recordar:

- Asegúrese de intentar cada actividad con su niño/a antes de contestar las preguntas.
- Complete el cuestionario haciendo las actividades con su niño/a como si fueran un juego divertido.
- Asegúrese de que su niño/a haya descansado y comido.
- Por favor, devuelva este cuestionario antes de esta fecha: _____

Notas:

COMUNICACION

	SI	A VECES	TODAVIA NO	
1. Sin hacer señas para ayudarle ni repetir las instrucciones, ¿puede su niño llevar a cabo tres acciones <i>completamente diferentes</i> cuando Ud. se lo pide? Debe decirle las tres instrucciones antes de que él comience a hacerlas. Por ejemplo, le puede pedir, "Aplauda con las manos, camina hasta la puerta, y siéntate", o "Dame la pluma, abre el libro, y ponte de pie".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. ¿Usa su niña oraciones de cuatro y cinco palabras? Por ejemplo, ¿dice su niña, "Quiero el coche verde", o "Quiero ponerme el suéter rojo"? Por favor, escriba un ejemplo:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<div style="border: 1px solid black; border-radius: 15px; height: 60px; width: 100%;"></div>				
3. Al hablar de algo que ya ha pasado, ¿usa su niño el tiempo pasado de los verbos (con terminaciones como -é, -aste, -ió, -ieron, etc.) como <i>caminaaron, jugué, o brincamos</i> ? Hágale preguntas a su niño como, "¿Cómo te fuiste a la tienda?" ("Caminé".) "¿Qué hiciste en la casa de tus amigas?" ("Jugamos a las muñecas".) Por favor, escriba un ejemplo:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<div style="border: 1px solid black; border-radius: 15px; height: 60px; width: 100%;"></div>				
4. ¿Usa su niña palabras comparativas, como "más pesado que", "más fuerte que", o "más bajo que"? Haga frases que incluyan una comparación y pídale a su niña que complete la frase. Por ejemplo, "Un auto es grande, pero un autobús es" _____ (más grande); "Un gato es pesado, pero un hombre es" _____ (más pesado); "Un televisor es pequeño, pero un libro es" _____ (más pequeño). Por favor, escriba un ejemplo:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<div style="border: 1px solid black; border-radius: 15px; height: 60px; width: 100%;"></div>				

COMUNICACION (continuación)

5. ¿Contesta su niño las siguientes preguntas? (Marque "a veces" si su niño responde a una sola de las 2 preguntas.)

"¿Qué haces cuando tienes hambre?" (Las respuestas aceptables incluyen frases como "pido algo de comer", "como", y "hago un sandwich".) Por favor, escriba la respuesta de su niño:

"¿Qué haces cuando tienes sueño?" (Las respuestas aceptables incluyen frases como "me acuesto", "duermo", y "me siento".) Por favor escriba la respuesta de su niño:

6. ¿Puede repetir su niña las siguientes oraciones sin cometer errores? (Lea las oraciones en voz alta una por una. Ud. puede repetir cada oración una vez. Marque "sí" si su niña repite ambas oraciones sin errores o "a veces" si su niña sólo repite una oración sin errores.)

Juanita esconde sus zapatos para que María los encuentre.

Miguel leyó el libro azul debajo de la cama.

SI	A VECES	TODAVIA NO	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
-----------------------	-----------------------	-----------------------	---

TOTAL EN COMUNICACION —

MOTORA GRUESA

1. Al estar de pie, ¿su niño lanza una pelota hacia adelante, tirándola en la dirección de una persona que está a una distancia de al menos 6 pies (2 metros)? Su niño debe levantar el brazo a la altura del hombro para lanzarla. (Marque "todavía no" si la deja caer o si la tira desde la altura de la cintura.)



SI	A VECES	TODAVIA NO	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

2. Cuando Ud. le lanza una pelota grande, ¿su niño la agarra con las dos manos? (Ud. debe situarse a unos 5 pies, o 1.5 metros, de su niño y darle dos o tres oportunidades para hacer la actividad antes de marcar la respuesta.)



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
-----------------------	-----------------------	-----------------------	---

3. Sin apoyarse en ningún objeto, ¿se para en un solo pie al menos por 5 segundos sin perder el equilibrio y sin bajar el otro pie para apoyarse? (Ud. puede darle dos o tres oportunidades para hacer la actividad antes de marcar la respuesta.)



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
-----------------------	-----------------------	-----------------------	---

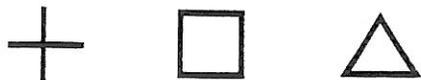
MOTORA GRUESA (continuación)

- | | SI | A VECES | TODAVIA NO | |
|--|-----------------------|-----------------------|-----------------------|---|
| 4. ¿Puede su niño andar de puntas una distancia de 15 pies (aproximadamente la longitud de un auto grande)? (Ud. puede demostrarle cómo hacerlo.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. ¿Puede su niña saltar hacia adelante con un pie una distancia de 4–6 pies (1,5–2 metros) sin bajar el otro pie? (Ud. le puede dar dos oportunidades con cada pie. Marque "a veces" si su niña puede saltar con uno de los pies, pero no con el otro.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. ¿Puede su niño brincar alternando cada pie? (Ud. puede demostrarle cómo.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

TOTAL EN MOTORA GRUESA —

MOTORA FINA

- | | SI | A VECES | TODAVIA NO | |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. Pídale a su niña que trace sobre la línea de abajo con un lápiz. ¿Puede trazar la línea sin salirse de la raya más de dos veces? (Marque "a veces" si su niña se sale de la raya tres veces.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| _____ | | | | |
| 2. Pídale a su niño que haga un dibujo de una persona en un papel en blanco. Ud. puede decirle: "Hazme un dibujo de un chico o de una chica". Si su niño dibuja una persona con cabeza, cuerpo, brazos, y piernas, marque "sí". Si su niño dibuja una persona incluyendo solamente tres partes del cuerpo (cabeza, tronco, brazos, o piernas), marque "a veces". Si su niño dibuja una persona incluyendo dos partes o menos del cuerpo (cabeza, tronco, brazos, o piernas), marque "todavía no". Asegúrese de entregar la hoja con el dibujo que hizo con este cuestionario. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Dibuje una línea en una hoja de papel. Usando tijeras para niños, ¿puede su niña cortar el papel a la mitad, siguiendo (más o menos) una línea recta y haciendo que las tijeras se abran y se cierren? (Por razones de seguridad, observe a su niña cuidadosamente mientras hace esta actividad.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
|  | | | | |
| 4. Usando las siguientes figuras como modelos, ¿puede su niño copiar las figuras en el espacio proporcionado abajo sin trazarlas por encima? (Sus dibujos deben parecerse a los modelos, aunque pueden ser de diferentes tamaños. Marque "sí" si puede copiar las tres figuras; marque "a veces" si puede copiar solamente dos.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |



(Espacio para las figuras de su niño)

MOTORA FINA *(continuación)*

5. Usando las siguientes letras como modelos, ¿puede su niña copiar las letras sin trazarlas por encima? Cubra todas las letras menos la letra que está copiando. (Marque "sí" si su niña puede copiar cuatro de las letras y Ud. puede reconocerlas. Marque "a veces" si puede copiar dos o tres letras y Ud. puede leerlas.)

V H T C A

(Espacio para las letras de su niña)

6. Escriba con letra de molde el nombre de su niño. ¿Puede él copiar las letras? Las letras que haga su niño pueden ser de diferentes tamaños, estar invertidas, o al revés. (Marque "a veces" si su niño copia cerca de la mitad de las letras.)

(Espacio para las letras de Ud.)

(Espacio para las letras de su niño)

TOTAL EN MOTORA FINA _____

RESOLUCION DE PROBLEMAS

1. Si Ud. le pregunta, "Cuál círculo es el más pequeño?" ¿apunta su niña al círculo correcto? (Haga esta pregunta sin ayudarle a través de señas o gestos que le puedan indicar cuál es el círculo más pequeño.)



2. Si Ud. le muestra diferentes objetos y le pregunta a su niño, "¿De qué color es esto?" ¿dice los nombres de cinco colores diferentes, como rojo, azul, amarillo, anaranjado, negro, blanco, o rosado? (Marque "sí" solamente si contesta la pregunta correctamente mencionando al menos cinco colores.)

SI A VECES TODAVIA NO _____

SI A VECES TODAVIA NO _____

SOCIO-INDIVIDUAL (continuación)

	SI	A VECES	TODAVIA NO	
4. ¿Su niña se viste y se desviste sin ayuda, abotonando botones de tamaño mediano y subiendo o bajando cierres (cremalleras) que se encuentren en la parte frontal de la ropa?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. ¿Puede su niño ir al baño solo? (Esto incluye ir al baño, sentarse en el excusado/inodoro, limpiarse, y jalarle al baño.) Marque "sí" aunque lo haga después de que Ud. se lo recuerda.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. ¿Su niña usualmente comparte cosas con otros niños/niñas y espera su turno cuando hace actividades con otros?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
TOTAL EN SOCIO-INDIVIDUAL				—

OBSERVACIONES GENERALES

Los padres y proveedores pueden utilizar el espacio después de cada pregunta para hacer comentarios adicionales.

1. ¿Cree Ud. que su niño/a oye bien? Si contesta "no", explique: SI NO

2. ¿Cree Ud. que su niño/a habla igual que los otros niños de su edad? Si contesta "no", explique: SI NO

3. ¿Puede Ud. entender casi todo lo que dice su niño/a? Si contesta "no", explique: SI NO

4. ¿Otras personas pueden entender la mayor parte de lo que dice su niño/a? Si contesta "no", explique: SI NO

OBSERVACIONES GENERALES (continuación)

5. ¿Cree Ud. que su niño/a camina, corre, y trepa igual que los otros niños de su edad?
Si contesta "no", explique: SI NO

6. ¿Tiene algún familiar con historia de sordera o cualquier otro impedimento auditivo?
Si contesta "sí", explique: SI NO

7. ¿Tiene Ud. alguna preocupación sobre la visión de su niño/a? Si contesta "sí", explique: SI NO

8. ¿Ha tenido su niño/a algún problema de salud en los últimos meses? Si contesta "sí", explique: SI NO

9. ¿Tiene alguna preocupación sobre el comportamiento de su niño/a? Si contesta "sí", explique: SI NO

10. ¿Le preocupa algún aspecto del desarrollo de su niño/a? Si contesta "sí", explique: SI NO



ASQ-3: Compilación de datos 60 meses

57 meses 0 días a
66 meses 0 días

Nombre del niño/a: _____ Fecha de hoy: _____
 # de identificación del niño/a: _____ Fecha de nacimiento: _____
 Nombre del programa/proveedor: _____

1. CALIFIQUE EL CUESTIONARIO Y PASE EL PUNTAJE TOTAL DE CADA SECCION AL GRAFICO DE ABAJO: Véase ASQ-3 User's Guide para obtener más detalles, incluyendo la manera de ajustar el puntaje si faltan respuestas a algunas preguntas. Califique cada pregunta (SI = 10, A VECES = 5, TODAVIA NO = 0). Sume los puntos de cada pregunta, anotando el puntaje total en la línea provista al final de cada sección del cuestionario. En el gráfico de abajo, anote el puntaje total de cada sección, y rellene el círculo correspondiente.

Área	Límite	Puntaje Total	0	5	10	15	20	25	30	35	40	45	50	55	60
Comunicación	33.19		●	●	●	●	●	●	●	●	●	○	○	○	○
Motora gruesa	31.28		●	●	●	●	●	●	●	●	●	○	○	○	○
Motora fina	26.54		●	●	●	●	●	●	●	●	○	○	○	○	○
Resolución de problemas	29.99		●	●	●	●	●	●	●	●	○	○	○	○	○
Socio-individual	39.07		●	●	●	●	●	●	●	●	○	○	○	○	○

2. TRANSFIERA LAS RESPUESTAS DE LA SECCION TITULADA "OBSERVACIONES GENERALES": Las respuestas escritas en negrita o con mayúsculas requerirán un seguimiento. Véase el capítulo 6 del ASQ-3 User's Guide para obtener información sobre las pautas a seguir.

- | | | | |
|---|-------|---|-------|
| 1. ¿Oye bien?
Comentarios: | Sí NO | 6. Historial: ¿Hay problemas auditivos en la familia?
Comentarios: | SI No |
| 2. ¿Habla como otros niños de su edad?
Comentarios: | Sí NO | 7. ¿Preocupaciones sobre la vista?
Comentarios: | SI No |
| 3. ¿Ud. entiende lo que dice su niño/a?
Comentarios: | Sí NO | 8. ¿Hay problemas de salud recientes?
Comentarios: | SI No |
| 4. ¿Otras personas entienden lo que dice su niño/a?
Comentarios: | Sí NO | 9. ¿Preocupaciones sobre comportamiento?
Comentarios: | SI No |
| 5. ¿Camina, corre, y trepa como otros niños?
Comentarios: | Sí NO | 10. ¿Otras preocupaciones?
Comentarios: | SI No |

3. INTERPRETACION DEL PUNTAJE Y RECOMENDACIONES PARA EL SEGUIMIENTO DEL ASQ: Para determinar el nivel de seguimiento apropiado, hay que tomar en cuenta el Puntaje total de cada sección, las respuestas de la sección titulada "Observaciones generales", y también factores adicionales, tales como considerar si el niño/a tiene oportunidades para practicar las habilidades.

Si el Puntaje total está dentro del área , el puntaje del niño/a está por encima de las expectativas, y el desarrollo del niño/a parece estar bien hasta ahora.

Si el Puntaje total está dentro del área , el puntaje está apenas por encima de las expectativas. Proporcione actividades adicionales para ayudarle al niño/a y vigile su progreso.

Si el Puntaje total está dentro del área , el puntaje está debajo de las expectativas. Quizás se requiera una evaluación adicional más a fondo.

4. SEGUIMIENTO DEL ASQ: Marque todos los que apliquen.

- Dar actividades adicionales y reevaluar en _____ meses.
- Compartir los resultados con su médico familiar (primary health care provider).
- Referirlo/la para una evaluación auditiva, visual, o de comportamiento. (Marque con un círculo todos los que apliquen.)
- Referirlo/la a un médico familiar u otra agencia comunitaria (favor de escribir la razón): _____.
- Referirlo/la a un programa de intervención temprana/educación especial para niños preescolares para hacer una evaluación adicional.
- No tomar medidas adicionales en este momento.
- Medida adicional (favor de escribirla): _____.

5. OPCIONAL: Anote las respuestas específicas (S = SI, V = A VECES, N = TODAVIA NO, R = falta esta respuesta).

	1	2	3	4	5	6
Comunicación						
Motora gruesa						
Motora fina						
Resolución de problemas						
Socio-individual						

APPENDIX Z
Alabama Pre-Kindergarten Program
Parent Survey

Today's Date: _____ County of Pre-K Program: _____

Name of Pre-K Program: _____

Please circle one number for each item below:

How would you rate your overall satisfaction with each of the following?

	Dissatisfied	Neutral	Satisfied	Very Satisfied
1. The OSR Pre-K Program	1	2	3	4
2. Teacher/Child Interactions	1	2	3	4
3. Parent/Teacher Interactions	1	2	3	4
4. Classroom Instruction and Management	1	2	3	4
5. Parent Enrichment Workshops	1	2	3	4

6. During the time your child has been in this Pre-K program, rate how much your child has improved in the following areas:

	Not At All	Somewhat	Significantly
a. Social Skills or Getting Along With Others	1	2	3
b. Independence or Doing Things for Self	1	2	3
c. Language (ex. letters, sounds)	1	2	3
d. Math (ex. numbers, shapes)	1	2	3
e. Creativity	1	2	3
f. Enthusiasm for Learning	1	2	3

Please take a moment to give some additional feedback about your experiences this year. By letting us know what we are doing well, as well as where we can improve, our programs can become more effective!

7. What do you appreciate MOST about this Pre-K program?

8. What recommendations for change would you make for this program?

Check the following:

	Unaccept- able	Needs Improve- ment	Satisfac- tory	Excellent
9. How well were you and your child treated by the staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How do you rate your child's classroom? (e.g. appearance, equipment, materials, supplies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How well does the staff explain your child's performance and help you to understand his/her developmental progress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX AA
Alabama Pre-Kindergarten Program
Teacher Survey

Today's Date: _____ County of Pre-K Program: _____

Name of Pre-K Program: _____

Please circle one number for each item below:

1. How would you rate professional development provided by OSR?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
1	2	3	4	5

What would you change about professional development?

2. How would you rate technical assistance provided by OSR?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
1	2	3	4	5

What changes do you recommend for OSR technical assistance?

3. How would you rate the Alabama First Class Framework approved by OSR?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
1	2	3	4	5

Explain: _____

4. How would you rate administrative assistance provided by OSR?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
1	2	3	4	5

What changes would you recommend for OSR administrative assistance?

5. The Pre-K services that we provide, with financial assistance from OSR, impact the quality of other pre-k classrooms in our local facility (*if you are the only program in a facility, write "N/A"*).

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

Explain: _____

6. The pre-approved Pre-K curriculum that I use in the classroom helps me improve the quality of my instruction and interactions that I have with the children.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

Explain: _____

7. During the time that you have been employed as a teacher in the state Pre-K classroom, rate how much you have seen **an increase** in your personal skills below:

	None	A Little	A Significant Amount
a. Classroom Management	1	2	3
b. Teacher/Child Interactions	1	2	3
c. Parent/Teacher Interactions	1	2	3
d. Lead/Auxiliary Teacher Interactions	1	2	3
e. Intentional Instructional Planning	1	2	3
f. Knowledge of Developmentally Appropriate Practice	1	2	3

Please take a moment to give some additional feedback about your experiences this year. By letting us know what we are doing well, as well as where we can improve, our programs can become more effective!

8. What have you especially enjoyed about this Pre-K program?

9. What specific effects/benefits has this program had on the children in your classroom, pre-k facility, local community?

10. What additional resources from OSR would be beneficial for you to provide high quality pre-k services to children in your local community?

APPENDIX BB
Alabama Pre-Kindergarten Program
Director Survey

Today's Date: _____ County of Pre-K Program: _____

Name of Pre-K Program: _____

Please circle one number for each item below:

1. How would you rate professional development provided by OSR?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
1	2	3	4	5

What changes would you recommend for professional development?

2. How would you rate technical assistance provided by OSR?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
1	2	3	4	5

What changes would you recommend for technical assistance?

3. How would you rate administrative assistance provided by OSR?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	What changes would you recommend for the OSR in
1	2	3	4	5	

providing administrative support?

4. The pre-k services that we provide, with financial assistance from OSR, impact the quality of other pre-k classrooms in our local facility (*if you are the only program in a facility, write "N/A"*).

Strongly Disagree	Dissatisfied	Neutral	Satisfied	Strongly Agree
1	2	3	4	5

How many **non-OSR** pre-k programs does your organization operate?

5. The pre-k classroom in our community is high in demand as indicated by waiting lists and/or parent attendance on enrollment day.

Strongly Disagree	Dissatisfied	Neutral	Satisfied	Strongly Agree
1	2	3	4	5

How many children are on your waiting lists (*after* First Class enrollment)?

6. The instruction of other teachers in our facility has changed as a result of watching and/or working with teachers in the state-funded classroom.

Strongly
Disagree

Dissatisfied

Neutral

Satisfied

Strongly
Agree

1

2

3

4

5

Explain how teachers work together in your facility:

7. Since we received the state Pre-K grant, we have opened additional Pre-K units that are funded by sources other than OSR.

Please circle one.

Yes or No

What is/are the source(s) of funding for the additional units?

Please take a moment to give some additional feedback about your experiences this year. By letting OSR know what we are doing well, as well as where we can improve, our programs can become more effective!

8. What do you appreciate MOST about First Class Pre-K?

9. What specific effects/benefits has this program had on the children in your classroom, pre-k facility, local community?

10. What is the most challenging task in providing First Class Pre-K?

APPENDIX CC

Alabama Pre-Kindergarten Program End-of-Year Report

Name: _____ County: _____

General Program Operations

1. List the two greatest benefits of your program
2. List the two greatest challenges of your program

Services Information

As a Result of Your State Supported Classroom:

3. Describe any evidence of increased use of community services by the children and their families.
4. Describe evidence of child academic gains
5. Describe specific practices that you are using to increase the academic achievement of the children
6. Describe evidence of decreases in child problem behaviors
7. Describe evidence of improved child, family, and/or school outcomes

Instructional Services Curriculum

8. List the two greatest challenges of curriculum implementation
9. List the two easiest components of curriculum implementation

Professional Development

12. Describe evidence of increased teacher knowledge or skill
13. Describe evidence of improved child-teacher interactions, and classroom management
14. Describe evidence of child academic gains related to professional development

OSR Technical Assistance

15. List the two greatest benefits of OSR technical assistance
16. Describe additional assistance needed from your technical assistant
17. Give any additional comments that you have regarding your OSR technical assistant

Collaborative Task Force

19. List the greatest gains from your collaborative task force
20. List the greatest challenges for your collaborative task force
21. Indicate lessons learned while pulling together your collaborative task force
22. Describe the impact that your collaborative task force has had on the success of the pre-k program

Mentorship

23. List the programs that you have assisted in your county
24. Describe how you have assisted the above-mentioned programs
25. List the outcomes of your assistance

Attachments

Please mail any material to the Alabama Office of School Readiness that helps describe your program and documents your success, such as photographs, program data charts, news clippings, maps, videotapes, or website addresses. Also please send copies of any written evaluations that may have been completed for your program.

APPENDIX DD

**Alabama Pre-Kindergarten Program
End-of-Year Reconciliation Budget**

Alabama First Class Pre-K Site Budget Worksheet				
Name of Program:				
Date:		County:		
Category	First Class Amount	Matching Funds	Parent Fees	Total
Personnel				
Lead Teacher				
Auxiliary Teacher				
Admin/Accounting costs (6% maximum)				
Substitutes				
Background checks				
Accounting				
Payroll Taxes				
Fringe Benefits				
Insurance				
Retirement				
Educational Equipment and Supplies				
Instructional materials				
Classroom furnishings				
Classroom electronic equipment				
Playground equipment and supplies				
Professional Development				
Registration				
Travel (mileage)				
Lodging and food				
Other Equipment and Supplies				
Classroom maintenance and cleaning				
Computer support				
Utilities (\$1,000 maximum)				
Parent programs and involvement				
Safety equipment and supplies				
Food for children(prior approval required)				
Administrative supplies (\$500 maximum)				
Advertising (\$1,000)				
Health Services				
Health screenings				
Health services and supplies				
Travel				
Travel in support of classroom				
In-State Field Trips (including travel costs)				
TOTAL				

APPENDIX EE

Alabama Pre-Kindergarten Program Children with Special Needs

Individuals with Disabilities Education Act Terminology

A child with a disability is defined in IDEA as a child with at least one of ten specifically defined physical, emotional, learning or cognitive disabilities and who, by reason of the condition, needs “special education” and “related services”. At the discretion of the state, the definition may also include children ages three through nine or any subset of that age range, which are experiencing developmental delays.

Special Education is specially designed instruction to meet the unique needs of a child with a disability.

A child with a disability is entitled to FAPE, a free appropriate public education. That public education should be provided in the LRE, the least restrictive environment. The term FAPE is defined in pre-K through secondary school special education as related services that are provided at public expense, without charge to the parent, under public supervision and direction; meet the state's educational standards; and address the individualized educational needs of the student. IDEA's least restrictive environment directive requires the inclusion of children with disabilities, in the general education program to the maximum extent appropriate.

An LEA, local education agency, is responsible for the identification and evaluation of children with disabilities and for the provision of FAPE to children found to be eligible for special education and related services.

Benefits of High Quality Pre-K for Children with Disabilities

Rigorous educational research consistently shows that at-risk children who attend high-quality pre-k programs demonstrate gains in early learning skills and throughout their K-12 years. Significantly, research also shows that children with disabilities who attend pre-K in inclusive environments demonstrate gains in social skills, self-regulation, language development, and cognition. Moreover, integrating children with disabilities into typical pre-K programs does not simply improve the educational experience for the children with disabilities – pre-K classrooms that utilize inclusive materials and curricula, along with appropriate supports and services, provide social and educational benefits to the general pre-K population as well.

Eligibility of children receiving special education services in Alabama’s First Class Pre-K program

A child who meets the eligibility requirements for the Alabama First Class Pre-K program and is also eligible for special education and/or related services under the Individuals with Disabilities Education Act (IDEA) will not be denied access to the Alabama First Class Pre-K program. Therefore, dual enrollment in special education and the Alabama First Class Pre-K program is permitted. Children should receive services and supports in accordance with their IEP. First Class teachers should seek to be on classroom children’s IEP committees and obtain copies of the children’s ISP in order to incorporate suggestions into class instruction.

If a pre-K provider suspects that a child has a disability or significant developmental delay, they are responsible for talking to the parent regarding referring that child to the appropriate local school system so that the child may be tested for eligibility for special education services. The appropriate local school system will be the one in which the child resides. For contact information to local special education coordinators contact the Alabama State Department of Education at 334-242-9700 or www.alsde.edu.

APPENDIX FF

Alabama First Class Pre-Kindergarten Program

Request for Intervention

Date Submitted : _____

Program Name: _____ County: _____

First Class Coach: _____

Teacher: _____

Child: _____ DOB: _____

Please answer the following questions and provide as much detail as possible. If the child has been suspended, please include copies of the suspension forms.

1. Does the child have any medical and/or educational diagnoses? YES NO

2. If yes, please list: _____

3. Does the child have an Individualized Education Plan (IEP)? YES NO

4. If yes, what services is the child currently receiving?

5. Is the child receiving any services in the classroom? YES NO

6. If yes, what services (including frequency & duration):

7. Reason for request:

8. Attempted interventions:

9. Child's response to interventions attempted:

10. How have the parents/guardians been involved?

11. What is your goal for this intervention?

This form should be e-mailed to your First Class Coach who will forward it to the First Class Regional Manager and the First Class Special Needs Coordinator.