

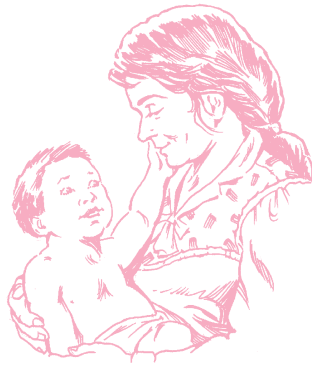
Ages & Stages Questionnaires®: A Parent-Completed, Child-Monitoring System
Second Edition

By Diane Bricker and Jane Squires

with assistance from **Linda MOUNTS, LaWanda POTTER, Robert NICKEL, Elizabeth TWOMBLY, and Jane FARRELL**

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◆ **30 Month** ◆ **Questionnaire**



On the following pages are questions about activities children 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 check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____.
- If you have any questions or concerns about your child or about this questionnaire, please call: _____.
- Look forward to filling out another questionnaire in _____ months.



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◆ **30 Month** ◆
Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



YES SOMETIMES NOT YET




COMMUNICATION *Be sure to try each activity with your child.*

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| 1. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly <i>name</i> at least one picture? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Without giving him clues by pointing or using gestures, can your child carry out at least <i>three</i> of these kinds of directions?
a. "Put the toy on the table." d. "Find your coat."
b. "Close the door." e. "Take my hand."
c. "Bring me a towel." f. "Get your book." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. When you ask her to point to her nose, eyes, hair, feet, ears, and so forth, does your child correctly point to at least <i>seven</i> body parts? (She can point to parts of herself, you, or a doll.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Does your child make sentences that are three or four words long?
Please give an example:

_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Without giving him help by pointing or using gestures, ask your child to "Put the shoe <i>on</i> the table" and "Put the book <i>under</i> the chair." Does your child carry out both of these directions correctly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture? (For example, "Barking," "Running," "Eating," and "Crying") You may ask, "What is the dog (or boy) doing?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

COMMUNICATION TOTAL _____

GROSS MOTOR *Be sure to try each activity with your child.*

- | | | | | | |
|--|---|--------------------------|--------------------------|--------------------------|-------|
| 1. Does your child run fairly well, stopping herself without bumping into things or falling? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Does your child walk either up or down at least two steps by himself? You can look for this at a store, on a playground, or at home. (Check "yes" even if he holds onto the wall or railing.) |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Without holding onto anything for support, can your child kick a ball by swinging her leg forward? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

YES SOMETIMES NOT YET

GROSS MOTOR *(continued)*

4. Does your child jump with both feet leaving the floor at the same time?



5. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) He may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)



 _____ *

6. Does your child stand on one foot for about 1 second without holding onto anything?



GROSS MOTOR TOTAL _____

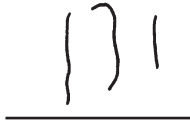
**If gross motor item 5 is marked "yes" or "sometimes," mark gross motor item 2 as "yes."*

FINE MOTOR *Be sure to try each activity with your child.*

1. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?

2. After he watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?

Count as "yes"



Count as "not yet"



3. Does your child thread a shoelace through either a bead or eyelet of a shoe?



4. After she watches you draw a line from one side of the paper to the other side, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?

Count as "yes"



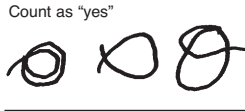
Count as "not yet"



YES SOMETIMES NOT YET

FINE MOTOR (continued)

5. After he watches you draw a single circle, ask your child to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?



Count as "not yet"



6. Does your child turn pages in a book, one page at a time?

FINE MOTOR TOTAL _____

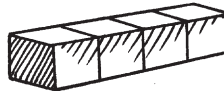
PROBLEM SOLVING *Be sure to try each activity with your child.*

1. When looking in the mirror, ask, "Where is _____?" (Use your child's name.) Does your child point to her image in the mirror?



2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it?

3. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? (You can also use spools of thread, small boxes, or other toys.)



4. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person? Responses like "snowman," "boy," "man," "girl," and "Daddy" are correct.



Please write your child's response here:

5. When you say, "Say seven three," does your child repeat *just* the two numbers in the correct order? *Do not repeat the numbers.* If necessary, try another pair of numbers and say, "Say eight two." Your child must repeat just one series of two numbers for you to answer "yes" to this question.

6. After she draws a "picture," even a simple scribble, does your child tell you what she drew? You may say, "Tell me about your picture," or ask, "What is this?" to prompt her.

PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-----|
| 1. If you do any of the following gestures, does your child copy at least one of them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| a. Open and close your mouth. | | | | |
| b. Blink your eyes. | | | | |
| c. Pull on your earlobe. | | | | |
| d. Pat your cheek. | | | | |
| 2. Does your child use a spoon to feed himself with little spilling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. Does your child push a little shopping cart, stroller, or wagon, steering it around objects and backing out of corners if she cannot turn? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. Does your child put on a coat, jacket, or shirt by himself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. After you put on loose-fitting pants around her feet, does your child pull them completely up to her waist? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. When he is looking in a mirror and you ask, "Who is in the mirror?" does your child say either "Me" or his own name? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

PERSONAL-SOCIAL TOTAL ___

OVERALL *Parents and providers may use the space below or the back of this sheet for additional comments.*

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you think your child hears well? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | |
| 2. Do you think your child talks like other toddlers her age? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | |
| 3. Can you understand most of what your child says? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | |
| 4. Do you think your child walks, runs, and climbs like other toddlers his age? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | |
| 5. Does either parent have a family history of childhood deafness or hearing impairment? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |
| 6. Do you have any concerns about your child's vision? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |
| 7. Has your child had any medical problems in the last several months? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |
| 8. Does anything about your child worry you? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |