

Ages and Stages Project

Ages and Stages Data Entry Form Guidelines:

- The following forms are for data entry purposes. Staff can complete these hard copies and send them to the staff in charge of data entry.
- Completion of the forms is not required; however, they are available for convenience.
- If more than one child from the same family is being screened, staff should complete a packet for each child but submit them together for data entry purposes. For example, you may want to staple Sara Smith's packet with her brother Steve Smith's packet.
- The database can accommodate more than one caregiver, so additional caregiver forms need to be completed on subsequent caregivers. We are looking for the child's current caregiver(s)- that is the adult(s) with whom they currently reside. Additional caregiver forms are included at the end of the packet.
- * Indicates that a field is required.

Ages and Stages Project

Caregiver Form

(* indicate that the information is required)

1. *Current Caregiver First Name: _____
2. *Current Caregiver Last Name: _____
3. *Relationship to Child: (Please select one)

Adoptive Father	Foster Mother
Adoptive Mother	Grandfather
Aunt	Grandmother
Birth Father	Other
Birth Mother	Parent/Caregiver's boyfriend
Brother	Parent/Caregiver's girlfriend
Cousin	Sister
Don't Know	Stepfather
Family Friend	Stepmother
Foster Father	Uncle
4. *Current Caregiver's Date of Birth: _____(mm/dd/yyyy) **If unknown/blank, use 12/31/9999**
5. *Is the caregiver of Hispanic or Latino origin? YES NO DON'T KNOW
6. *Caregiver's race: (Please circle all that apply)

Black or African American	Native American or Alaskan Native
Asian	White or Caucasian
Other	Native Hawaiian or Other Pacific Islander
DON'T KNOW	
7. *What is the caregiver's highest level of education?

No schooling completed	Did not complete high school
High school diploma	GED or alternative credential
Some college credit	No degree
Associate's degree	Bachelor's degree
Master's degree	Professional degree beyond a bachelor's degree
Doctoral degree	DON'T KNOW

If there are additional caregivers, please fill-out additional caregiver forms. Extra's are included at the end of the packet.

Ages and Stages Project

ASQ Screening Results

1. *Date of Screening _____(mm/dd/yyyy) **If unknown/blank, use 12/31/9999**

2. *Screening administered by: (circle all that apply)

Child Welfare Staff County MH/MR DON'T KNOW Early Intervention Provider Other

3. *Person(s) interviewed (circle all that apply)

- | | |
|-----------------|-------------------------------|
| Adoptive Father | Foster Mother |
| Adoptive Mother | Grandfather |
| Aunt | Grandmother |
| Birth Father | Other |
| Birth Mother | Parent/Caregiver's boyfriend |
| Brother | Parent/Caregiver's girlfriend |
| Cousin | Sister |
| Don't Know | Stepfather |
| Family Friend | Stepmother |
| Foster Father | Uncle |

4. *Screening method(s) (check boxes, can select multiple)

- a. Observation
- b. Interview
- c. Test
- d. DON'T KNOW

5. *Areas of concern (check boxes, can select multiple)

- a. Communication
- b. Don't Know
- c. Fine Motor
- d. Gross motor
- e. None
- f. Personal-social
- g. Problem solving

Other:

6. *Date referred to early intervention: _____(mm/dd/yyyy)

If no referral was made, then please leave blank. This is the date that the child was referred for a full evaluation or a multi-disciplinary evaluation beyond the initial ASQ evaluation.

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ASQ :Social Emotional SCREENING RESULTS

1. *Date of Screening _____(mm/dd/yyyy) **If unknown/blank, use 12/31/9999**

2. *Screening administered by: (circle all that apply)

Child Welfare Staff County MH/MR DON'T KNOW Early Intervention Provider Other

3. *Person(s) interviewed (circle all that apply)

- | | |
|-----------------|-------------------------------|
| Adoptive Father | Foster Mother |
| Adoptive Mother | Grandfather |
| Aunt | Grandmother |
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| Brother | Parent/Caregiver's girlfriend |
| Cousin | Sister |
| Don't Know | Stepfather |
| Family Friend | Stepmother |
| Foster Father | Uncle |

4. *Screening method(s) (check boxes, can select multiple)

- a. DON'T KNOW
- b. Interview
- c. Observation
- d. Test

5. *Areas of concern (check boxes, can select multiple)

- a. Did not meet the threshold (NO Referral Indicated)
- b. DON'T KNOW
- c. Met the threshold (Referral Indicated)

Other:

6. *Date referred to early intervention: _____(mm/dd/yyyy)

If no referral was made, then please leave blank. This is the date that the child was referred for a full evaluation or a multi-disciplinary evaluation beyond the initial ASQ evaluation.

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Additional Caregiver Information (if needed)

(* indicate that the information is required)

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Other	Native Hawaiian or Other Pacific Islander
Unknown	
7. * What is the caregiver's highest level of education?

No Schooling Completed	Associate's Degree
Did Not Complete High school	Bachelor's Degree
High School Diploma	Master's Degree
GED or Alternative Credential	Professional Degree beyond a Bachelor's Degree
Some College Credit	Doctorate Degree
No Degree	Don't Know

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