



# tonawanda / island pediatrics

Dear Parent,

In accordance with the recommendations set forth by the American Academy of Pediatrics, your child's **2 ½ year** well child check up is scheduled for \_\_\_\_\_

The 2 ½ year well child visit will be very different from your child's other checkups. This visit will focus primarily on your child's behavior and development and less on physical examination. The following topics will be given priority for discussion:

- Family routines
- Language promotion
- Social development
- Preschool considerations

You can help us evaluate your child's developmental progress by completing the enclosed questionnaire.

Your child may have already done some of the activities described here, and there may be some your child has not yet begun. **For each item, please check the box that tells whether you child is doing the activity regularly, sometimes, or not yet.**

Be sure to try each activity with your child before checking the box. Try to make completing this questionnaire a game that is fun for you and your child. Make sure the child is rested, fed and ready to play.

***Please return the questionnaire in the enclosed envelope so that we may discuss the results of your child's questionnaire with you to your child's upcoming well child checkup.*** Bring the completed forms with you to the appointment if necessary. Please be advised that there is a charge for the use and interpretation of this questionnaire. We will bill your insurance company at the time of the visit to the office.

We look forward to continuing to partner with you in caring for your young child.

Sincerely,

The Physicians and Nurse Practitioners of Tonawanda/Island Pediatrics



# Ages & Stages Questionnaires®

## 30 Month Questionnaire

28 months 16 days through 31 months 15 days



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

Date ASQ completed: \_\_\_\_\_

### Child's information

Child's first name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Child's last name: \_\_\_\_\_

Child's gender:  
 Male  Female

Child's date of birth: \_\_\_\_\_

### Person filling out questionnaire

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship to child:  
 Parent  Guardian  Teacher  Child care provider  
 Grandparent or other relative  Foster parent  Other: \_\_\_\_\_

Street address: \_\_\_\_\_

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: \_\_\_\_\_



# 30 Month Questionnaire

28 months 16 days  
through 31 months 15 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

### Important Points to Remember:

### Notes:

- Try each activity with your baby 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 \_\_\_\_\_.

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## COMMUNICATION

	YES	SOMETIMES	NOT YET	_____
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 name at least one picture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. Without your giving him clues by pointing or using gestures, can your child carry out at least <i>three</i> of these kinds of directions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="radio"/> a. "Put the toy on the table." <input type="radio"/> d. "Find your coat." <input type="radio"/> b. "Close the door." <input type="radio"/> e. "Take my hand." <input type="radio"/> c. "Bring me a towel." <input type="radio"/> f. "Get your book."				
3. When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she correctly point to at least seven body parts? (She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
4. Does your child make sentences that are three or four words long? Please give an example:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<div style="border: 1px solid black; border-radius: 15px; height: 40px; width: 100%;"></div>				
5. Without giving your child help by pointing or using gestures, ask him to "put the book on the table" and "put the shoe under the chair." Does your child carry out both of these directions correctly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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," or "crying")? You may ask, "What is the dog (or boy) doing?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
COMMUNICATION TOTAL				_____





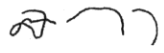


**GROSS MOTOR**

	YES	SOMETIMES	NOT YET	
1. Does your child run fairly well, stopping herself without bumping into things or falling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
2. Does your child walk either up or down at least two steps by himself? He may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
3. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
4. Does your child jump with both feet leaving the floor at the same time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
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.) She may hold onto the railing or wall.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	— *
				
6. Does your child stand on one foot for about 1 second without holding onto anything?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				


GROSS MOTOR TOTAL —

*\*If Gross Motor Item 5 is marked "yes" or "sometimes," mark Gross Motor Item 2 "yes."*

**FINE MOTOR**

	YES	SOMETIMES	NOT YET	___
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask him 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
	Count as "yes" 			
	Count as "not yet" 			
3. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
				
4. After your child watches you draw a line from one side of the paper to the other side, ask her 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
	Count as "yes" 			
	Count as "not yet" 			
5. After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
	Count as "yes" 			
	Count as "not yet" 			
6. Does your child turn pages in a book, one page at a time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
	FINE MOTOR TOTAL ___			

**PROBLEM SOLVING**

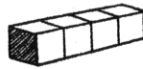
	YES	SOMETIMES	NOT YET	___
1. When looking in the mirror, ask, "Where is _____?" (Use your child's name.) Does your child point to her image in the mirror?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
				
2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

**PROBLEM SOLVING**

(continued)

YES                      SOMETIMES                      NOT YET

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 or something similar? (Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.") Please write your child's response here:



\_\_\_\_\_

                                                                 —

5. When you say, "Say 'seven three,'" does your child repeat just the two numbers in the same 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 your child draws a "picture," even a simple scribble, does she 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**

YES                      SOMETIMES                      NOT YET

1. If you do any of the following gestures, does your child copy at least one of them?

- a. Open and close your mouth.                       c. Pull on your earlobe.  
 b. Blink your eyes.                       d. Pat your cheek.

                                                                 —

2. Does your child use a spoon to feed himself with little spilling?

                                                                 —

3. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if she cannot turn?

                                                                 —

4. Does your child put on a coat, jacket, or shirt by himself?

                                                                 —

5. After you put on loose-fitting pants around her feet, does your child pull them completely up to her waist?

                                                                 —

6. When your child is looking in a mirror and you ask, "Who is in the mirror?" does he say either "me" or his own name?

                                                                 —

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 toddlers 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

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

YES  NO

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

YES  NO

**OVERALL** (continued)

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

 YES NO

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