Ages and stages questionnaire 60 months pdf

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	Unadjusted			Model 1 <sup>a</sup>			Model 2 <sup>h</sup>		
	OR	99% CI	p	OR	99% CI	p	OR	99% CI	p
Communication									
RADIEL INT versus CON	0.49	0.18 to 1.31	0.06	0.47	0:16 to 1.33	0.06	n/a	m/a	n/a
Successful INT versus CON	0.48	0.11 to 2.09	0.20	0.64	0.13 to 3.22	0.48	n/a	n/a	n/a
LIFEstyle INT versus CON	0.96	0.30 to 3.06	0.93	1.00	0.31 to 3.23	1,00	1.02	0.30 to 3.53	0.96
Successful INT versus CON	1.05	0.25 to 4.42	0.93	1.10	0.25 to 4.78	0.87	1.13	0.26 to 4.98	0.84
Fine motor									
RADIEL INT versus CON	0.83	0.32 to 2.12	0.60	0.82	0.30 to 2.25	0.62	6/a	n/a	11/0
Successful INT versus CON	1.33	0.31 to 5.75	0.62	1.59	0.32 to 7.95	0.46	n/a	n/a	n/a
LIFEstyle INT versus CON	0.82	0.26 to 2.59	0.66	0.82	0.24 to 2.74	0.67	0.72	0.20 to 2.54	0.50
Successful INT versus CON	1.12	0.26 to 4.75	0.84	1.14	0.25 to 5.10	0.83	1.03	0.22 to 4.82	0.96
Gross Motor									
RADIEL INT versus CON	1.29	0.46 to 3.57	0.52	1.27	0.46 to 3.56	0.54	n/a	n/a:	n/a
Successful INT versus CON	0.60	0.14 to 2.63	0.37	0.57	0.13 to 2.56	0.33	n/a	n/a	n/a
LIFEstyle INT versus CON	1.56	0.46 to 5.33	0.35	1.47	0.42 to 5.16	0.43	1.93	0.50 to 7,47	0.21
Successful INT versus CON	2.25	0.44 to 11.60	0.20	2.13	0.40 to 11.33	0.24	2.55	0.45 to 14.60	0.17
Personal-social									
RADIEL INT versus CON	1.42	0.54 to 3.73	0.35	1.47	0.54 to 4.04	0.33	n/a	n/a	n/a
Successful INT versus CON	1.33	0.31 to 5.75	0.62	1.25	0.25 to 6.11	0.72	n/a	n/a.	n/a
LIFEstyle INT versus CON	1.52	0.46 to 4.99	0.37	1.69	0.44 to 6.44	0.32	1.79	0.45 to 7.12	0.28
Successful INT versus CON	3.56	0.60 to 21.15	0.07	4.85	0.64 to 36.90	0.05	4.79	0.63 to 36.64	0.05
Problem-solving									
RADIEL INT versus CON	0.89	0.35 to 2.28	0.75	0.89	0.34 to 2.35	0.75	n/a	n/a	n/a
Successful INT versus CON	1.02	0.24 to 4.31	0.97	1.02	0.23 to 4.59	0.98	n/a	n/a	n/a
LIFEstyle INT versus CON	1,45	0.45 to 4.68	0.42	1.33	0.40 to 4.41	0.54	1.05	0.30 to 3.74	0.92
Successful INT versus CON	1.24	0.30 to 5.19	0.70	1.10	0.25 to 4.78	0.87	1.01	0.23 to 4.53	0.98

Notes: Odds ratio (OR) for scoring ≥ the median (indicating a development that is closer to typical) on the Ages and Stages Questionnaire for the intervention group (INT) versus control group (CON).

## Scoring

- If a child's score is in the darkly shaded region than further assessment is needed
- If a child falls within the lightly shaded region (monitoring zone)
- 1.Provide learning activities in the specific area of development
- · 2.Refer child for further assessment
- 4.Retesting should occur within 4 to 6 months



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These profess bealon based of proposal sink is the positions, and Commissions. Let's all because the Composal sink. Delantages include:

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The Ages & Stages Questionnaires, Third Edition (ASO-3; Squires, Bricker, & Potter, 2009) is a series of standardized parent-completed screening instruments useful for documenting developmental progress for children between 1 month and 5 years, 6 months. One 30-item questionnaire is given to parents depending on a child's age, which include

different age-appropriate developmental indicators for children within a specific age range. Five developmental areas are covered by the ASQ-3: communication, gross motor, fine motor, problem solving, and personal-social. Parents engage in guided activities in each domain, then respond to guestions with "yes", "sometimes", or "not yet"; openended questions are also included. Summed scores are compared with cutoff scores that indicate whether a child's development is on schedule. Scores on any domain below the two standard deviation (SD) cutoff indicates a need for further assessment, while scores within the 1SD and 2SD cutoff point are flagged for monitoring. A separate Ages & Stages Questionnaire- Social Emotional, Second Edition (ASQ:SE-2) is also available for ages 3 -66 months that addresses self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction with people. The ASQ-3 is designed for use by early educators and health care professionals, and it is useful for capturing parents' in-depth knowledge about their children, highlighting strengths as well as concerns, teaching parents about child's development and skills, and identifies concerns that require ongoing monitoring. The ASQ-3 is available in Spanish, Arabic, Chinese, French, and Vietnamese. Development screening for age 1 month up to 5.5 years old (19 questionnaires) Each questionnaire contains 6 questions each in 5 areas (30 questions total) Communication Gross motor Fine motor Problem solving Personal-social Each question asks if the child is performing the given skilly es: 10 points Not vet: 0 points Not vet: 0 points Matches well child clinic visit ages Covers ages 4-60 months Total guestionnaires: 19 Written at 4-6 grade level Parents complete in 10-20 minute test Uses pictures and directions Clinicians score in 1-5 minutes Available in English. Spanish. Korean, and French Each of the 5 areas is scored (0-10 points each for 6 guestions) Each area can score 0-60 points Normal scores are >20-35 depending on the area Test Sensitivity: 85% (lower at age 4 months) Test Specificity: 86% Initial tests with more than 12,000 children of various ethnic and socioeconomic backgrounds Validated Images: Related links to external sites (from Bing) Somerset Academy along with Great Start Collaborative-Oakland and Early On Oakland are committed to ensuring that all children under the age of 5 years receive routine developmental screenings. ASQ-3 Because your child's first 5 years of life are so important, we want to help you keep track of your child's development. The guestionnaire may be provided every 2-, 4- or 6-month period. You will be asked to answer guestions about your child's communication, gross motor, fine motor, problem solving, and personal social skills. Click here for the ASO-3 ASO:SE-2 You've also been invited to participate in the Ages & Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2) to help you keep track of your child's behaviors. The questionnaire includes questions about your child's ability to calm down, take direction and follow rules, communicate, perform daily activities (e.g., eating, sleeping), act independently, demonstrate feelings, and interact with others. Click here for the ASQ-SE2 Participation in this project is voluntary and at no cost to you. Your child's results are confidential and will not be shared outside of Somerset Academy and the Great Start Developmental Screening project. To learn more about the Ages and Stages Questionnaires, visit the Parent ASQ site here. Products & Pricing The Ages & Stages Questionnaires, visit the Parent ASQ site here. developmental progress in children between the ages of one month to 5 ½ years. Its success lies in its parent-centric approach and inherent ease-of-use—a combination that has made it the most widely used developmental screener across the globe. Evidence shows that the earlier development is assessed—the greater the chance a child has to reach his or her potential. Learn more about ASO-3. Ages & Stages Ouestionnaires ®. Third Edition (ASO®-3) is a developmental screening tool designed for use by early educators and health care professionals. It relies on parents as experts, is easy-to-use, family-friendly and creates the snapshot needed to catch delays and celebrate milestones. ASO-3 questionnaires are available in Arabic, Chinese, English, French, Spanish, and Vietnamese take just 10-15 minutes for parents to complete and 2-3 minutes for parents about child development and their own child's skills highlight results that fall in a "monitoring zone," to make it easier to keep track of children at risk can be completed at home, in a waiting room, during a home visit, or as part of an in-person or phone interview. Programs across the country rely on ASQ-3 because it's highly valid, reliable, and accurate cost-effective easy to score in just minutes researched and tested with an unparalleled sample of diverse children a great way to partner with parents and make the most of their expert knowledge fun and engaging for kids ASQ-3 is designed to serve busy professionals to hit the ground running with ASQ-3. Paired with the Materials Kit, it includes everything your program needs to successfully screen children. 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<sup>&</sup>quot;Adjusted for child's age and sex.

<sup>&</sup>lt;sup>9</sup>Adjusted for child's age, sex, conception method.

engaging toys, books, and other items—is designed to encourage a child's participation and support effective, accurate administration of the questionnaires. Kit components: Baby bottle (clear) Ball: small Beads: small, to string (10 included) Book: wordless picture book Book: storybook with pictures Blocks: small (15 included) Bowl Coloring book (with tear-out pages) Crayons: two sizes (one 4-pack of small; one 3-pack of chunky) Cup Fork (child size) Jars: clear plastic with screw lid, one short and one tall (short one may be used for "jar with screw lid" or "wind-up toy"; tall one may be used for "clear bottle" if baby bottle is not used) Mirror Puzzle (5-7-piece, interlocking) Scissors (child-safe) Shoelace (may be used for "string") Spoon (child size) (may be organizing the kit's small items Booklet on how to use the kit Laminated list of kit items ASQ-3 Materials Kit \$295.00 • Stock Number: 70274 • 2009 • ISBN 978-1-59857-028-1 DVDs These inexpensive training tools can be used over and over again to show staff how to screen, score, and interpret results. 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See additional translations and ASO® Family Access for online guestionnaire completion Cost-effective, reproducible, can be used alone or in conjunction with ASQ®:SE-2 View this information as a PDF. Download your free PowerPoint now! ASQ-3's high validity and reliability have been proven by extensive research. These results underscore the overall effectiveness of ASQ-3 to discriminate between children with developmental delays and those who appear to be developing typically. The validity of ASQ-3 has been evaluated extensively. The unparalleled research sample includes 15,138 children that mirror the U.S. population in terms of race, ethnicity, and socio-economic groups. The concurrent validity (measured by comparing the percentage of agreement between the results of the parent-completed ASQ-3 questionnaires with the results of professionally administered standardized assessments) ranged from 74% for the 42-month and 54-month questionnaire to 100% for the 2-month and 54-month questionnaire s, with 86% overall agreement. Concurrent Validity for ASQ-3 questionnaire intervals. The sensitivity\* of ASQ-3, or the ability of ASQ-3 to correctly identify those children with delays, ranged from 75% for the 6-month questionnaire to 100% for the 4-month, 14-month, 24-month, and 60-month questionnaires, with 86% overall agreement. The specificity\* of ASQ-3 to correctly identify typically developing children, ranged from 70% for the 14-month questionnaire to 100% for the 2-month, 16-month questionnaires, with 86% overall agreement. month, and 54-month questionnaires, with 85% overall agreement. \*Given the complexity of measuring child development, the American Academy of Pediatrics considers high quality development, the American Academy of Pediatrics considers high quality development, the American Academy of Pediatrics considers high quality development, the American Academy of Pediatrics considers high quality development, the American Academy of Pediatrics considers high quality development, the American Academy of Pediatrics considers high quality development, the American Academy of Pediatrics considers high quality development and the ASQ-3 Technical Report The validity of ASQ-3 has been studied more than any other screener. Psychometric studies based on a normative sample of more than 18,000 questionnaires show high reliability, internal consistency, sensitivity, and specificity, and parent-friendly instrument for screening and monitoring of young children. A few key articles are listed below—feel free to browse a more comprehensive list of ASQ-3 studies. Lipkin P.H., Macias, M.M., AAP COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS. (2020). Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening, Pediatrics, 2020;145(1):e2019344 American Academy of Pediatrics, Beam, M., Paré, E., Schellenbach, C., Kaiser, A., Murphy, M. (2015). Early Developmental Screening in High-Risk Communities: Implications for Research Journal, 1 (3/4), p 18-36. Drotar et al. (2008). Selecting Developmental Surveillance and Screening Tools. Pediatrics in Review. 29: 52-58. Macy, M. (2012). The evidence behind developmental screening instruments. Infants and Young Children, 25(1), 16-61. Valleley, R.J., & Roane, B.M. (2010). Review of Ages & Stages Questionnaires: A Parent-Completed Child Monitoring System, Third Edition. In R.A. Spies, J.F. Carlson, & K.F. Geisinger (Eds.), The eighteenth mental measurements vearbook (pp. 13-15). Lincoln, NE: Buros Institute of Mental Measurements, The research never stops. Studies on ASO-3 are currently being conducted in the United States, Canada, and countries throughout the world. We look to our users to inform the future evolutions of ASO-3—the educators, families and professionals using our tools on a daily basis. To date, thousands of families and professionals have provided valuable feedback to the tool's developers at the Early Intervention Program at the University of Oregon. Our developers at the Early Intervention Program at the University of Oregon. ASQ-3 and would like to share it, email rights@brookespublishing.com. Please include your data and complete contact information, which will be shared only with the authors and not used by Brookes Publishing or any other party. More children than ever before are being diagnosed with an autism spectrum disorder (ASD)—currently, the CDC estimates that an average of 1 in 68 children in the United States has an ASD.1 Here's the good news. With early diagnosis and intervention, a child's chances for social and academic success can be greatly improved. This is where ASO-3 comes in. Through its parent-completed questionnaires, educators and professionals get the critical insights need to detect delays or potential delays. In fact, exciting retrospective research shows that ASO accurately identified children who were later found to have autism after further assessment. And with ASO-3's questions on behavior and expressive language, it's easier than ever to elicit parent concerns that may indicate autism. ASO-3 is a fast and accurate first step in identifying children with autism—and quickly starting the intervention services to truly impact outcomes during these early, critical first years. Source 1Centers for Disease Control and Prevention (2015). "Facts About ASDs." retrieved February 2, 2015. In an effort to connect professionals with the most effective, accurate screeners, the experts at Pediatrics in Review performed a thorough review of leading screeners. The results are published in its research: "Selecting Developmental Surveillance and Screening Tools," Ages & Stages Ouestionnaires was recommended as a parent report measure to screen both for general developmental delay and for developmental delay in at-risk (such as preterm birth or economically disadvantaged) populations. See why ASQ is the screener of choice for thousands of programs across the country. Download the full comparison chart now "ASQ-3 has helped make our staff and our families more aware of developmentally appropriate growth and development. The resources that come with the ASQ-3 have been instrumental for parents to provide school readiness activities at home and to understand the objectives that we cover in our plans." Jessica Trail, Head of Faculty & Administration, The Young School

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