

# **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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## ◆ **54 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.



**\*\*\*PLEASE NOTE\*\*\***

**WE WILL BILL THIS SCREENING TO YOUR INSURANCE CARRIER IN THE EVENT IT IS NOT COVERED, YOU MAY BE FINANCIALLY RESPONSIBLE.**

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◆ **54 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: \_\_\_\_\_



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YES      SOMETIMES      NOT YET

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

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 he say something like, "It's round. I throw it. It's big"?                   \_\_\_\_\_
  
2. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences? For example, does your child use sentences such as "I *am* going to *the* park," "Is there *a* toy to play with?" or "Are you coming, too?"                   \_\_\_\_\_
  
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"?                   \_\_\_\_\_
  
4. Without giving your child 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 to "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."                   \_\_\_\_\_
  
5. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"?                   \_\_\_\_\_  
 Please write an example:  
 \_\_\_\_\_  
 \_\_\_\_\_
  
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:  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMUNICATION TOTAL \_\_\_\_\_

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

1. Does your child hop up and down on either his right foot or left foot at least one time without losing his balance or falling?                   \_\_\_\_\_
  
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 her arm to shoulder height and throw the ball forward. (Dropping the ball, letting the ball go, or throwing the ball underhand should be scored as "not yet.")                   \_\_\_\_\_



YES      SOMETIMES      NOT YET

**GROSS MOTOR**      *(continued)*

3. Does your child jump forward a distance of 20 inches from a standing position, starting with his feet together?                        \_\_\_\_\_



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.                        \_\_\_\_\_



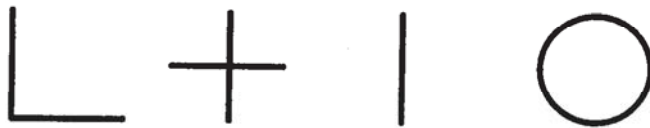
5. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? You may give your child two or three tries before you mark the answer.                        \_\_\_\_\_

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.                        \_\_\_\_\_

GROSS MOTOR TOTAL      \_\_\_\_\_

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

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 or crayon, without tracing? Your child's drawings should look similar to the design of the shapes below, but they may be different in size.                        \_\_\_\_\_



2. Does your child unbutton one or more buttons? Your child may use his own clothing or a doll's clothing.                        \_\_\_\_\_

3. Does your child color mostly within the lines in a coloring book? Your child should not go more than 1/4 inch outside the lines on most of the picture.                        \_\_\_\_\_

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.)                        \_\_\_\_\_



5. Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child to "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 attach the sheet of paper with your child's drawing to this questionnaire.                        \_\_\_\_\_

YES      SOMETIMES      NOT YET

**FINE MOTOR**      *(continued)*

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.)



                 \_\_\_\_\_

FINE MOTOR TOTAL \_\_\_\_\_

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

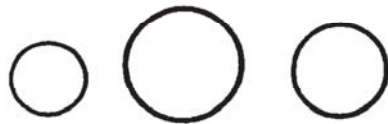
1. When shown an object and asked, "What color is this?" does your child name five different colors like red, blue, yellow, orange, black, white, or pink? Answer "yes" only if your child answers the question correctly using five colors.
2. Does your child dress up and "play-act," pretending to be someone 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.
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.
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.

                 \_\_\_\_\_

                 \_\_\_\_\_

                 \_\_\_\_\_

                 \_\_\_\_\_



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."
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

PROBLEM SOLVING TOTAL \_\_\_\_\_

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

1. Does your child wash her hands and face with soap and water and dry off with a towel without help?
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.

                 \_\_\_\_\_

                 \_\_\_\_\_

YES      SOMETIMES      NOT YET

**PERSONAL-SOCIAL**      *(continued)*

3. Does your child brush his teeth by putting toothpaste on the toothbrush and brushing all his teeth without help? (You may still need to check and rebrush your child's teeth.)                        \_\_\_\_\_
4. Does your child serve herself, using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl?                        \_\_\_\_\_
5. Can your child tell you at least four of the following:                        \_\_\_\_\_
- a. First name                              d. Last name  
    b. Age                                      e. Boy or girl  
    c. City she lives in                      f. Telephone number
- Please circle the items your child knows.
6. Does your child dress and undress himself, including buttoning medium-size buttons and zipping front zippers?                        \_\_\_\_\_

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       NO   
If no, explain: \_\_\_\_\_
2. Do you think your child talks like other children her age?      YES       NO   
If no, explain: \_\_\_\_\_
3. Can you understand most of what your child says?      YES       NO   
If no, explain: \_\_\_\_\_
4. Do you think your child walks, runs, and climbs like other children his age?      YES       NO   
If no, explain: \_\_\_\_\_
5. Does either parent have a family history of childhood deafness or hearing impairment?      YES       NO   
If yes, explain: \_\_\_\_\_
6. Do you have any concerns about your child's vision?      YES       NO   
If yes, explain: \_\_\_\_\_
7. Has your child had any medical problems in the last several months?      YES       NO   
If yes, explain: \_\_\_\_\_
8. Does anything about your child worry you?      YES       NO   
If yes, explain: \_\_\_\_\_

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