

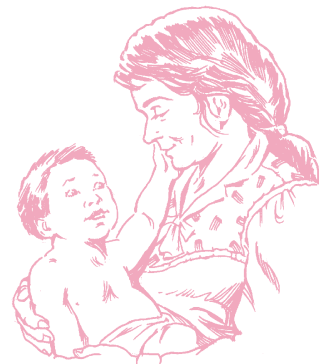
# **Ages & Stages Questionnaires®: A Parent-Completed, Child-Monitoring System Second Edition**

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 *name* at least one picture?                   \_\_\_\_\_
  
2. Without giving him clues by pointing or using gestures, can your child carry out at least *three* 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."
  
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 *seven* body parts? (She can point to parts of herself, you, or a doll.)                   \_\_\_\_\_
  
4. Does your child make sentences that are three or four words long?                   \_\_\_\_\_  
Please give an example:  


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---
  
5. Without giving him help by pointing or using gestures, ask your child to "Put the shoe *on* the table" and "Put the book *under* the chair." Does your child carry out both of these directions correctly?                   \_\_\_\_\_
  
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?"                   \_\_\_\_\_


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?                   \_\_\_\_\_


  
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.)                   \_\_\_\_\_


  
3. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?                   \_\_\_\_\_



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** \_\_\_\_\_

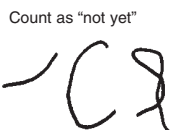
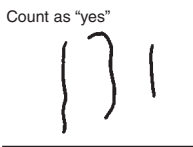
*\*If gross motor item 5 is marked "yes" or "sometimes," mark gross motor item 2 as "yes."*

**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?



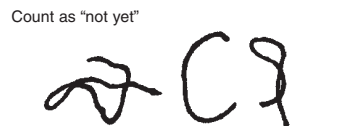
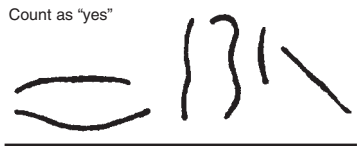
                 \_\_\_\_\_

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?




                 \_\_\_\_\_


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 "yes" 

---

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?     \_\_\_\_\_  
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 shopping cart, stroller, or wagon, 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 he is looking in a mirror and you ask, "Who is in the mirror?" does your child say either "Me" or his own name?     \_\_\_\_\_

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 toddlers 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 toddlers 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: \_\_\_\_\_