C. CALCULATING THE CHILD’S AGE

1. General Instructions

   General information such as the child’s name, birth date, and test date should be recorded first on the test form. The child’s age is computed by subtracting the date of birth from the date of testing. (When it is necessary to “borrow” in the subtraction, 30 days are borrowed from the month column, and 12 months are borrowed from the year column.)

   **Example #1:**
   
<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>90</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>88</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
   
   The age of the child in Example #1 is found to be 2 years, 4 months, and 5 days.

   **Example #2:**
   
<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
<td>45</td>
</tr>
<tr>
<td>90</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>88</td>
<td>10</td>
<td>28</td>
</tr>
<tr>
<td>1</td>
<td>8</td>
<td>17</td>
</tr>
</tbody>
</table>
   
   The age of the child in Example #2 is 1 year, 8 months, and 17 days. The age is calculated as follows:

   **Step 1.** It is not possible to subtract 28 days from 15. Therefore, borrow 30 days (1 month) from 7 months. Add 30 days to 15 to make 45 days. Six months are left in the month column.

   **Step 2.** Subtract 28 days from 45 days = 17 days.

   **Step 3.** It is not possible to subtract 10 months from 6. Therefore, borrow 12 months (1 year) from 90. Add 12 months to 6, to make 18 months; 89 is left in the year column.

   **Step 4.** Subtract 10 months from 18 months = 8 months.

   **Step 5.** Subtract 88 from 89 = 1 year. The age of the child in Example #2 is found to be 1 year, 8 months, and 17 days.

   Accurate age calculation is very important, and should be checked carefully before proceeding with the test. The child’s age is used as a reference point against which all item performances are compared.

2. Adjusting for Prematurity

   For children who were born more than 2 weeks before the expected date of delivery and who are less than 2 years of age, the calculated age must be adjusted. To adjust the age, first divide the number of weeks premature into months and days, using 4 weeks to a month and 7 days to a week. Then subtract the resulting month(s) and days from the calculated age.

   **Example #3:**
   
<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>90</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>90</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>6 weeks premature</td>
<td>-1</td>
<td>-14</td>
</tr>
<tr>
<td>Adjusted Age of Child</td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>
   
   The calculated age of the child in Example #3 is found to be 2 months 19 days. The child was born 6 weeks (1 month 14 days) prematurely, so this amount is subtracted from the calculated age to arrive at the adjusted age of 1 month 5 days. Use this adjusted age to draw the age line.

   In addition, it is necessary to indicate on the test form that the child’s age was adjusted for prematurity. No age adjustment is necessary for children 2 years of age and above or for children born later than expected. (When the child reaches 2 years of age or more it is no longer necessary to adjust for prematurity because the weeks premature represent an increasingly smaller fraction of the child’s total age.)
Today's Date
DOB

12 months = 1 year
30 days = 1 month
7 days = 1 week
4 weeks = 1 month

preemie = 6 weeks
2 weeks = 1 month
14 days

Google "Age Calculator"
Table 6.2. Score adjustment chart for the ASQ-3 when item responses have been omitted.

<table>
<thead>
<tr>
<th>Area score (for the items that have responses)</th>
<th>Adjusted total area score (one omitted item)</th>
<th>Adjusted total area score (two omitted items)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>60</td>
<td>—</td>
</tr>
<tr>
<td>45</td>
<td>54</td>
<td>—</td>
</tr>
<tr>
<td>40</td>
<td>48</td>
<td>60</td>
</tr>
<tr>
<td>35</td>
<td>42</td>
<td>52.5</td>
</tr>
<tr>
<td>30</td>
<td>36</td>
<td>45</td>
</tr>
<tr>
<td>25</td>
<td>30</td>
<td>37.5</td>
</tr>
<tr>
<td>20</td>
<td>24</td>
<td>30</td>
</tr>
<tr>
<td>15</td>
<td>18</td>
<td>22.5</td>
</tr>
<tr>
<td>10</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>7.5</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 6.3. ASQ-3 Overall questions by age interval and possible problem indicators

<table>
<thead>
<tr>
<th>ASQ-3 Intervals</th>
<th>Overall question</th>
<th>Possible problem indicator of</th>
<th>Examples of referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2–14</td>
<td>Does your baby use both hands/legs equally well?</td>
<td>Cerebral palsy</td>
<td>Health care provider; motor specialist</td>
</tr>
<tr>
<td>2–14</td>
<td>When you help your baby stand, are his/her feet flat on the surface most of the time?</td>
<td>Cerebral palsy</td>
<td>Health care provider; motor specialist</td>
</tr>
<tr>
<td>16–60</td>
<td>Do you think your child talks like other toddlers/children his/her age?</td>
<td>Articulation delay; speech-language disorder</td>
<td>Early intervention/early childhood special educator (EI/ECSE); speech-language pathologist (SLP)</td>
</tr>
<tr>
<td>16–60</td>
<td>Can you understand most of what your child says?</td>
<td>Articulation delay; speech-language disorder</td>
<td>EI/ECSE; SLP</td>
</tr>
<tr>
<td>30–60</td>
<td>Can other people understand most of what your child says?</td>
<td>Articulation delay; speech-language disorder</td>
<td>EI/ECSE; SLP</td>
</tr>
<tr>
<td>16–60</td>
<td>Do you think your child walks, runs, and climbs like other toddlers/children his/her age?</td>
<td>Neurological conditions; cerebral palsy</td>
<td>EI/ECSE; health care provider; motor specialist</td>
</tr>
<tr>
<td>All</td>
<td>Do you think your baby/child hears well?</td>
<td>Hearing impairment</td>
<td>EI/ECSE; audiologist</td>
</tr>
<tr>
<td>All</td>
<td>Does either parent have a family history of childhood deafness or hearing impairment?</td>
<td>Hearing impairment</td>
<td>EI/ECSE; audiologist</td>
</tr>
<tr>
<td>All</td>
<td>Do you have concerns about your baby’s/child’s vision?</td>
<td>Visual impairment; strabismus</td>
<td>Primary health care provider</td>
</tr>
<tr>
<td>All</td>
<td>Has your baby/child had any medical problems in the last several months?</td>
<td>If ear infections, possible hearing impairment; other medical problems could indicate a very long list of issues</td>
<td>Primary health care provider; audiologist for hearing evaluation</td>
</tr>
<tr>
<td>All</td>
<td>Do you have any concerns about your baby’s/child’s behavior?</td>
<td>Regulatory disorder; autism; attention deficit/hyperactivity disorder; oppositional defiant disorder; anxiety disorder; depression</td>
<td>EI/ECSE; health care provider; infant mental health or behavioral specialist</td>
</tr>
<tr>
<td>All</td>
<td>Does anything about your baby/child worry you?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Child's name: ____________________________ Date ASQ completed: 8-3-10
Child's ID #: ____________________________ Date of birth: 1-2-09
Administering program/provider: DG

Was age adjusted for prematurity when selecting questionnaire? Yes ☐ No ☐

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASO-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

<table>
<thead>
<tr>
<th>Area</th>
<th>Cutoff</th>
<th>Total Score</th>
<th>0</th>
<th>5</th>
<th>10</th>
<th>15</th>
<th>20</th>
<th>25</th>
<th>30</th>
<th>35</th>
<th>40</th>
<th>45</th>
<th>50</th>
<th>55</th>
<th>60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>13.06</td>
<td>40</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⇔</td>
<td>⇔</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Gross Motor</td>
<td>37.38</td>
<td>55</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⇔</td>
<td>⇔</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Fine Motor</td>
<td>34.32</td>
<td>45</td>
<td></td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⇔</td>
<td>⇔</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>25.74</td>
<td>37.5</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Personal-Social</td>
<td>27.19</td>
<td>45</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
</tbody>
</table>


1. Hears well?
   Comments: Yes ☐ NO ☐
   6. Concerns about vision?
      Comments: YES ☐ No ☐

2. Talks like other toddlers his age?
   Comments: Yes ☐ NO ☐
   7. Any medical problems?
      Comments: Frequent ear infections, tubes in ears for 9 days ☐

3. Understand most of what your child says?
   Comments: Yes ☐ NO ☐
   8. Concerns about behavior?
      Comments: YES ☐ No ☐

4. Walks, runs, and climbs like other toddlers?
   Comments: Yes ☐ NO ☐
   9. Other concerns?
      Comments: YES ☐ No ☐

5. Family history of hearing impairment?
   Comments: YES ☐ No ☐

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child’s total score is in the ☐ area, it is above the cutoff, and the child’s development appears to be on schedule.
If the child’s total score is in the ✺ area, it is close to the cutoff. Provide learning activities and monitor.
If the child’s total score is in the ☑ area, it is below the cutoff. Further assessment with a professional may be needed.

4. FOLLOW-UP ACTION TAKEN: Check all that apply.
   ● Provide activities and rescreen in 6 months.
   ● Share results with primary health care provider.
   ● Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
   ● Refer to primary health care provider or other community agency (specify reason): ____________________________
   ● Refer to early intervention/early childhood special education.
   ● No further action taken at this time
   ● Other (specify): ____________________________

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

<table>
<thead>
<tr>
<th>Area</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>S</td>
<td>Y</td>
<td>S</td>
<td>Y</td>
<td>S</td>
<td>N</td>
</tr>
<tr>
<td>Gross Motor</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>S</td>
<td>N</td>
</tr>
<tr>
<td>Fine Motor</td>
<td>Y</td>
<td>S</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>Y</td>
<td>S</td>
<td>S</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Personal-Social</td>
<td>S</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

P101180700

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Date ASQ completed: 11/18/2008

Child's information

Child's first name: John
Middle Initial: X.
Child's last name: Smith

Child's date of birth: 11/12/2004

Person filling out questionnaire

First name: Jane
Middle initial: 
Last name: Smith
Relationship to child: Parent
Street address: 123 Center Street, Apt. 9
City: Anytown
Country: USA
Home telephone number: 410-555-0155
ZIP/Postal code: 21230
Other telephone number: 410-555-0189

E-mail address: 

Names of people assisting in questionnaire completion: 

Program Information

Child ID #: 00123456789000000
Program ID #: 98765432123456789
Program name: Anytown Preschool
COMMUNICATION

1. Does your child name at least three items from a common category? For example, if you say to your child, "Tell me some things that you can eat," does your child answer with something like "cookies, eggs, and cereal"? Or if you say, "Tell me the names of some animals," does your child answer with something like "cow, dog, and elephant"?

2. Does your child answer the following questions? (Mark "sometimes" if your child answers only one question.)
"What do you do when you are hungry?" (Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.") Please write your child's response:

   Eat

   "What do you do when you are tired?" (Acceptable answers include "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.") Please write your child's response:

   Go night-night

3. 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 she say something like, "It's round. I throw it. It's big"?

4. 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"?
COMMUNICATION (continued)

5. Without your giving help by pointing or repeating, 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, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."

6. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I am going to the park," or "Is there a toy to play with?" or "Are you coming, too?"

COMMUNICATION TOTAL: 25

GROSS MOTOR

1. 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 before you mark the answer.)

2. Does your child climb the rungs of a ladder of a playground slide and slide down without help?

3. 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 his arm to shoulder height and throw the ball forward. (Dropping the ball or throwing the ball underhand should be scored as "not yet.")

4. Does your child hop up and down on either the right or left foot at least one time without losing her balance or falling?

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

6. 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.)

GROSS MOTOR TOTAL: 60

FINE MOTOR

1. Does your child put together a five- to seven-piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)

FINE MOTOR TOTAL: 5
FINE MOTOR (continued)

2. Using child-safe scissors, does your child cut a 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.)
   - YES
   - SOMETIMES
   - NOT YET
   - 10

3. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil, crayon, or pen, without tracing? (Your child's drawings should look similar to the design of the shapes below, but they may be different in size.)
   - YES
   - SOMETIMES
   - NOT YET
   - 5

4. Does your child unbutton one or more buttons? (Your child may use his own clothing or a doll's clothing.)
   - YES
   - SOMETIMES
   - NOT YET
   - 0

5. Does your child draw pictures of people that have at least three of the following features: head, eyes, nose, mouth, neck, hair, trunk, arms, hands, legs, or feet?
   - YES
   - SOMETIMES
   - NOT YET
   - 0

6. Does your child color mostly within the lines in a coloring book or within the lines of a 2-inch circle that you draw? (Your child should not go more than 1/4 inch outside the lines on most of the picture.)
   - YES
   - SOMETIMES
   - NOT YET
   - 0
   - FINE MOTOR TOTAL
   - 20

PROBLEM SOLVING

1. When you say, "Say 'five eight three,,'" does your child repeat just the three numbers in the same order? Do not repeat the numbers if necessary, try another series of numbers and say "Say 'six nine two.'" (Your child must repeat just one series of three numbers to answer "yes" to this question.)
   - YES
   - SOMETIMES
   - NOT YET
   - 5

2. When asked, "Which circle is the smallest?" does your child point to the smallest circle? (Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)
   - YES
   - SOMETIMES
   - NOT YET
   - 5

3. Without your giving help by pointing, does your child follow three different directions using the words "under," "between," and "middle"? For example, ask your child to put the shoe "under the couch." Then ask her to put the ball "between the chairs" and the book "in the middle of the table."
   - YES
   - SOMETIMES
   - NOT YET
   - 0

4. When shown objects and asked, "What color is this?" does your child name five different colors, like red, blue, yellow, orange, black, white, or pink? (Mark "yes" only if your child answers the question correctly using five colors.)
   - YES
   - SOMETIMES
   - NOT YET
   - 5
PROBLEM SOLVING

5. 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, or sister, or an imaginary animal or figure.

6. If you place five objects in front of your child, can he count them by saying, “one, two, three, four, five,” in order? (Ask this question without providing help by pointing, gesturing, or naming.)

PERSONAL-SOCIAL

1. Does your child serve herself, taking food from one container to another using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl?

2. Does your child tell you at least four of the following? Please mark the items your child knows.
   - Yes
   - Sometimes
   - Not Yet
   - Name
   - Age
   - Boy or girl
   - City she lives in
   - Telephone number

3. Does your child wash his hands using soap and water and dry off with a towel without help?

4. 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.)

5. Does your child brush her teeth by putting toothpaste on the toothbrush and brushing all of her teeth without help? (You may still need to check and rebrush your child’s teeth.)

6. Does your child dress or undress himself without help (except for snaps, buttons, and zippers)?

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

   Had severe ear infections. Didn't start talking until age 2-3 years, after tubes were placed.
OVERALL (continued)

2. Do you think your child talks like other toddlers her age? If no, explain:
   ○ YES □ NO
   
   His sentence structure and comprehension are not as advanced as other kids who are a year younger.

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
   
   Other people have a hard time understanding him.

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

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
   Ear infections.

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
    Language development. No letter or number recognition and he's 4 years old. Even the 2 1/2 yr old knows more.
1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

<table>
<thead>
<tr>
<th>Area</th>
<th>Cutoff</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>30.72</td>
<td></td>
</tr>
<tr>
<td>Gross Motor</td>
<td>32.78</td>
<td></td>
</tr>
<tr>
<td>Fine Motor</td>
<td>15.81</td>
<td></td>
</tr>
<tr>
<td>Problem Solving</td>
<td>31.30</td>
<td></td>
</tr>
<tr>
<td>Personal-Social</td>
<td>26.60</td>
<td></td>
</tr>
</tbody>
</table>


1. Hears well?
   Comments: *Ear infex, ear tubes, didn't talk until 2-3 yrs.*
   Yes ☒ NO ☐

2. Talks like other toddlers his age?
   Comments: *Sentences and compre, not as advanced as younger kids*
   Yes ☒ NO ☐

3. Understand most of what your child says?
   Comments:
   Yes ☒ NO ☐

4. Others understand most of what your child says?
   Yes ☒ NO ☐

5. Walks, runs, and climbs like other toddlers?
   Comments:
   Yes ☒ NO ☐

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

   If the child's total score is in the ☐ area, it is above the cutoff, and the child's development appears to be on schedule.
   If the child's total score is in the ☐ area, it is close to the cutoff. Provide learning activities and monitor.
   If the child's total score is in the ☐ area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.
   - Share results with primary health care provider.
   - Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
   - Refer to primary health care provider or other community agency (specify reason):
   - Refer to early intervention/early childhood special education.
   - No further action taken at this time
   - Other (specify): 

5. **OPTIONAL:** Transfer item responses
   (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

<table>
<thead>
<tr>
<th>Area</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>S</td>
<td>Y</td>
<td>S</td>
<td>N</td>
<td>N</td>
<td>S</td>
</tr>
<tr>
<td>Gross Motor</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>Fine Motor</td>
<td>S</td>
<td>Y</td>
<td>S</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>S</td>
<td>S</td>
<td>N</td>
<td>S</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>Personal-Social</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Activity</td>
<td>Description</td>
<td></td>
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<tr>
<td>Play “Simon’s Cat”</td>
<td>Show your child a picture of a cat and ask them to imitate its movements, like licking their chops or sitting on a plate.</td>
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<tr>
<td>“Fish, sink or swim”</td>
<td>Draw a picture of a fish and play a game where your child has to decide whether to “sink” the fish into the water or “swim” on the surface.</td>
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<tr>
<td>Dressing up</td>
<td>Provide your child with different clothing items and ask them to choose which one to wear.</td>
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<tr>
<td>Building a tower</td>
<td>Give your child blocks or sticks and ask them to build the tallest tower they can.</td>
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<tr>
<td>Drawing with a brush</td>
<td>Offer your child a selection of markers or paints and encourage them to draw or paint.</td>
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<tr>
<td>Puzzles</td>
<td>Introduce simple puzzles to your child and help them solve them.</td>
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<tr>
<td>Playing with water</td>
<td>Fill a bucket with water and provide your child with toys to play with, like a rubber duck or a toy boat.</td>
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</tbody>
</table>

Activities for Children 40-60 Months Old

- Play games like “Simon’s Cat” to improve motor skills and following instructions.
- Encourage dressing up to develop imagination and creativity.
- Building a tower helps with spatial awareness and fine motor skills.
- Drawing and painting improve hand-eye coordination.
- Solving puzzles enhances problem-solving abilities.
- Playing with water promotes physical activity and sensory explorations.
PROBLEM SOLVING

1. Does your child drop several small toys, one after another, into a container like a bowl or box? (You may show him how to do it.)

2. After you have shown your child how, does she try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool?

3. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle over to dump it out? (You may show him how.) (You can use a soda-pop bottle or a baby bottle.)

4. Without your showing her how, does your child scribble back and forth when you give her a crayon (or pencil or pen)?

5. After watching you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in any direction? (Mark "not yet" if your child scribbles back and forth.)

6. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? (Do not show him how.)

PROBLEM SOLVING TOTAL

"If Problem Solving Item 6 is marked "yes" or "sometimes," mark Problem Solving Item 3 "yes."

PERSONAL-SOCIAL

1. While looking at herself in the mirror, does your child offer a toy to her own image?

2. Does your child play with a doll or stuffed animal by hugging it?

3. Does your child get your attention or try to show you something by pulling on your hand or clothes?

4. Does your child come to you when he needs help, such as with winding up a toy or unscrewing a lid from a jar?

5. Does your child drink from a cup or glass, putting it down again with little spilling?

6. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?

PERSONAL-SOCIAL TOTAL