What is Help Me Grow Utah?

Help Me Grow Utah (HMGU) is a universal information and referral network connecting parents and providers to child development information and community resources at no cost. More specifically HMG offers:

- **Developmental Screening** (Ages and Stages Questionnaire) for children ages 0-5 years old
- **Postpartum Depression Screening** (Edinburgh Postnatal Depression Scale) for parents prenatally and postpartum
- **Referrals** to community resources
- **Information** on pregnancy, child development and parenting
- **Care Coordination** to ensure that families successfully connect with resources

Help Me Grow Utah supports prenatal parents and families with children through age 8. We offer services across the state at no cost in both English & Spanish.

What are some common reasons to refer to Help Me Grow Utah?

- Developmental Screening
- General Development
- Speech/Language
- Behavioral Concerns
- Family Issues
- Basic Needs
- Autism Spectrum
- Communication
- Parenting Education
- Education
- Health/Medical
- And More!

How do I refer a family?

To connect a family with Help Me Grow Utah, fax a Help Me Grow Referral Form to 801-374-2591.

Other ways to connect:

- Visit our website helpmegrowutah.org
- Dial 2-1-1 and ask for Help Me Grow
- Text the word “screening” to 77948
- Families may also self-refer
No problem! In addition to helping families, we are here to answer questions you have about available community resources and developmental information. To have your questions answered, call 801-691-5322, or visit us at helpmegrowutah.org.

We want to help you connect with others in the early childhood community!

Join our mailing list to receive monthly e-newsletters and invitations to regular Networking Breakfasts.

We also have great online resources for families and services providers! Check out our:

- **Community Calendars**—Help families to find events happening in their local communities. Let us know what events you have coming up so we can help you spread the word!

- **Social Media**—We have a strong presence on Facebook, Blogger, Instagram & Pinterest. Families can find parenting tips, child development information, and inspiration daily. We also love to share content from our partners.
Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: 9/20/2008

Child's information

Child's first name: Annie
Middle initial: M.
Child's last name: Roberts
Child's date of birth: 5/5/2007

Relationship to child:
- Parent
- Grandparent or other relative
- Guardian
- Foster parent
- Teacher
- Other:

Child's gender:
- Male
- Female

Person filling out questionnaire

First name: Jennifer
Middle initial: M.
Last name: Roberts
Relationship to child:
- Parent
- Grandparent or other relative
- Guardian
- Foster parent
- Teacher
- Child care provider

Street address: 33 Main Street
City: Jonestown
State/Province: IN
ZIP/Postal code: 61924
Country: USA
Home telephone number: 219-888-0021
Other telephone number: 219-912-2100
E-mail address: jennifer_roberts@email.com

Names of people assisting in questionnaire completion:

Program Information

Child ID #: 3675911023412358
Age at administration in months and days: 16 months, 15 days

Program ID #: 6222001439183664
If premature, adjusted age in months and days:

Program name: Jonestown Child Care Center
At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark “yes” for the item.

**COMMUNICATION**

1. Does your child point to, pat, or try to pick up pictures in a book?
   - YES: 5
   - SOMETIME: 5
   - NOT YET: 10

2. Does your child say four or more words in addition to “Mama” and “Dada”?
   - YES: 5
   - SOMETIME: 5
   - NOT YET: 10

3. When your child wants something, does she tell you by pointing to it?
   - YES: 5
   - SOMETIME: 5
   - NOT YET: 10

4. When you ask your child to, does he go into another room to find a familiar toy or object? (You might ask, “Where is your ball?” or say, “Bring me your coat,” or “Go get your blanket.”)
   - YES: 5
   - SOMETIME: 5
   - NOT YET: 10

5. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as “Mama eat,” or “Daddy play,” “Go home,” or “What’s this?” does your child say both words back to you? (Mark “yes” even if her words are difficult to understand.)
   - YES: 5

6. Does your child say eight or more words in addition to “Mama” and “Dada”?
   - YES: 5
   - SOMETIME: 5
   - NOT YET: 10

**GROSS MOTOR**

1. Does your child stand up in the middle of the floor by himself and take several steps forward?
   - YES: 5
   - SOMETIME: 5
   - NOT YET: 10

2. Does your child climb onto furniture or other large objects, such as large climbing blocks?
   - YES: 5
   - SOMETIME: 5
   - NOT YET: 10

3. Does your child bend over or squat to pick up an object from the floor and then stand up again without any support?
   - YES: 5
   - SOMETIME: 5
   - NOT YET: 10
GROSS MOTOR (continued)

4. Does your child move around by walking, rather than crawling on her hands and knees?  
   YES SOMETIMES NOT YET
   ● ○ ○ 10

5. Does your child walk well and seldom fall?  
   ○ ● ○ 5

6. Does your child climb on an object such as a chair to reach something he wants (for example, to get a toy on a counter or to "help" you in the kitchen)?  
   ○ ○ ● 0

FINE MOTOR

1. Does your child help turn the pages of a book? (You may lift a page for her to grasp.)  
   YES SOMETIMES NOT YET
   ○ ● ○ 5

2. Does your child throw a small ball with a forward arm motion? (If he simply drops the ball, mark "not yet" for this item.)  
   ● ○ ○ 10

3. Does your child stack a small block or toy on top of another one? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)  
   ● ○ ○ 10

4. Does your child stack three small blocks or toys on top of each other by herself?  
   ● ○ ○ 10

5. Does your child make a mark on the paper with the tip of a crayon (or pencil or pen) when trying to draw?  
   ○ ● ○ 5

6. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)  
   ○ ○ ● 0

PROBLEM SOLVING

1. After you scribble back and forth on paper with a crayon (or pencil or pen), does your child copy you by scribbling? (If she already scribbles on her own, mark "yes" for this item.)  
   YES SOMETIMES NOT YET
   ○ ● ○ 5

2. Can your child drop a crumb or Cheerio into a small, clear bottle (such as a plastic soda-pop bottle or baby bottle)?  
   ○ ● ○ 5

3. 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.)  
   ● ○ ○ 10
PROBLEM SOLVING
(continued)

4. 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?  

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

6. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump it out? (You may show her how.)

PERSONAL-SOCIAL

1. Does your child feed himself with a spoon, even though he may spill some food?

2. Does your child help undress herself by taking off clothes like socks, hat, shoes, or mittens?

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

4. While looking at himself in the mirror, does your child offer a toy to his own image?

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

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

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
OVERALL (continued)

2. Do you think your child talks like other toddlers his age? If no, explain:

   YES  NO

3. Can you understand most of what your child says? If no, explain:

   YES  NO

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

   YES  NO

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

   YES  NO

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

   YES  NO

7. Has your child had any medical problems in the last several months? If yes, explain:

   YES  NO
OVERALL (continued)

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

   □ YES   □ NO

   

9. Does anything about your child worry you? If yes, explain:

   □ YES   □ NO

   

SAMPLE
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 ______ 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>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Gross Motor</td>
<td>S</td>
<td>S</td>
<td>Y</td>
<td>S</td>
<td>S</td>
<td>N</td>
</tr>
<tr>
<td>Fine Motor</td>
<td>S</td>
<td>Y</td>
<td>Y</td>
<td>S</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>S</td>
<td>S</td>
<td>Y</td>
<td>S</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>Personal-Social</td>
<td>S</td>
<td>S</td>
<td>Y</td>
<td>S</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>
**24 Month Questionnaire**

21 months 0 days through 26 months 30 days

Date ASQ:SE-2 completed: 3/30/15

**Child's information**

Child's first name: **Luke**  
Child's middle initial: **K**  
Child's last name: **Jones**  
Child's date of birth: **2/23/13**  
Child's gender:  
• Male  
• Female

**Person filling out questionnaire**

First name: **Lucy**  
Middle initial: **K**  
Last name: **Jones**  
Street address: **20 First Street**  
City: **Baltimore**  
State/province: **MD**  
ZIP/postal code: **21230**  
Country: **United States**  
E-mail address: **Lucy.Jones@email.com**

Relationship to child:  
• Parent  
• Grandparent/other relative  
• Guardian  
• Foster parent  
• Teacher  
• Child care provider  
• Other: __________________________  

People assisting in questionnaire completion: __________________________  

**Program information** (For program use only.)

Child's ID #: **13235457679891384**  
Age at administration in months and days: **25 months, 7 days**  
Program ID #: **243465687819213**  
Program name: **Charm City Child Care**
### Important Points to Remember:
- Answer questions based on what you know about your child's behavior.
- Answer questions based on your child's usual behavior, not behavior when your child is sick, very tired, or hungry.
- Caregivers who know the child well and spend more than 15–20 hours per week with the child should complete ASQ:SE-2.
- Please return this questionnaire by: ____________________
- If you have any questions or concerns about your child or about this questionnaire, contact: ____________________
- Thank you and please look forward to filling out another ASQ:SE-2 in _______ months.

#### 24 Month QUESTIONNAIRE  21 months 0 days through 26 months 30 days

Questions about behaviors children may have are listed on the following pages. Please read each question carefully and check the box that best describes your child's behavior. Also, check the circle if the behavior is a concern.

**Caregivers who know the child well and spend more than 15–20 hours per week with the child should complete ASQ:SE-2.**

**Answer questions based on your child's usual behavior, not behavior when your child is sick, very tired, or hungry.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Often or Always</th>
<th>Sometimes</th>
<th>Rarely or Never</th>
<th>Check if This is a Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your child look at you when you talk to him?</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>2. Does your child seem too friendly with strangers?</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>3. Does your child laugh or smile when you play with her?</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>4. Is your child's body relaxed?</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>5. When you leave, does your child stay upset and cry for more than an hour?</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>6. Does your child greet or say hello to familiar adults?</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>7. Does your child like to be hugged or cuddled?</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>8. When upset, can your child calm down within 15 minutes?</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
</tr>
</tbody>
</table>

**TOTAL POINTS ON PAGE** 15
### 24 Month Questionnaire

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>OFTEN OR ALWAYS</th>
<th>SOMETIMES</th>
<th>RARELY OR NEVER</th>
<th>CHECK IF THIS IS A CONCERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Does your child stiffen and arch his back when picked up?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Is your child interested in things around her, such as people, toys, and foods?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Does your child cry, scream, or have tantrums for long periods of time?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Do you and your child enjoy mealtimes together?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or ________? (Please describe.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Does your child sleep at least 10 hours in a 24-hour period?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>When you point at something, does your child look in the direction you are pointing?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Does your child have trouble falling asleep at naptime or at night?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Does your child get constipated or have diarrhea?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL POINTS ON PAGE** 5
<table>
<thead>
<tr>
<th>Question</th>
<th>Often or Always</th>
<th>Sometimes</th>
<th>Rarely or Never</th>
<th>Check if This Is a Concern</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Does your child follow simple directions? For example, does she sit down when asked?</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>5</td>
</tr>
<tr>
<td>19. Does your child let you know how he is feeling with words or gestures? For example, does he let you know when he is hungry, hurt, or tired?</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>0</td>
</tr>
<tr>
<td>20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>0</td>
</tr>
<tr>
<td>21. Does your child do things over and over and get upset when you try to stop her? For example, does she rock, flap her hands, spin, or ________? (Please describe.)</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>0</td>
</tr>
<tr>
<td>22. Does your child like to hear stories or sing songs?</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>0</td>
</tr>
<tr>
<td>23. Does your child hurt himself on purpose?</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>0</td>
</tr>
<tr>
<td>24. Does your child like to be around other children?</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>0</td>
</tr>
<tr>
<td>25. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>0</td>
</tr>
<tr>
<td>26. Does your child try to show you things by pointing at them and looking back at you?</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>0</td>
</tr>
</tbody>
</table>

TOTAL POINTS ON PAGE 5
## 24 Month Questionnaire

Check the box that best describes your child’s behavior. Also, check the circle if the behavior is a concern.

<table>
<thead>
<tr>
<th></th>
<th>OFTEN OR ALWAYS</th>
<th>SOMETIMES</th>
<th>RARELY OR NEVER</th>
<th>CHECK IF THIS IS A CONCERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>27.</td>
<td>Does your child play with objects by pretending? For example, does your child pretend to talk on the phone, feed a doll, or fly a toy airplane?</td>
<td>☐ Z</td>
<td>☐ V</td>
<td>☐ X</td>
</tr>
<tr>
<td>28.</td>
<td>Does your child wake three or more times during the night?</td>
<td>☐ X</td>
<td>☐ V</td>
<td>☐ Z</td>
</tr>
<tr>
<td>29.</td>
<td>Does your child respond to his name when you call him? For example, does he turn his head and look at you?</td>
<td>☐ Z</td>
<td>☐ V</td>
<td>☐ X</td>
</tr>
<tr>
<td>30.</td>
<td>Is your child too worried or fearful? If “sometimes” or “often or always,” please describe:</td>
<td>☐ X</td>
<td>☐ V</td>
<td>☐ Z</td>
</tr>
<tr>
<td> </td>
<td><strong>Luke is hesitant when he is in unfamiliar places and situations.</strong></td>
<td> </td>
<td> </td>
<td> </td>
</tr>
<tr>
<td>31.</td>
<td>Has anyone shared concerns about your child’s behaviors? If “sometimes” or “often or always,” please explain:</td>
<td>☐ X</td>
<td>☐ V</td>
<td>☐ Z</td>
</tr>
<tr>
<td> </td>
<td><strong>Our day care provider say it takes Luke a while to stop crying when we leave.</strong></td>
<td> </td>
<td> </td>
<td> </td>
</tr>
</tbody>
</table>

**TOTAL POINTS ON PAGE:**

---

Luke is hesitant when he is in unfamiliar places and situations.

Our day care provider say it takes Luke a while to stop crying when we leave.
32. Do you have concerns about your child’s eating or sleeping behaviors? If yes, please explain:

☐ YES  ☑ NO

No

33. Does anything about your child worry you? If yes, please explain:

☐ YES  ☑ NO

Luke's reaction to being in new situations concerns us because he gets very upset and cries for a long time.

34. What do you enjoy about your child?

When Luke is happy and comfortable, his smile and laughter make everyone around him smile.
24 Month Information Summary 21 months 0 days through 26 months 30 days

Child's name: **Luke K. Jones**  
Child's ID #: **13235457679891384**  
Person who completed ASQ:SE-2: **Mother**  
Administering program/provider: **Charm City Child Care**

Date ASQ:SE-2 completed: **3/30/15**  
Child's date of birth: **2/23/13**  
Child's age in months and days: **25 months, 7 days**  
Child's gender:  
- Male  
- Female

1. **ASQ:SE-2 SCORING CHART:**

   - Score items (Z = 0, V = 5, X = 10, Concern = 5).
   - Transfer the page totals and add them for the total score.
   - Record the child's total score next to the cutoff.

<table>
<thead>
<tr>
<th>TOTAL POINTS ON PAGE 1</th>
<th>Cutoff</th>
<th>Total score</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td></td>
<td>65</td>
</tr>
<tr>
<td>5</td>
<td>40</td>
<td></td>
</tr>
</tbody>
</table>

2. **ASQ:SE-2 SCORE INTERPRETATION:** Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.

- The child's total score is in the **area. It is below the cutoff. Social-emotional development appears to be on schedule.**
- The child's total score is in the **area. It is close to the cutoff. Review behaviors of concern and monitor.**
- The child's total score is in the **area. It is above the cutoff. Further assessment with a professional may be needed.**

3. **OVERALL RESPONSES AND CONCERNS:** Record responses and transfer parent/caregiver comments. YES responses require follow-up.

   1. Any Concerns marked on scored items?  
      - YES  
      - no

   32. Eating/sleeping concerns?  
      - YES  
      - no

   33. Other worries?  
      - YES  
      - no

Comments: **Adapting to new situations**


   - **No** Setting/time factors (e.g., Is the child's behavior the same at home as at school?)
   - **No** Developmental factors (e.g., Is the child's behavior related to a developmental stage or delay?)
   - **No** Health factors (e.g., Is the child's behavior related to health or biological factors?)
   - **No** Family/cultural factors (e.g., Is the child's behavior acceptable given the child's cultural or family context? Have there been any stressful events in the child's life recently?)
   - **Yes** Parent concerns (e.g., Did the parent/caregiver express any concerns about the child's behavior?)

5. **FOLLOW-UP ACTION:** Check all that apply.

   - **No** Provide activities and rescreen in ____ months.
   - **Yes** Share results with primary health care provider.
   - **Yes** Provide parent education materials.
   - **No** Provide information about available parenting classes or support groups.
   - **No** Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): ________________________________
   - **No** Administer developmental screening (e.g., ASQ-3).
   - **No** Refer to early intervention/early childhood special education.
   - **No** Refer for social-emotional, behavioral, or mental health evaluation.
   - ____ Other: __________