


Childs Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ City you live in: \_\_\_\_\_

Person filling out this questionnaire: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Ages and Stages Questionnaires – 4 Year Questionnaire

<i><b>Section A. Communication</b></i>	Yes (10)	Some- Times (5)	No (0)
1. Does your child name at least 3 items from a common category? Example food: pizza, tacos, candy			
2. Does your child answer the following questions: What do you do when you are hungry? Answers can be: Get food, eat, have a snack What do you do when you are tired? Examples: take a nap, rest, sleep, go to bed, sit			
3. Does your child tell you at least 2 things in common about objects?			
4. Does your child use words that end with (s), (ing), (ed)? Ex. I kicked the ball.			
5. Does your child follow 3 directions that are unrelated to one another? Clap hands, tie shoes, cough.			
6. Does your child use all of the words in a sentence to make complete sentences? am, are, the, is, a – Example: "I am going to the park."			
<i><b>(OFFICE USE) TOTALS</b></i>			
<i><b>Section B. Gross Motor</b></i>			
1. Does your child catch a large ball with both hands? 5 ft away, at least 3 tries			
2. Does your child climb the rungs of a ladder of a playground slide & slide down without help?			
3. While standing, does your child throw a ball <i><b>overhand</b></i> (raising arm to shoulder height) in the direction of a person standing at least 6 feet away?			
4. Does your child hop up & down on either right or left foot at least 1 time without losing his balance?			
5. Does your child jump forward a distance of 20in from a standing position, starting with feet together?			
6. Without holding onto anything, does your child stand on 1 foot for at least 5 seconds without losing his balance & putting his foot down? 2 or 3 tries			
<i><b>(OFFICE USE) TOTALS</b></i>			
<i><b>Section C. Fine Motor</b></i>			
1. Does your child put together a 6-piece interlocking puzzle?			
2. Does your child cut in a straight line with scissors, using a cutting motion?			
3. Can your child redraw these 3 shapes? Draw them here or on back.  <div style="text-align: center; font-size: 2em; font-weight: bold;">L + I O</div>			
4. Does your child unbutton 1 or more buttons?			
5. Have your child draw a picture of a person in the space below. Do not assist. (3)			
6. Does your child color mostly within the lines in a coloring book?			
<i><b>(OFFICE USE) TOTALS</b></i>			

<b>PROBLEM SOLVING</b>	YES (10)	SOME TIMES(5)	NO (0)
1. Say 5 – 8- 3 – Ask your child to repeat these numbers. Did your child repeat just these three number in the correct order?			
2. When asked, "Which circle is the smallest?" does your child point to the smallest circle? <u>Do not assist</u> by pointing or gesturing.  			
3. Without giving help by pointing, does your child follow 3 different directions using the words, under, between, & middle? Put book under the chair, etc.			
4. Ask your child the color of various objects: Red, blue, yellow, orange, black, white and pink. Could they correctly name 5 colors.			
5. Does you child dress up and play act pretending to be someone or something else?			
6. Place 5 objects in front of your child – Can they count them 1-5 with no help?			
<b>( OFFICE USE ) TOTALS</b>			
<b>Section D. Personal Social</b>			
1. Does your child serve herself, taking food from 1 container to another, using utensils? Example: Remove applesauce from a jar with a spoon.			
2. Does your child tell you at least 4 of the following? Their: name, age, last name, boy or girl, telephone #, city she lives in? Circle the items your child knows			
3. Does your child wash his hands & face using soap & dry off with a towel without help?			
4. Does your child tell you the names of 2 or more playmates, not including siblings, without help?			
5. Does your child brush her teeth by putting toothpaste on the toothbrush & brushing all her teeth without help?			
6. Does your child dress or undress without help, except for snaps, buttons & zippers?			
<b>( OFFICE USE ) TOTALS</b>			
<b>Section E. OVERALL</b>			
1. Do you think your child hears well?			
2. Do you think your child talks like the other children her age?			
3. Can you understand most of what your child says?			
4. Do you think your child walks runs & climbs like other children his age?			
5. Does either parent have a family history of childhood deafness or hearing impairment?			
6. Do you have any concerns about your child's vision?			
7. Has your child had any medical problems in the last several months?			
8. Does anything about your child worry you?			

Explanation of yes answers, provide the **section** and the **number**.

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**FOR OFFICE USE ONLY : SCORING**

	<b>Score</b>	<b>Cutoff</b>	<b>Comments</b>
<b>Communication</b>		<b>39.1</b>	
<b>Gross Motor</b>		<b>32.9</b>	
<b>Fine Motor</b>		<b>30.0</b>	
<b>Problem Solving</b>		<b>35.0</b>	
<b>Personal-Social</b>		<b>23.4</b>	

Reviewed by: \_\_\_\_\_