



WHATCOM COUNTY HEALTH DEPARTMENT

# EARLY CHILDHOOD ASSESSMENT CLINIC

1500 North State Street P. O. Box 935 Bellingham, WA 98227 (360) 738-2522 Or 384-0574

(Date) \_\_\_\_\_

(Parent's Name)

(Address)

(City, WA Zip)

Re: (Child's Name) \_\_\_\_\_

DOB: \_\_\_\_\_

Dear (Parent's Name) \_\_\_\_\_,

Thank you for completing the Ages and Stages Questionnaire (ASQ)  and the Ages and Stages Social-Emotional Questionnaire. As we discussed, these are screening tests. These tests do not diagnose problems, but they do help us decide when to recommend additional evaluation.

I have reviewed the questionnaire(s). Following are the results and recommendations we discussed:

Ages and Stages Questionnaire:

No apparent concerns: Plan to continue routine monitoring

Possible concerns: Recommended contacting (for 0-3:)  Early Childhood Assessment Clinic (Under age 3)  School District (Over age three) for further assessment, and follow-up with primary care provider.

Ages and Stages Social-Emotional Questionnaire:

No apparent concerns: Plan to continue routine monitoring

Possible concerns: Recommended contacting  Early Childhood Assessment Clinic and/or  School District for further assessment, and follow-up with primary care provider.

Additional Concerns:

Hearing: Follow-up with primary care provider; recommended considering hearing testing

Other: \_\_\_\_\_

The score sheets from these questionnaires are attached for your information. Since you have given me permission, I have sent copies of results to those listed below. If you have any questions, please feel free to contact me at 647-2329.

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

(WCHD) Health Promoter

Cc:

- Primary Care Provider
- Margaret Jahn, ARNP
- School District

Attached:

- ASQ score sheet
- ASQ-SE score sheet and parent-completed ASQ-SE pages