

# ASQ Online Instructions for Childcare Providers

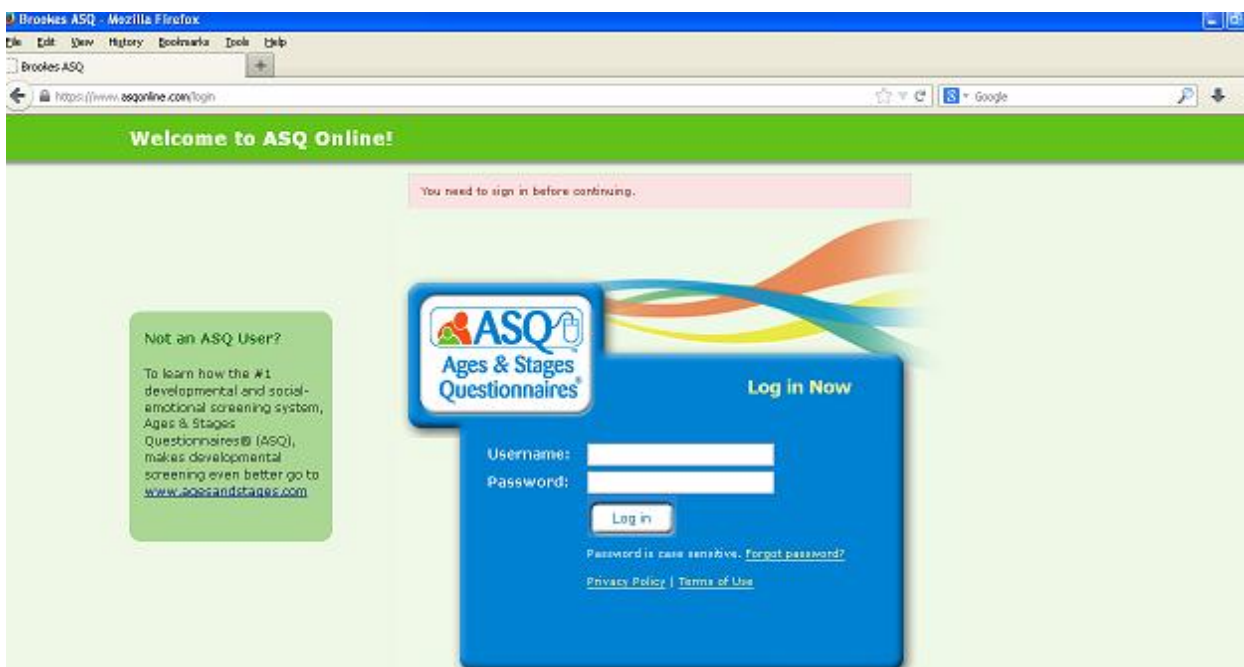
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As a Provider in the ASQ system, you will be able to choose your password, view your profile, add screenings and run reports.

Profiles will be created by 4C Early Intervention for you as a Provider and for each SR funded child ages 0-5 who enrolls in your center/home. After your Provider profile has been set up, you will receive an email from ASQ Online. The email will supply your username and will ask you to follow a link in order to set up a password for your new account.

You will be able to access past child screening information and enter new screenings for each SR funded child you are assigned. **All children who require screening will have profiles created and assigned to your facility for you.** Please note that ASQ Notifications of newly enrolled children and those needing Date of Birth screenings will be entered into this online system. You will need to log in to ASQ Online and complete the child screening using the following steps:

On your internet browser, using Firefox, type [www.asqonline.com](http://www.asqonline.com). The following page will appear.



Enter the username provided in the email sent by ASQ Online and the password you chose. This will bring you to the main screen.

Program: ELC of Orange County Program / Role: Provider

www.asqonline.com

Home My Profile Program Child Profiles Screening Management Reports Family Access

**Tasks**

Screenings Due 0

Screenings Out 0

Tasks Due 0

**Quick Links**

Help

**Please note:** As of August 19, 2013, new features were added to ASQ Online. [Click here](#) for additional information.

**Home**

Child Profiles View All Add

Name	Child ID	Alt. ID	Primary caregiver
CHILD, TEST	514723		PARENT, TEST

My Screenings View All Help

Name	Questionnaire	Status	Screening Date	Print Summary Sheet
CHILD, TEST	ASQ-3 English	Finalized	2013-08-29	<a href="#">Print</a>

FAQs  
User Manual

From the main screen, click Child Profiles. From there, enter the child's first and last name in Child Profile Search and click the box marked Search.

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Home My Profile Program Child Profiles Screening Management Reports Family Access

**Quick Links**

Add Child Profile

Recent Exports

Help

**Home » My Child Profiles**

Child Profile Search

Child DOB	From:	<input type="text"/>	To:	<input type="text"/>
Format: YYYY-MM-DD				
Last Updated Date	From:	<input type="text"/>	To:	<input type="text"/>
Format: YYYY-MM-DD				
Date Created	From:	<input type="text"/>	To:	<input type="text"/>
Format: YYYY-MM-DD				
Child last name	<input type="text"/>	Coregiver last name	<input type="text"/>	
Child first name	<input type="text"/>	Coregiver first name	<input type="text"/>	
Child ID	<input type="text"/>	Alt. ID	<input type="text"/>	
Status	All			
Previous screening				

Search

Program: ELC of Orange County Program / Role: Provider

www.asqonline.com

Home My Profile Program **Child Profiles** Screening Management Reports Family Access

Quick Links

- Add Screening
- Add Task
- Add Note
- Add Existing Caregiver
- Add New Caregiver
- Export Child Data

Home » ELC of Orange County Program » Child Profiles » CHILD, TEST

Export: All Data Export

Child Profile Details View All Edit Delete Merge

Last name	CHILD
First name	TEST
Middle name	
Child ID	514723
Alt. ID	
Status	Active

On the left hand side of the screen you will click Add Screening and the following screen will appear.

www.asqonline.com

Home My Profile Program **Child Profiles** Screening Management Reports Family A

Quick Links

- Return to Child's Profile
- Help

Home » Programs » ELC of Orange County Program » Child Records » CHILD, TEST

Add Screening

Name	CHILD, TEST
Child ID	514723
Date of birth	2013-02-02
Format: YYYY-MM-DD	
Weeks premature	0
Caregiver who completed the screening	PARENT, TEST (Child care provider)
Names of others assisting in screening completion	
Questionnaire type *	ASQ-3 English
Long/Short form *	Long
Screening date *	2013-09-04
Format: YYYY-MM-DD	
Adjusted age	7 months and 2 days
Recommended interval	8 Month
Interval *	8 Month

Save

You will complete all the fields with a red asterisk \*. When choosing a Long/Short Form, choose Long. When you are finished, click the Save button. The appropriate questionnaire will appear next.

Quick Links

Home » Child Profiles » CHILD, TEST » Screenings » ASQ-3 English 8 Month

ASQ-3 English 8 Month Questionnaire, Long Version Screening Date: 2013-09-04

Communication | Gross Motor | Fine Motor | Problem Solving | Personal-Social | Overall

	YES	SOMETIMES	NOT YET	RESPONSE MISSING	Score
1. If you call to your baby when you are out of sight, does she look in the direction of your voice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. When a loud noise occurs, does your baby turn to see where the sound came from?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Does your baby make sounds like "da," "ga," "ka," and "ba"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Does your baby respond to the tone of your voice and stop his activity at least briefly when you say "no-no" to him?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? <i>(The sounds do not need to mean anything.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

COMMUNICATION TOTAL N/A

[Save in Progress](#)

**Complete each of the areas in the questionnaire with yes, sometimes or not yet. Please note that the system will not allow you to move to the next section/area if you are missing an answer. Use the arrow pointing right to progress from section to section. Please be sure to read all areas thoroughly and to add notes as needed. There is an area for additional comments for each question. You must also be sure to provide an answer for all questions in the Overall section.**

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

8. Does anything about your baby worry you? If yes, explain:

OVERALL TOTAL N/A

[Save in Progress](#)

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When you reach the end of the questionnaire, you will click the Save in Progress button. The next screen will give you the option to Finalize. At this point, you may go back to review or make revisions, or Finalize the screening.

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

8. Does anything about your baby worry you? If yes, explain:

OVERALL TOTAL N/A

← Save in Progress Finalize

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When you are sure you have finished the screening, click the Finalize button. ASQ Online will ask you if you are sure. Click OK.

You will not be able to alter your answers after you finalize this questionnaire.  
Do you want to finalize this questionnaire?

OK Cancel

An ASQ-3 Information Summary page containing scoring results will appear next. You will have access to the questionnaire and the results at any time, along with previously completed screenings and results. This page, along with the questionnaire, is to be printed and shared with the child's parent/guardian.



## 8 Month ASQ-3 Information Summary

**Child's name:** CHILD, TEST

**Child ID:** 514723

**Program:** ELC of Orange County Program

**Date ASQ completed:** 2013-09-04

**Date of birth:** 2013-02-02

**Provider:** Richter, Amy (Provider)

### 1. SCORING RESULTS:

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	33.06	<b>40.00</b>									★				
Gross Motor	30.61	<b>45.00</b>										★			
Fine Motor	40.15	<b>45.00</b>										★			
Problem Solving	36.17	<b>45.00</b>										★			
Personal-Social	35.84	<b>50.00</b>											★		

### 2. OVERALL RESPONSES: Boldface uppercase responses require follow-up. See ASQ-3 User's Guide for guidance.

1. Does your baby use both hands and both legs equally well? If no, explain:

**Yes**

**Comments:**

2. When you help your baby stand, are his feet flat on the surface most of the time? If no, explain:

**Yes**

**Comments:**

3. Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:

The 4C Early Intervention team will review all screenings and notify you of any questions or additional actions that are necessary.

Should you have difficulties or concerns, please contact Early Intervention:

<b>Tania Nunez</b>	<b>407-532-4534</b>
<b>Carla Rodriguez</b>	<b>407-532-4232</b>
<b>Holly Carpenter</b>	<b>407-532-4273</b>
<b>Vannessa Rivera Alicia</b>	<b>407-532-4362</b>
<b>Whitney Steers</b>	<b>407-532-4259</b>
<b>Silvana Osorio</b>	<b>407-532-4265</b>
<b>Paula McVey</b>	<b>407-532-4279</b>
<b>Amy Richter</b>	<b>407-532-4284</b>