

# Pearls and Pitfalls in the Administration of Parents' Evaluation of Developmental Status (PEDS)

1. Parents complete the Response Form in writing, by interview, or online (at [www.forepath.org](http://www.forepath.org)). The PEDS Response Form elicits parents' concerns about their child for each developmental domain. Across the age range of PEDS, birth to age 8, the same 10 questions are used.

**PEDS RESPONSE FORM**

Child's Name: Billy Harris Parent's Name: Linda Harris  
 Child's Birthday: 4/17/09 Child's Age: 3 Today's Date: 4/27/09

Please list any concerns about your child's learning, development, and behavior.  
 He's kind of quiet and doesn't say very much, seems to prefer watching to interacting.

Do you have any concerns about how your child talks and makes speech sounds?  
 Circle one: No Yes A little COMMENTS: He is quiet, I don't think he talks as well as he should for his age. Otherwise, he's just being, watching, everything carefully. Trying things out really. Very bright!

Do you have any concerns about how your child understands what you say?  
 Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her hands and fingers to do things?  
 Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her arms and legs?  
 Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child behaves?  
 Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child gets along with others?  
 Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning to do things for himself/herself?  
 Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning preschool or school skills?  
 Circle one: No Yes A little COMMENTS:

Please list any other concerns.  
 None.

! If the parents' completed Response Form only includes circles for "yes", "no" or "a little", you cannot be sure of English literacy. Consider readministering the questions by interview, preferably in the language parents speak best.

2. Compute the child's age and correct for prematurity if the child is less than 24 months old and more than 3 weeks premature. Locate the column in the PEDS Score Form for the child's age range.

**PEDS SCORE FORM**

Child's Name: Billy Harris Birthday: 4/17/09

Please indicate whether the child meets the criteria for each item by checking the appropriate box. Do not check any boxes unless you are sure the child meets the criteria. Do not check any boxes unless you are sure the child meets the criteria. Do not check any boxes unless you are sure the child meets the criteria.

Item	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12
1. Global Cognitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Receptive Language and Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Expressive Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fine Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Gross Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Social Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Self-Help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Circle the number of items for which the child meets the criteria for the age range. Do not circle any items for which the child does not meet the criteria.

If the number circled is the same as the number of items in the age range, the child meets the criteria for the age range. If the number circled is less than the number of items in the age range, the child does not meet the criteria for the age range.

Instructions for use: This form is to be used to calculate the PEDS score. The score is calculated by adding the number of items for which the child meets the criteria for the age range. The score is then compared to the PEDS score for the child's age range. The score is then compared to the PEDS score for the child's age range.





Specific Decisions	
0-3 mos.	_____
4-5 mos.	_____
6-11 mos.	_____
12-14 mos.	_____
15-17 mos.	_____

7. As an alternative to hand-scoring and report writing, PEDS is also available online (along with the Modified Checklist of Autism in Toddlers and other measures will be added such as the Pediatric Symptoms Checklist by Fall, 2005 ) at [www.forepath.org](http://www.forepath.org). PEDS can also be administered with a combination of the written Response Form and online scoring and automated referral letters.