Webinar:
Parents’ Evaluation of Developmental Status (PEDS)

November 9, 2010
Training Provided by:

Cynthia Landes, M.P.H., M.A., E.T./P.
Educational Therapist
Developmental Screening Consultant

(310) 480-1597
cynthia@cyncreations.com
We would like to acknowledge the generous support of the California Department of Social Services for this webinar.

For additional information of public child welfare department’s responsibility to refer children to early intervention services, please contact:

**Adreena C. Lowe, MSW Ed.D**  
CDSS Consultant – Health Care Oversight and Coordination  
Child and Youth Permanency Branch  
California Department of Social Services  
(916) 651-9908 phone  
Adreena.Lowe@DSS.ca.gov

**Jane Tabor-Bane**  
Resource Center for Family-Focused Practice  
The Center for Human Services  
UC Davis Extension  
1632 Da Vinci Court  
Davis, CA 95616  
P: 530.757.8636  
F: 530.754.5104  
Email: jtabor-bane@ucde.ucdavis.edu  
Website: http://humanservices.ucdavis.edu/resource
Features & Materials:  
*Parents’ Evaluation of Developmental Status (PEDS)*
Features: PEDS

- Developed by Frances Page Glascoe, PhD
- 10 item questionnaire
- For children 0 to 8 years
- Elicits parents’ concerns (in multiple languages) re: cognitive, language, self-help, personal-social, and motor skills
- Takes about 5 minutes for parents to complete, 1-2 minutes to score
Features: PEDS

- Sorts children into high, moderate or low risk for developmental and behavioral problems
- 4th – 5th grade reading level so > 90% can complete independently
- Score/Interpretation form used longitudinally
- Online application with automated scoring/results
Materials: Peds

• Packets of Response forms and Score & Interpretation forms
• Collaborating With Parents (Users Guide)
• Brief Administration & Scoring Guide
• Many free, downloadable teaching & support materials
• Available on-line at www.pedstest.com
• On-line version available at www.forepath.org
Child's Name: Russell Richards  
Parent's Name: Mr. and Mrs. Richards

Child's Birthday: 3/21/04  
Child's Age: 30 months  
Today's Date: 9/23/2006

Please list any concerns about your child's learning, development, and behavior.

Mostly his behavior. He doesn't mind me or seem to listen at all. 
Tantrums all the time

Do you have any concerns about how your child talks and makes speech sounds? 
Circle one: [ ] No [ ] Yes [ ] A little  
COMMENTS:

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:
This may just be the terrible twos but it is really terrible

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:
He tries to be too independent

Do you have any concerns about how your child is learning preschool or school skills? 
Circle one: [ ] No [ ] Yes [ ] A little  
COMMENTS:
I think he's too young for that sort of stuff

Please list any other concerns.

Nothing other than behavior and listening.
Find appropriate column for the child's age. Place a checkmark in the appropriate box to show each concern on the PEDS Response form. See Brief Scoring Guide for details on categorizing concerns. Shaded boxes are significant predictors of difficulties. Non-shaded boxes are non-significant predictors.

<table>
<thead>
<tr>
<th>Child's Age</th>
<th>0–3 mos.</th>
<th>4–5 mos.</th>
<th>6–11 mos.</th>
<th>12–14 mos.</th>
<th>15–17 mos.</th>
<th>18–23 mos.</th>
<th>2 yrs.</th>
<th>3 yrs.</th>
<th>4–4½ yrs</th>
<th>4½–6 yrs.</th>
<th>6–7 yrs.</th>
<th>7–8 yrs.</th>
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<td>Global/Cognitive</td>
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<td>Expressive Language and Articulation</td>
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</tbody>
</table>

Count the number of checks in the small shaded boxes and place the total in the large shaded box below.

0 0 0 0 0 0 0 0

If the number shown in the large shaded box is 2 or more, follow Path A on PEDS Interpretation Form. If the number shown is exactly 1, follow Path B. If the number shown is 0, count the number of small unshaded boxes and place the total in the large unshaded box below.

1 0 0 1 1 1 0 0

If the number shown in the large unshaded box is 1 or more, follow Path C. If the number 0 is shown, consider Path D if relevant. Otherwise, follow Path E.
**Child's Name:** Billy Morris  
**Birthday:** 4/17/94

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### Specific Decisions
0-3 mos. counseled re: colic
4-5 mos. happy baby, happy mom, gave info on promoting sleep
6-11 mos. no concerns gave info babyproofing house
12-14 mos. concerns about delayed walking, gave info on wide age range.
15-17 mos. no concerns re: poor response to "no" Disc limits of memory, child-proofing house
18-23 mos. no concerns re: sufficient caloric intake, growth rate normal
2 yrs. progressing well, no concerns. Give info on tr. "runs and positive discipline"
3 yrs. Passed PDA, counsel re: S&L. Re-screen 4 mo.

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**Pediatric Evaluation of Developmental Status**

**Path A:** Two or more predictive concerns?
- Yes:
  - Two or more concerns about self-help, social, school, or receptive language skills?
    - Yes:
      - Refer for audiological and speech-language testing. Use professional judgment to decide if referrals are also needed for social work, occupational/physical therapy, mental health services, etc.
    - No:
      - Refer for intellectual and educational evaluations. Use professional judgment to decide if speech-language, audiological, or other evaluations are also needed.
- No:
  - Screen for health/sensory problems; consider second-stage developmental screen.
  - If screen is passed, counsel in areas of concern and watch vigilantly.
  - If screen is failed, refer for testing in area(s) of difficulty.

**Path B:** One predictive concern?
- Yes:
  - "Other" concerns only?
    - Yes:
      - Administer second-stage developmental screen.
    - No:
      - Counsel in areas of difficulty and follow up in several weeks.
- No:
  - Use a second screen that directly elicits children's skills or refers for screening elsewhere.
  - Use foreign language versions, send PEDS home in preparation for a second visit; seek a translator, or refer for screening elsewhere.

**Path C:** Nonpredictive concerns?
- Yes:
  - Elicit concerns at next checkpoint.
- No:
  - Use PEDS between checkpoints (e.g. sick-or-return visit).

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“Oh, by the way.....”

- Reduces “doorknob concerns”
- Focuses visit and facilitates parent interaction
- Improves parent satisfaction and positive parenting practices
- Increases provider confidence in decision-making
Administration & Scoring:
Parents’ Evaluation of Developmental Status (PEDS)
Have parents fill out Response Form--either individually or you may ask the screening questions and write down their answers.
If parents complete PEDS on their own and they circle answers but don’t write anything on the form, you cannot be sure of literacy and should re-administer PEDS as an interview.
After Response Form is completed, begin the scoring process by computing the Child’s Age.

Correct for prematurity if the child is < 24 mo. AND was born >3.5 weeks premature, then subtract 1 week from chronological age for every week born premature.
Correcting for Prematurity

Child born on 11/29/09
Born 7 weeks premature

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Day</th>
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<tbody>
<tr>
<td>2009</td>
<td>9+12=21</td>
<td>+30=54</td>
</tr>
</tbody>
</table>

Today’s date: 2010 10 24
Child’s DOB: -2009 -11 -29

Chronological age: 10 mo 23 days
- weeks premature -1 21

Corrected age 9 mo 2 days
Scoring: PEDS

Find the correct column for the child’s age on the PEDS Score Form
Read through all comments

Look at the PEDS Brief Guide for examples of how to categorize concerns in the various domains of development
Scoring Alert !!

Parents don’t always answer the question asked! Be sure to focus on the categories of concern given by the parent, not the answer they gave.
Scoring: PEDS

EXAMPLES OF PARENTS’ CONCERNS

Global/Cognitive: Slow and behind; Can’t do what other kids can

Expressive Language: He can’t talk plain

Receptive Language: She doesn’t seem to understand us

Gross Motor: He’s clumsy; falls a lot; awkward; late to walk

Fine Motor: She can’t write well; messy eater
Scoring: PEDS

EXAMPLES OF PARENTS’ CONCERNS

Social/Emotional: He’s mean; she’s bossy; doesn’t have friends

Behavior: He won’t mind me; temper tantrums

Academic/pre-academic: trouble in school; doesn’t know ABCs

Self-Help: Can’t get dressed by himself

Other: trouble hearing/seeing; health problems; family issues; I used to be worried but now I think he’s doing OK
Mark the box to show the kind of concern

- Even if there are several different kinds of issues under the same category, only check the box once (e.g., tantrums, hyperactivity, biting—all just get a single check under behavior)

- When parents circle “a little” to indicate the degree of concern, view this as a “yes”
If you have a concern about a child, you can add checks to the boxes.

However, **DO NOT** remove or ignore the parents' concerns.
Total the number of concerns in the shaded boxes into the large shaded box at the bottom.

Total the number of concerns in the unshaded boxes into the large unshaded box at the bottom.
Scoring: PEDS

If shaded circle = \( \geq 2 \) AND unshaded square = \( x \) * then \( \text{PATH A} \)

If shaded circle = \( 1 \) AND unshaded square = \( x \) * then \( \text{PATH B} \)

If shaded circle = \( 0 \) AND unshaded circle = \( \geq 1 \) then \( \text{PATH C} \)

If shaded circle = \( 0 \) AND unshaded circle = \( 0 \)

\( \text{AND you have concerns, then } \) \( \text{PATH D} \)

If shaded circle = \( 0 \) AND unshaded circle = \( 0 \)

\( \text{AND you have } \text{no } \text{concerns, then } \) \( \text{PATH E} \)

\( * \) \( x \) = Any number
Path A: high risk of developmental disabilities, shows what kinds of referrals are needed.

Path B: moderate risk of disabilities, need for additional screening, developmental promotion, monitoring

Path C: low risk of developmental disabilities but elevated risk for mental health problems, need for parent education, monitoring, and/or additional behavioral screening

Path D: moderate risk of developmental disabilities, problems with parental communication and need for hands-on screening

Path E: low risk for either type of disability for which reassurance is the best response
Path A

Path A is the High Risk path and suggests possible developmental disabilities. Refer for evaluations through EI promptly.

Path A suggests the type of evaluations needed based on the types of concerns.

Additional screening with the M-CHAT is wise.

Add your clinical judgment about what other kinds of services may be needed (e.g., social and mental health care).
Path B suggests Moderate Risk for developmental disabilities

In response screen further or refer for screening

Offer developmental promotion to those who don’t qualify for special services and provide “watchful waiting”/extra monitoring

Consider referrals to Head Start, after school tutoring, etc.
Path C: Low risk of developmental disability but elevated risk of mental health problems, especially in children 4 yrs and older

- For children under 4, give parents advice and written information, and monitor effectiveness.

- If such counseling is not effective, provide mental health screening or refer for screening (both child and family-focused).

- For children 4 and older, give mental health screens or refer for screening (child and family).
Path D

Path D is rare but is used for parent-provider communication difficulties (e.g., no language in common, teen parent who doesn’t know much about his child, parents with serious mental health or language problems)

Refer these children for hands-on screening (e.g., with the Brigance or ASQ)
Path E: Low risk for problems either in development or social-emotional areas

Offer reassurance unless your clinical judgment suggests a problem
The Interpretation Form has space on the right to record your decisions, referrals, advice, etc. This provides a longitudinal record of services provided—helpful for audits, etc.
Additional Follow-up Screening Tools

- Pediatric Symptom Checklist (PSC)
- Family Psychosocial Screen
- Safety Word Inventory & Literacy Screener (SWILS)
- Modified Checklist of Autism in Toddlers (MChAT)

are downloadable **FOR FREE** at

www.pedstest.com/content.php?content=download_resources.html
Review “Roger” Case Example
Talking about Screening Results with Parents
Information to Guide Referral Decisions

- Biological / Health factors
- Environmental factors
  - stressful life events
  - social supports
  - family / care-giving environment
- Developmental history
- Family and cultural context
- Parent concerns
Communicating Screening Results

When a concern or problem arises, consider the following culturally sensitive questions:

– Is there a problem?
– Why is there a problem?
  • What do you think has caused the problem?
– What can be done?
  • What types of interventions would be appropriate?
– Who can help?

Slide information courtesy of J. Clifford & L. Twombly (Univ of Oregon, Early Intervention Program)
Communicating Screening Results*

Prepare for the meeting carefully

• **Make notes about behaviors**
• **Note information you need to gather (health history etc.) from family**
• **Role play conversation with a peer**
• **Select a private, comfortable place**
• **Consider cultural or language issues**
• **Know your community resources**
• **Be calm!**

* Adapted from the Hilton/Early Head Start Training Program, CSU Sonoma
Communicating Screening Results

1. Assure the family that the discussion is confidential.
2. Review the purpose of screening.
3. Avoid terms such as “test”, “pass” or “fail”.
4. Review screening information and explain scores.
5. Emphasize child and family strengths.
6. Provide specific examples of concerns.
7. Invite parents to share observations, concerns.

Slide information courtesy of J. Clifford & L. Twombly (Univ of Oregon, Early Intervention Program)
In Summary

• Screening tools can help bridge communication with families

• Screening tools can assist in making referrals to medical home or community agencies

• Referrals should be based on a variety of considerations-including the culture of the family-in addition to scores

• Developmental issues are very complicated

• Use available resources to make decisions about next steps after screening

Slide information courtesy of J. Clifford & L. Twombly (Univ of Oregon, Early Intervention Program)
Thank you for your participation! Travel safely!
Parents’ Evaluation of Developmental Status (PEDS):  
An evidence-based method for detecting and addressing developmental and behavioral problems in children

Case Example

Roger* had regular checkups since birth. During each, his mother had a range of complaints, mostly health-related or behavioral (as shown on both the Score Form and Interpretation Form). These were addressed with medical/nutrition intervention, parent education (including Ferber’s sleep techniques), and eventually in-home behavior therapy to address head-banging, pacing, and tantrums. Developmentally, Roger walked and talked on time and had a fairly substantial vocabulary, however unusual, at 18 months of age. His parents were active in playing with and teaching him.

The PEDS’ Response Form (next page) shows what his mother wrote while waiting for Roger’s two-year check-up.

The PEDS’ Score Form (showing the concerns raised at prior visits as well) revealed 4 concerns predictive of developmental problems and 2 non-predictive concerns.

The Score Form points to Path A on the PEDS Interpretation Form and the need for audiological/speech-language assessment. Roger’s pediatrician, Dr. Louise Hamilton, also followed the American Academy of Neurology’s recommendations for second-stage screening using an autism-specific measure. Lacking time, she requested that the local Early Intervention (EI) program administer the Modified Checklist of Autism in Toddlers (M-CHAT). Dr. Hamilton also followed the AAN’s recommendation for audiological, vision and lead screening, all of which were negative. (As an aside, PEDS online at www.forepath.org also provides the M-CHAT, offers automated scoring, generates a summary for parents and a referral letter for sharing with other professionals).

The early intervention program administered a range of measures and determined that Roger met eligibility criteria for enrollment in early intervention because of a receptive and expressive language delay and social deficits. (Note that it is not necessary to have a diagnosis for enrollment in early intervention). The program also interviewed Roger’s parents to look at family stressors, mental health issues and other external contributors to Roger’s difficulties but felt the family was healthy and coping well under the circumstances of a challenging child. The developmental specialist at the EI program also administered the M-CHAT which was positive and thus indicated the need to see an autism specialist. The EI program explained these results to Roger’s mother and in a letter back to Dr. Hamilton, suggesting that Roger be placed on the waiting list for the autism specialist at a local university while the program continued to work with him and his family.

*For this case example, no personally identifying information is included. Pseudonyms are used along with stock photography.
I’m worried about how my child talks and relates to us. He says things that don’t have anything to do with what’s going on. He’s oblivious to anything but what he is doing. He’s not doing as well as other kids in many ways.

Do you have any concerns about how your child talks and makes speech sounds?

Circle one:  No  Yes  A little  COMMENTS:

He repeats odd things like “Wheel of Fortune”

Do you have any concerns about how your child understands what you say?

Circle one:  No  Yes  A little  COMMENTS:

I can’t tell if he doesn’t understand, doesn’t hear well or just ignores us

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:

He’s good with manipulatives but does a lot of the same things over and over: spinning wheels on cars, flicking light switches, flipping pages

Do you have any concerns about how your child uses his or her arms and legs?

Circle one:  No  Yes  A little  COMMENTS:

He’s very coordinated and very fast!

Do you have any concerns about how your child behaves?

Circle one:  No  Yes  A little  COMMENTS:

still lots of tantrums but headbanging is almost gone. Behavior therapy has been helpful and his tantrums are less severe and shorter

Do you have any concerns about how your child gets along with others?

Circle one:  No  Yes  A little  COMMENTS:

He doesn’t seem interested in watching other kids, let alone playing with them

Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one:  No  Yes  A little  COMMENTS:

He’s very independent

Do you have any concerns about how your child is learning preschool or school skills?

Circle one:  No  Yes  A little  COMMENTS:

He’s too young for any of that!

Please list any other concerns.

We spend lots of time playing with Roger and talking to him. This seems to be helping him be more engaged. I still wonder about his hearing.
Peds Score Form

You must refer to the Peds Brief Guide to Scoring and Administration in order to correctly administer, score and interpret Peds.

Child's Name

Birthday

Global/Cognitive

Expressive Language and Articulation

Receptive Language

Fine-Motor

Gross Motor

Behavior

Social-emotional

Self-help

School

Other

Child's Age: 0–3 mos. 4–5 mos. 6–11 mos. 12–14 mos. 15–17 mos. 18–23 mos. 2 yrs. 3 yrs. 4–4 1/2 yrs. 4 1/2–6 yrs. 6–7 yrs. 7–8 yrs.

Not doing as well as other kids

Not sure he understands us

Worried about how he relates, not interested in other children

I wonder about his hearing

Count the number of checks in the small circles and place the total in the large circle below.

1 1 0 0 0 0 4

If the number shown in the large circle is 2 or more, follow Path A on Peds Interpretation Form. If the number shown is exactly 1, follow Path B. If the number shown is 0, count the number of small boxes and place the total in the large box below.

0 0 1 1 1 1 2

If the number shown in the large box is 1 or more, follow Path C. If the number 0 is shown, consider Path D if relevant. Otherwise, follow Path E.
**PEDS Interpretation Form**

**Path A: Two or more predictive concerns?**
- Yes?
  - Two or more concerns about self-help, social, school, or receptive language skills?
    - Yes?
      - Refer for audiological and speech-language testing. Use professional judgment to decide if referrals are also needed for social work, occupational/physical therapy, mental health services, etc.
    - No?
      - Refer for intellectual and educational evaluations. Use professional judgment to decide if speech-language, audiological, or other evaluations are also needed.
  - No?
    - Screen for health/sensory problems, consider second-stage developmental screen.
      - If screen is passed, counsel in areas of concern and watch vigilantly.
      - If screen is failed, refer for testing in area(s) of difficulty.

**Path B: One predictive concern?**
- Yes?
  - Health concerns only?
    - Yes?
      - Administer second-stage developmental screen.
    - No?
      - Counsel in areas of difficulty and follow up in several weeks.
  - No?
    - If unsuccessful, screen for emotional/behavioral problems and refer as indicated. Otherwise refer for parent training, behavioral intervention, etc. If concerns still exist at age 4 1/2 and older, refer for mental health services.

**Path C: Nonpredictive concerns?**
- Yes?
  - Counsel in areas of difficulty and follow up in several weeks.
- No?
  - Use a second screen that directly elicits children’s skills or refer for screening elsewhere.

**Path D: Parental difficulties communicating?**
- Yes?
  - Foreign language a barrier?
    - Yes?
      - Use foreign language versions, send PEDS home in preparation for a second visit; seek a translator, or refer for screening elsewhere.
    - No?
      - Use PEDS between checkpoints (e.g. sick- or return-visit).
- No?
  - Elicit concerns at next checkpoint.

**Path E: No concerns?**
- Yes?
  - Elicit concerns at next checkpoint.
- No?
  - Use PEDS between checkpoints (e.g. sick- or return-visit).

Specific Decisions
- 0–3 mos. diarrhea, no fever, suggested formula change
- 4–5 mos. intermittent diarrhea, switched to soy
- 6–11 mos. extensive crying at bed-time gave mo info re: “Ferberizing”
- 12–14 mos. head-banging, gave mo info from Schmitt’s Patient Education
- 15–17 mos. still head-banging, pacing referred for in-home behavior tx
- 18–23 mos. frequent tantrums but head-banging decreased, cont beh tx
- 2 yrs. Path A: hearing, lead, vision screened and OK, referred to EI for M-CHAT and developmental assessment
- 3 yrs.
- 4–4 1/2 yrs.
- 4 1/2 – 6 yrs.
- 6–7 yrs.
- 7–8 yrs.


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<tr>
<th>Chronological Age</th>
<th>Gross Motor</th>
<th>Fine Motor/ Writing</th>
<th>Self-Help</th>
<th>Cognitive/Academic</th>
<th>Social/Emotional</th>
<th>Receptive Language</th>
<th>Expressive Language</th>
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</thead>
<tbody>
<tr>
<td>~ 1 month</td>
<td>Turns head in supine</td>
<td>Sucks well</td>
<td>Gazes at black-white objects</td>
<td>Discriminates mother voice</td>
<td>Startles to loud noise</td>
<td>Makes sounds other than crying</td>
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<td>Chin up in prone</td>
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<td>Follows face</td>
<td>Cries out of distress</td>
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<td>~ 2 months</td>
<td>Chest up in prone</td>
<td>Opens mouth at sight of breast or bottle</td>
<td>Follows large highly contrasting objects</td>
<td>Reciprocal smiling - responds to adult voice &amp; smile</td>
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<td>Coos</td>
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<td>Tries to steady head briefly when held</td>
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<td>Recognizes mother</td>
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<td>Social smile (6 wks)</td>
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<td>~ 3 months</td>
<td>Props on forearms in prone</td>
<td>Brings hands to mouth</td>
<td>Reaches for parent’s face</td>
<td>Expression of disgust (sour taste, loud sound)</td>
<td>Regards speaker</td>
<td>Chuckles</td>
<td></td>
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<tr>
<td></td>
<td>Rolls to side</td>
<td></td>
<td>Follows objects moved in circle (when in supine)</td>
<td>Visually follows person who is moving across a room</td>
<td></td>
<td>Vocalizes when talked to</td>
<td></td>
</tr>
<tr>
<td>~ 4 months</td>
<td>Sit with trunk support</td>
<td>Briefly holds onto breast or bottle</td>
<td>Mouths objects</td>
<td>Smiles spontaneously at pleasurable sight/sound</td>
<td>Orients head in direction of a voice</td>
<td>Laughs out loud</td>
<td></td>
</tr>
<tr>
<td>No head lag when pulled to sit</td>
<td></td>
<td>Stares longer at novel faces than familiar ones</td>
<td>Stops crying at parent voice</td>
<td></td>
<td></td>
<td>Vocalizes when alone</td>
<td></td>
</tr>
<tr>
<td>Rolls on wrists</td>
<td>Clutches at clothes</td>
<td>Shakes rattle</td>
<td>To and fro alternating vocalizations</td>
<td></td>
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<td></td>
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<tr>
<td>Rolls front to back</td>
<td>Reaches persistently plays with rattle</td>
<td>Reaches for ring/rattle</td>
<td></td>
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<tr>
<td>~ 5 months</td>
<td>Sits with pelvic support</td>
<td>Grasps cube using whole hand (palmer grasp)</td>
<td>Turns head to look for dropped spoon</td>
<td>Recognizes caregiver visually</td>
<td>Begins to respond to name</td>
<td>Says “Ah-goo”</td>
<td></td>
</tr>
<tr>
<td>Rolls back to front</td>
<td>Transfers objects: hand-mouth-hand</td>
<td>Regards pellet or small cracker</td>
<td></td>
<td></td>
<td></td>
<td>Razz, squeal</td>
<td></td>
</tr>
<tr>
<td>Parachute sits with arms supporting trunk (anterior protection)</td>
<td>Holds hands together</td>
<td>Grasps/mouths pureed food</td>
<td></td>
<td></td>
<td></td>
<td>Expresses anger with sounds other than crying</td>
<td></td>
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<tr>
<td>Chronological Age</td>
<td>Gross Motor</td>
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<td>Expressive Language</td>
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<tr>
<td>~ 6 months</td>
<td>Sits momentarily propped on hands</td>
<td>Transfers hand-hand</td>
<td>Feeds self crackers</td>
<td>Touches reflection and vocalizes</td>
<td>Stranger anxiety: recognizes familiar vs. unfamiliar people</td>
<td>Stops momentarily to “no”</td>
<td>Reduplicate babble with consonants</td>
</tr>
<tr>
<td></td>
<td>Sits w/o support--Steady</td>
<td>Rakes pellet</td>
<td>Places hands on bottle</td>
<td>Removes cloth on face</td>
<td>Gestures for “up”</td>
<td>Listens then vocalizes when adult stops</td>
<td>Listens then vocalizes when adult stops</td>
</tr>
<tr>
<td></td>
<td>Prone--bears weight on one hand</td>
<td>Takes second cube - holds on to one hand</td>
<td>Bangs &amp; shakes toys</td>
<td></td>
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<tr>
<td></td>
<td>Prone--bears weight on one hand</td>
<td>Reaches with one hand</td>
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<tr>
<td></td>
<td>Prone--bears weight on one hand</td>
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<tr>
<td>~ 7 months</td>
<td>Bounces when held</td>
<td>Grasps using side of hand (radial-palmar grasp)</td>
<td>Refuses excess food</td>
<td>Explores different aspects of a toy</td>
<td>Looks from object to parent and back when wanting help (e.g., with a wind-up toy)</td>
<td>Looks toward familiar object when named</td>
<td>Increasing variety of syllables</td>
</tr>
<tr>
<td></td>
<td>Sits w/o support--Steady</td>
<td></td>
<td></td>
<td>Observes cube in each hand</td>
<td></td>
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<tr>
<td></td>
<td>Puts arms out to sides for balance (Lateral protection)</td>
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<tr>
<td></td>
<td></td>
<td>Grasps with all four fingers and side of thumb (Scissor grasp)</td>
<td></td>
<td>Finds partially hidden object</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>~ 8 months</td>
<td>Gets into sitting</td>
<td>Bangs spoon after a demo</td>
<td>Holds own bottle</td>
<td>Seeks object after it falls to the floor</td>
<td>Lets parents know when happy vs. upset</td>
<td>Responds to “come here”</td>
<td>Says “Mama” (non-specific)</td>
</tr>
<tr>
<td></td>
<td>Commando crawls</td>
<td>Grasps with two finger and thumb below (Radial-digital)</td>
<td>Finger feeds</td>
<td></td>
<td>Engages in gaze monitoring: adult looks away and child follows adult glance with own eyes</td>
<td></td>
<td>Non-reduplicate babble imitates sounds</td>
</tr>
<tr>
<td></td>
<td>Pulls to sitting/ kneeling</td>
<td>Bangs 2 cubes together</td>
<td>Cheeries or string bears</td>
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</tr>
<tr>
<td>~ 9 months</td>
<td>“Stands” on feet and hands</td>
<td>Grasps with two finger and thumb below (Radial-digital)</td>
<td>Bites, chews cookie</td>
<td>Inspects parts of a bell</td>
<td>Uses sounds to get attention</td>
<td>Enjoys gesture games</td>
<td>“Mama” (non-specific)</td>
</tr>
<tr>
<td></td>
<td>Begins creeping</td>
<td>Bangs 2 cubes together</td>
<td></td>
<td>Rings bell after demo</td>
<td>Separation anxiety</td>
<td></td>
<td>Non-reduplicate babble imitates sounds</td>
</tr>
<tr>
<td></td>
<td>Pulls to stand</td>
<td></td>
<td></td>
<td>Pulls string to obtain an attached toy out of reach</td>
<td>Follows a point “Oh look at... “</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Crawls with all four limbs straightened (Bear walks)</td>
<td></td>
<td></td>
<td></td>
<td>Recognizes familiar people visually</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Expressive Language

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<tr>
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<th>Cognitive/Academic</th>
<th>Social/Emotional</th>
<th>Self-Help</th>
<th>Gross Motor</th>
</tr>
</thead>
<tbody>
<tr>
<td>~ 10 months</td>
<td>Drinks (not sips)</td>
<td>Clumsy release of</td>
<td>Drinks from cup</td>
<td>Drinks from cup</td>
<td>Coops well</td>
</tr>
<tr>
<td></td>
<td>from cup held for</td>
<td>cube</td>
<td>held</td>
<td>with socks/</td>
<td>Coops around</td>
</tr>
<tr>
<td></td>
<td>him/her</td>
<td></td>
<td>held</td>
<td>shoes</td>
<td>furniture</td>
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<tr>
<td></td>
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<td></td>
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<tr>
<td>~ 11 months</td>
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<tr>
<td>~ 12 months</td>
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<td>~ 13 months</td>
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<tr>
<td>~ 14 months</td>
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<th>Expressive Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>~15 months</td>
<td>Stoops to pick up toy</td>
<td>builds 3-4 cube tower</td>
<td>Uses spoon--some spill</td>
<td>Turns pages in book</td>
<td>Shows empathy</td>
<td>Points to 1 body part</td>
<td>Uses 3 - 5 words</td>
</tr>
<tr>
<td></td>
<td>Creeps up stairs</td>
<td>Place 10 cubes in cup</td>
<td>Attempts to brush own hair</td>
<td>Places circle in single shape puzzle</td>
<td>(someone else cries child looks sad)</td>
<td>Points to 1 object of 3</td>
<td>Mature jargoning with real words</td>
</tr>
<tr>
<td></td>
<td>Runs stiff-legged</td>
<td>Reaches for bottle</td>
<td>Fusses to be changed</td>
<td></td>
<td></td>
<td>Gets object from another room upon demand</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Walks carrying toy</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>Climbs on furniture</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>~16 months</td>
<td>Stands on one foot with slight support</td>
<td>Puts several round pegs in board (with urging)</td>
<td>Picks up and drinks from cup</td>
<td>Dumps pellet out without demo</td>
<td>Kisses by touching lips to skin</td>
<td>Understands simple commands “Bring to mommy”</td>
<td>Uses 5-10 words</td>
</tr>
<tr>
<td></td>
<td>Walks backwards</td>
<td>Scribbles spontaneously</td>
<td>fetches and carries objects (same room)</td>
<td>Places circle in formboard</td>
<td>Periodically visually relocates caregiver</td>
<td>Points to one picture when named</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Walks up stairs - one hand held</td>
<td></td>
<td></td>
<td></td>
<td>Self-conscious: embarrassed when aware of people observing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>~18 months</td>
<td>Creeps down stairs</td>
<td>Makes 4 cube tower</td>
<td>Removes garment</td>
<td>Matches pairs of objects</td>
<td>Passes M-CHAT</td>
<td>Points to 2 of 3 objects when named</td>
<td>Uses 10-25 words</td>
</tr>
<tr>
<td></td>
<td>Runs well</td>
<td>Crudely imitates vertical stroke</td>
<td>Gets onto adult chair unaided</td>
<td>Re-places circle in formboard after it has been turned around (usually with trial and error)</td>
<td>Engages in pretend play with other people (e.g. tea party, birthday party)</td>
<td>Points to 3 body parts</td>
<td>Uses giant words (all gone, stop that)</td>
</tr>
<tr>
<td></td>
<td>Seats self in small chair</td>
<td>Throws ball—standing</td>
<td>Moves about house without adult</td>
<td></td>
<td>Begins to show shame (when does wrong) &amp; possessiveness</td>
<td>Points to self</td>
<td>Imitates environmental sounds (e.g., animals)</td>
</tr>
<tr>
<td></td>
<td>Throws ball</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Understands “mine”</td>
<td>Names one picture on demand</td>
</tr>
<tr>
<td>~20 months</td>
<td>Squats in play</td>
<td>Completes round peg board without urging</td>
<td>Places only edibles in mouth</td>
<td>Returns to search for object hidden under cloth after not finding it an adult’s closed fists</td>
<td>Begins to have thoughts about feelings</td>
<td>Points to three pictures</td>
<td>Holephrases (“Mommy?”and points at keys, meaning “These are Mommy’s keys”)</td>
</tr>
<tr>
<td></td>
<td>Carries large object</td>
<td>Makes 5-6 cube tower</td>
<td>Feeds self with spoon—entire meal</td>
<td>Places square in form board</td>
<td>Engages in tea party with stuffed animals</td>
<td>Begins to understand her / him / me</td>
<td>Two-word combinations</td>
</tr>
<tr>
<td></td>
<td>Goes up stairs held by one hand</td>
<td>Completes square peg board</td>
<td></td>
<td></td>
<td>Kisses with pucker</td>
<td></td>
<td>Answers requests with “no”</td>
</tr>
<tr>
<td>Chronological Age</td>
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<tr>
<td>~ 22 months</td>
<td>Goes up stairs holding rail, putting both feet on each step&lt;br&gt; Kicks ball with demo&lt;br&gt; Walks with one foot on walking board</td>
<td>Closes box with lid&lt;br&gt; Imitates vertical line&lt;br&gt; Imitates circular scribble</td>
<td>Uses spoon well&lt;br&gt; Drinks from cup well&lt;br&gt; Unzips zippers&lt;br&gt; Puts shoes on partway</td>
<td>Completes formboard with three shapes</td>
<td>Watches other children intensely&lt;br&gt; Begins to show defiant behavior</td>
<td>Points to 4 – 5 pictures when-named&lt;br&gt; Points to 5 – 6 body parts&lt;br&gt; Points to 4 pieces of clothing when-named</td>
<td>Uses 25-50 words&lt;br&gt; Asks for more&lt;br&gt; Adds 1-2 words per week</td>
</tr>
<tr>
<td>~ 24 months</td>
<td>Walks down stairs holding rail, both feet on each step&lt;br&gt; Kicks ball without demo&lt;br&gt; Throws overhand</td>
<td>Makes a single-line “train” of cubes&lt;br&gt; Imitates circle&lt;br&gt; Imitates horizontal line</td>
<td>Opens door using knob&lt;br&gt; Sucks through straw&lt;br&gt; Takes off clothes without buttons&lt;br&gt; Pulls off pants</td>
<td>Sorts objects&lt;br&gt; Matches objects to pictures&lt;br&gt; Shows use of familiar objects</td>
<td>Parallel play&lt;br&gt; Begins to mask emotions for social etiquette</td>
<td>Follows two-step command&lt;br&gt; Understands me / you&lt;br&gt; Points to 5-10 pictures&lt;br&gt; 2 word sentences (noun+verb)&lt;br&gt; Telegraphic speech&lt;br&gt; 50% intelligibility&lt;br&gt; Refers to self by name&lt;br&gt; Names 3 pictures</td>
<td>Uses two-word sentences (noun+verb)&lt;br&gt; Telegraphic speech&lt;br&gt; 50 + words in vocabulary&lt;br&gt; 50% intelligibility&lt;br&gt; Refers to self by name&lt;br&gt; Names 3 pictures</td>
</tr>
<tr>
<td>~ 2 years, 4 months</td>
<td>Jumps from bottom step, one foot leading&lt;br&gt; Walks on toes after demo&lt;br&gt; Walks backward 10 steps</td>
<td>Strings large beads (awkwardly)&lt;br&gt; Unscrews jar lid&lt;br&gt; Turns paper pages (often several at once)</td>
<td>Holds self and/or verbalizes toilet needs&lt;br&gt; Pulls pants up with assistance</td>
<td>Matches shapes&lt;br&gt; Matches colors</td>
<td>Reduction in separation anxiety</td>
<td>Understands “just one”</td>
<td>Repeats 2 digits&lt;br&gt; Begins to use pronouns (I, me, you)&lt;br&gt; Names 10-15 pictures</td>
</tr>
<tr>
<td>~ 2 years, 6 months</td>
<td>Goes up stairs with rail, alternating feet&lt;br&gt; Jumps in place&lt;br&gt; Stands with both feet on balance beam&lt;br&gt; Walks with one foot on balance beam</td>
<td>Makes an 8 cube tower&lt;br&gt; Makes “a train” of cubes and includes a stack</td>
<td>Washes hands&lt;br&gt; Puts things away&lt;br&gt; Brushes teeth with assistance</td>
<td>Re-places circle in formboard after it has been turned around (little or no trial and error)&lt;br&gt; Points to small details in pictures</td>
<td>Imitates adult activities (e.g., sweeping, talking on phone, pretending to hunt animals)</td>
<td>Follows 2 prepositions: “Put block in . . . on box”&lt;br&gt; Points to objects by use: “ride in” . . . “put on feet” . . . “write with”</td>
<td>Echolalia and jargoning gone&lt;br&gt; Names objects by use&lt;br&gt; Refers to self with correct pronoun&lt;br&gt; Recites parts of well-known story/fills in words</td>
</tr>
</tbody>
</table>
### Chronological Age

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<tbody>
<tr>
<td>~ 2 years, 9 months</td>
<td>Walks swinging arms opposite of legs (synchronous gait)</td>
<td>Makes 9-10 cube tower</td>
<td>Toilet trained</td>
<td>Points to self in photos</td>
<td>Begins to take turns</td>
<td>Understands three prepositions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Puts 6 square pegs in pegboard</td>
<td>Puts on coat unassisted</td>
<td>Points to body parts according to function (“what do you hear with...?”)</td>
<td>Tries to help with household tasks</td>
<td>Understands dirty, wet</td>
</tr>
<tr>
<td></td>
<td>Imitates cross</td>
<td></td>
<td>Unbuttons</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>~ 3 years, 0 months</td>
<td>Balances on one foot for 3 seconds</td>
<td>Copies circle</td>
<td>Eats independently</td>
<td>Draws a 2-3 part person</td>
<td>Starts to share with/without prompt</td>
<td>Points to parts of pictures (nose of cow, door of car)</td>
</tr>
<tr>
<td></td>
<td>Goes up stairs, alternating feet, no rail</td>
<td>Cuts with scissors: side to side (awkwardly)</td>
<td>Pours liquid</td>
<td>Understands big/small, more/less</td>
<td>Understands action words: “playing...washing...blowing”</td>
<td>Understands action words: “playing...washing...blowing”</td>
</tr>
<tr>
<td></td>
<td>Pedals tricycle</td>
<td>Imitates bridge of cubes</td>
<td>Puts on shoes without laces</td>
<td>Knows own gender</td>
<td>Feels imaginary things</td>
<td>Names body parts when functions described</td>
</tr>
<tr>
<td></td>
<td>Walks heel to toe</td>
<td>Strings small beads well</td>
<td>Spreads with knife</td>
<td>Knows own age</td>
<td>Imaginative play</td>
<td>Understands negatives</td>
</tr>
<tr>
<td></td>
<td>Catches ball—arms stiff</td>
<td></td>
<td>Unbuttons</td>
<td>Matches letters/numerals</td>
<td>Uses words to describe what someone else is thinking (“Mom thought I was asleep”)</td>
<td>Groups objects (foods, toys)</td>
</tr>
<tr>
<td>~ 3 years, 6 months</td>
<td>Balances on one foot 4-8 sec</td>
<td>Copies square</td>
<td>Eats independently</td>
<td>Draws a 4-6 part person</td>
<td>Starts to share with/without prompt</td>
<td>Understands three prepositions</td>
</tr>
<tr>
<td></td>
<td>Hops on one foot 2-3 times</td>
<td>Imitates making a complex gate with cubes</td>
<td>Wipes after BM</td>
<td>Can give amounts (usually less than 5) correctly</td>
<td>Completes simple analogies: e.g., dad/boy: mother/???; ice/cold; fire/???; Ceiling/up: floor/???</td>
<td>Knows own gender, more/less</td>
</tr>
<tr>
<td></td>
<td>Standing broad jump:1-2 ft</td>
<td>Ties single knot</td>
<td>Washes face/hands</td>
<td>Completes simple analogies: e.g., dad/boy: mother/???; ice/cold; fire/???; Ceiling/up: floor/???</td>
<td>Points to 5-6 colors</td>
<td>Knows own age</td>
</tr>
<tr>
<td></td>
<td>Gallops</td>
<td>Cuts 5 inch circle</td>
<td>Brushes teeth alone</td>
<td>Points to 5-6 colors</td>
<td>Points to letters/numerals when named</td>
<td>Names own gender, more/less</td>
</tr>
<tr>
<td></td>
<td>Throws ball overhand 10 ft</td>
<td>Uses tongs to transfer</td>
<td>Buttons</td>
<td>Names own age, more/less</td>
<td>Rote counts to 4</td>
<td>Has a preferred friend</td>
</tr>
<tr>
<td></td>
<td>Catches bounced ball</td>
<td>Writes part of first name</td>
<td>Uses fork well</td>
<td>“Reads” several common signs/store names</td>
<td>Deception – interested in “tricking” others, and concerned about being tricked by others</td>
<td>Follows three step commands</td>
</tr>
<tr>
<td>~ 4 years, 6 months</td>
<td>Balances on one foot 4-8 sec</td>
<td>Goes to toilet alone</td>
<td>Goes to toilet alone</td>
<td>Draws a 4-6 part person</td>
<td>Follows three step commands</td>
<td>Points to things that are the same versus different</td>
</tr>
<tr>
<td></td>
<td>Hops on one foot 2-3 times</td>
<td>Wipes after BM</td>
<td>Wipes after BM</td>
<td>Can give amounts (usually less than 5) correctly</td>
<td>Complete simple analogies: e.g., dad/boy: mother/???; ice/cold; fire/???; Ceiling/up: floor/???</td>
<td>Names things that are the same versus different</td>
</tr>
<tr>
<td></td>
<td>Standing broad jump:1-2 ft</td>
<td>Washes face/hands</td>
<td>Washes face/hands</td>
<td>Completes simple analogies: e.g., dad/boy: mother/???; ice/cold; fire/???; Ceiling/up: floor/???</td>
<td>Points to 5-6 colors</td>
<td>Names things that are the same versus different</td>
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<tr>
<td></td>
<td>Gallops</td>
<td>Brushes teeth alone</td>
<td>Brushes teeth alone</td>
<td>Points to 5-6 colors</td>
<td>Points to letters/numerals when named</td>
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<td></td>
<td>Throws ball overhand 10 ft</td>
<td>Uses tongs to transfer</td>
<td>Buttons</td>
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<td></td>
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<td>Writes part of first name</td>
<td>Uses fork well</td>
<td>“Reads” several common signs/store names</td>
<td>Deception – interested in “tricking” others, and concerned about being tricked by others</td>
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</tr>
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<td>Goes to toilet alone</td>
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</tr>
<tr>
<td></td>
<td>Standing broad jump:1-2 ft</td>
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<td>Washes face/hands</td>
<td>Completes simple analogies: e.g., dad/boy: mother/???; ice/cold; fire/???; Ceiling/up: floor/???</td>
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<td>Names things that are the same versus different</td>
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<td></td>
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<td>Brushes teeth alone</td>
<td>Brushes teeth alone</td>
<td>Points to 5-6 colors</td>
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</tr>
<tr>
<td></td>
<td>Throws ball overhand 10 ft</td>
<td>Uses tongs to transfer</td>
<td>Buttons</td>
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</tr>
<tr>
<td></td>
<td>Catches bounced ball</td>
<td>Writes part of first name</td>
<td>Uses fork well</td>
<td>“Reads” several common signs/store names</td>
<td>Deception – interested in “tricking” others, and concerned about being tricked by others</td>
<td>Names things that are the same versus different</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Chronological Age</th>
<th>Gross Motor</th>
<th>Fine Motor/ Writing</th>
<th>Self-Help</th>
<th>Cognitive/Academic</th>
<th>Social/Emotional</th>
<th>Receptive Language</th>
<th>Expressive Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>~5 years, 0 months</td>
<td>Walks down stairs, alternating feet, without using rail</td>
<td>Copies triangle</td>
<td>Spreads with knife</td>
<td>Draws an 8 – 10 part person</td>
<td>Has a group of friends</td>
<td>Knows right and left on self</td>
<td>Repeats 6 – 8 syllable sentence</td>
</tr>
<tr>
<td></td>
<td>Balances on one foot for &gt;8 sec</td>
<td>Builds stairs from model</td>
<td>Independent dressing</td>
<td>Gives amounts (&lt; 10)</td>
<td>Apologizes for mistakes</td>
<td>Points to different one in a series</td>
<td>Defines simple words</td>
</tr>
<tr>
<td></td>
<td>Hops on one foot 15 feet</td>
<td>Puts paper clip on paper</td>
<td>Bathes independently</td>
<td>Identifies coins</td>
<td>Responds verbally to good fortune of others</td>
<td>Understands “er” endings, (e.g., batter, skater).</td>
<td>Knows telephone number</td>
</tr>
<tr>
<td></td>
<td>Skips</td>
<td>Can use clothespins to transfer small objects</td>
<td>Can use clothespins to transfer small objects</td>
<td>Names letters/numerals out of order</td>
<td>Produces words that rhyme with “er”</td>
<td>Understands adjectives: bushy, long, thin, pointed</td>
<td>Responds to why questions</td>
</tr>
<tr>
<td></td>
<td>Running broad jump 2-3 ft</td>
<td>Cuts with scissors</td>
<td>Home</td>
<td>Rote counts to 10</td>
<td>Points correctly to “side”, “middle”, “corner”</td>
<td>Enjoys rhyming words and alliterations</td>
<td>Retells stories with clear beginning, middle, end</td>
</tr>
<tr>
<td></td>
<td>Walks backward heel-toe</td>
<td>Writing rate increases</td>
<td>Forms letters with down-going and counterclockwise strokes</td>
<td>Names 10 colors</td>
<td>Understands days and months</td>
<td>Produces words that rhyme</td>
<td>Repeats 8 – 10 word sentences</td>
</tr>
<tr>
<td></td>
<td>Jumps backward</td>
<td>Sticks with tasks (with TV off for up to 20 minutes</td>
<td>Ties shoes</td>
<td>Use letter names as sounds to invent spelling (e.g., “DN”</td>
<td>Has best friend of same sex</td>
<td>Describes events in an orderly way</td>
<td>Knows days of the week</td>
</tr>
<tr>
<td></td>
<td>~5 years, 6 months</td>
<td>Stays on line when writing</td>
<td>Combs hair</td>
<td>By end of kindergarten: Knows sounds of consonants and “short vowels”</td>
<td>Has a group of friends</td>
<td>Understands “who”, “why”, “when”, “where” and “how” questions</td>
<td>10,000 word vocabulary</td>
</tr>
<tr>
<td></td>
<td>Tandem walks</td>
<td>Spaces between words</td>
<td>Looks both ways at street</td>
<td>Read 25 words</td>
<td>Apologizes for mistakes</td>
<td>Knows right from left on others</td>
<td>Masters “r” sound in speech</td>
</tr>
<tr>
<td></td>
<td>Skips</td>
<td>Size of letters becomes uniform</td>
<td>Remembers to bring belongings</td>
<td>Knows sounds of consonant diphthongs (e.g., “ch”, “sh”)</td>
<td>Responds verbally to good fortune of others</td>
<td>Understands “opposites” and word analogies</td>
<td>Tells time</td>
</tr>
<tr>
<td></td>
<td>~6 years, 6 months</td>
<td>Letter reversals disappear</td>
<td>Sticks with tasks (with TV off for up to 20 minutes</td>
<td>Knows sounds of vowel diphthongs (e.g., “oo”, “ou”)</td>
<td>Avoids hurting others in play</td>
<td>Understands “opposites” and word analogies</td>
<td>Uses complex and compound sentences</td>
</tr>
<tr>
<td></td>
<td>Rides bicycle independently</td>
<td>Bats ball placed on cone</td>
<td>Puts attention to teacher when in a group</td>
<td>Reads words with r-controlled vowels (e.g., “bird”, “burn”)</td>
<td>Learns from mistakes</td>
<td>Answers “who”, “why”, “when”, “where” and “how” questions</td>
<td>Talks about a range of topics</td>
</tr>
<tr>
<td></td>
<td>Does somersaults</td>
<td>Size of letters becomes uniform</td>
<td>Complete homework on own</td>
<td>Starts “reading to learn” not just “learning to read”</td>
<td>Helps younger children</td>
<td>Knows right from left on others</td>
<td>Understands days and months</td>
</tr>
<tr>
<td></td>
<td>Writing rate increases</td>
<td>Letter reversals disappear</td>
<td>Complete homework on own</td>
<td>Two-place addition and subtraction</td>
<td>Strong notions about what is fair</td>
<td>Understands “opposites” and word analogies</td>
<td>Masters “r” sound in speech</td>
</tr>
<tr>
<td></td>
<td>Stays on line when writing</td>
<td>Letter reversals disappear</td>
<td>Complete homework on own</td>
<td>Remembers spelling words</td>
<td>Takes turns in conversations</td>
<td>Understands “opposites” and word analogies</td>
<td>Tells time</td>
</tr>
<tr>
<td></td>
<td>Spaces between words</td>
<td>Size of letters becomes uniform</td>
<td>Letter reversals disappear</td>
<td>Remembers spelling words</td>
<td>Delays gratification and waits to take turn</td>
<td>Knows right from left on others</td>
<td>Uses complex and compound sentences</td>
</tr>
<tr>
<td></td>
<td>Size of letters becomes uniform</td>
<td>Letter reversals disappear</td>
<td>Letter reversals disappear</td>
<td>Remembers spelling words</td>
<td>Interested in the opinions of peers</td>
<td>Knows right from left on others</td>
<td>Talks about a range of topics</td>
</tr>
</tbody>
</table>
To use PEDS you will need this brief guide plus two different pads of forms. The PEDS Response Form is used to gather information from parents. The PEDS Score Form and PEDS Interpretation Form (printed front and back on the same pad) are used by professionals to track decisions and performance over time.

Health care professionals should use PEDS at each well visit in order to comply with recommendations for developmental/behavioral detection and surveillance from the American Academy of Pediatrics, the American Nurses’ Association, the Bright Futures Guidelines, the Australian College of Paediatrics, the American Academy of Neurology, the Royal College of Paediatrics and Community Child Health, etc. For children who rarely attend well-visits, PEDS can be used at sick- or return-visits.

Early childhood professionals may wish to use PEDS annually or semi-annually as suggested by the National Association for Education of Young Children and other education organizations.

In all settings, PEDS promotes parent-professional collaboration and cultural competence in early detection. PEDS also serves as an intake and triage tool that indicates the kind of evaluations needed or whether parents simply need guidance, training or reassurance.

**Brief Administration and Scoring Guide**
*(with directions for use with English- and Spanish-speaking parents)*

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**Step 1: Prepare Parents.**

Before giving parents the PEDS Response Form, let them know that addressing behavioral and developmental issues is an important part of the services you provide.

Then ask, **“Would you like to complete the form on your own or have someone go through it with you?”**

In Spanish this statement is:

¿Les gustaría completar el formulario solos o prefieren que alguien lo responda con ustedes?

(phonetically): Lays goos-tär-ee-ah comb-play-tär el for-myu-lär-ee-o solos oh pray-fea-ir-ayn kay all-gée-en loh raysh-pohn-dah cone oo-stéhd-ays?

Usually, parents with reading problems or language barriers will ask for help. In Spanish they will say something like “Prefiera alguien que ayudarme.” If you are unsure of parental literacy, interview the parent verbally. If there are no Spanish-speakers available to help, send PEDS home with parents in preparation for a subsequent visit or give them a stamped and addressed envelope so that they can return PEDS by mail, saying to them:

Por favor, toma ésta forma con usted y busque alguien que le ayude a completarla y vuelva la próxima semana.

(phonetically) Pore fah-vôhr, tóe-mah és-tah fórm-ah cone oo-stéhd ee boós-key all-gée-en kay lay I-yóo-day ah comb-play-tár-la ee buell-vah la pró-ksee-mah say-maah-ah

*If parents only circle “No” (No), “Yes” (Sí), or “A little” (Un poco) and don’t write comments on the Response Form, assume that illiteracy is a problem and interview the parent verbally. Please add your concerns, if any.*

Step 2: Locate Correct Column on the PEDS Score Form for the child’s age.

Once parents have completed the Peds Response Form and returned it to you, take a PEDS Score Form and locate the appropriate column for the child’s age.

Don’t forget to correct for prematurity for children under 2 years old and more than 3 weeks premature.

Step 3: Mark boxes on the Score Form for each concern raised on the Response Form.

Read through parents’ responses to all questions on the Peds Response Form. Then view the table on the next page to decide which boxes and/or circles to mark on the PEDS Score Form.

When categorizing concerns, remember that parents’ answers don’t always apply to the question at hand. If a parent answers the expressive language question with “He’s ubiny” (quejumbroso) score it under “Social-Emotional.”

If parents make statements such as “I was worried but now I think she’s doing better” (Antes me preocupaba, pero ahora me parece que está mejor), mark this as a concern in the developmental area mentioned. Similarly, when parents report that they are only “a little” (un poco) concerned, this too should be marked as a concern.

If parents do not write anything on the Peds Response Form except to circle an occasional “Yes” (Sí) or “A little” (Un poco) on Questions 2–10, illiteracy may be a problem. Double check responses by re-administering the Peds Response Form by interview.
## TYPICAL RESPONSES (English)

<table>
<thead>
<tr>
<th>TYPE OF CONCERN</th>
<th>TYPICAL RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Global/Cognitive</strong></td>
<td>Seems behind; can’t do what other kids can; slow and behind other kids; immature; learns slowly; late to learn to do things; learns but takes a long time; problems with learning everything</td>
</tr>
<tr>
<td><strong>Expressive Language and Articulation</strong></td>
<td>Not talking like he should; uses short sentences; can’t always say what she means; doesn’t always make sense; can’t talk plain. Nobody understands what he is saying but me</td>
</tr>
<tr>
<td><strong>Receptive Language</strong></td>
<td>Doesn’t understand what you say; doesn’t listen well</td>
</tr>
<tr>
<td><strong>Fine-Motor</strong></td>
<td>Can’t stay in the lines when colors; can’t write name; can’t draw shapes, can’t hold a pencil right; can’t get food to mouth with a spoon yet and so is a messy eater</td>
</tr>
<tr>
<td><strong>Gross Motor</strong></td>
<td>Clumsy; walks funny; can’t ride a bike yet; falls a lot; limps, poor balance; hates soccer</td>
</tr>
<tr>
<td><strong>Behavior</strong></td>
<td>Stubborn; over-active; short attention span; spoiled; aggravating; throws fits; only does what she wants</td>
</tr>
<tr>
<td><strong>Social-emotional</strong></td>
<td>Wants to be left alone; mood swings, clingy; whiny; bothered by changes; angry, disinterested in usual things; easily led, acts mean; easily frustrated; bossy; shy; class clown; is angry; mean; hates me</td>
</tr>
<tr>
<td><strong>Self-help</strong></td>
<td>Won’t do things for herself; won’t tell me when he’s wet; not toilet trained yet; still wants a bottle; can’t get dressed by herself</td>
</tr>
<tr>
<td><strong>School</strong></td>
<td>Can’t write his name [scored also with fine motor]; doesn’t know colors or numbers; just not learning to read; can’t remember letter sounds; knows spelling words one day but not the next</td>
</tr>
<tr>
<td><strong>Other/Health</strong></td>
<td>Ear infections; asthma; small for age; sick a lot; I don’t think he hears well. She gets up too close to the TV and I worry about her sight</td>
</tr>
<tr>
<td><strong>No concerns</strong></td>
<td>Typical child; development is normal; be’s coming along just fine; he’s advanced</td>
</tr>
</tbody>
</table>

If no concerns are raised, leave boxes empty and proceed to step 4.
<table>
<thead>
<tr>
<th>TYPICAL RESPONSES</th>
<th>TYPE OF CONCERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parece estar atrasado, no puede hacer lo que hacen otros niños, es lento y está atrasado con respecto a otros niños, es inmaduro, aprende despacio, aprende tarde a hacer las cosas, aprende pero le toma mucho tiempo, problemas aprendiendo todo</td>
<td>Global/Cognitive</td>
</tr>
<tr>
<td>No habla como debería, usa oraciones cortas, no siempre puede decir lo que quiere, no siempre tiene sentido, no puede hablar sencillo. Nadie entiende lo que está diciendo, excepto yo</td>
<td>Expressive Language and Articulation</td>
</tr>
<tr>
<td>No entiende lo que usted dice, no escucha bien</td>
<td>Receptive Language</td>
</tr>
<tr>
<td>No se mantiene dentro de la línea al colorear, no puede escribir su nombre, no puede dibujar figuras, no puede sostener bien el lápiz, todavía no puede llevarse la comida a la boca con una cuchara y por lo tanto se ensucia mucho al comer</td>
<td>Fine-Motor</td>
</tr>
<tr>
<td>Torpe, camina extraño, todavía no puede montar bicicleta, se cae mucho, cojea, balance deficiente, no le gusta el football</td>
<td>Gross Motor</td>
</tr>
<tr>
<td>Terco, muy activo, lapsos cortos de atención, malcriado, desesperante, impulsivo, solamente hace lo que él/ella quiere</td>
<td>Behavior</td>
</tr>
<tr>
<td>Le gusta estar a solas, humor variable, apegado, quejumbroso, le molestan los cambios, enojado, desinteresado en cosas comunes, influenciable, actúa con mala intención, se frustra fácilmente, mandón, tímido, es el gracioso de la clase, está enojado, malintencionado, me odia</td>
<td>Social-emotional</td>
</tr>
<tr>
<td>No hace las cosas por sí mismo, no me dice cuándo está mojado, todavía no va al baño, todavía quiere biberón, no se puede vestir solo</td>
<td>Self-help</td>
</tr>
<tr>
<td>No puede escribir su nombre (scored also with fine motor), no sabe los colores o lo números, simplemente no aprende a leer, no puede recordar los sonidos de las letras, sabe las palabras del vocabulario un día y se le olvidan al siguiente</td>
<td>School</td>
</tr>
<tr>
<td>Infecciones de oído, asma, pequeño para su edad, se enferma mucho, creo que no escucha bien, se pone muy cerca de la televisión y me preocupa su vista</td>
<td>Other</td>
</tr>
<tr>
<td>Niño típico, desarrollo normal, está creciendo bien, está avanzado</td>
<td>No concerns</td>
</tr>
</tbody>
</table>
Step 4: Summarize Concerns on the PEDS Score Form.

The small colored circles on the PEDS Score Form show the concerns predictive of developmental problems. Count the number of checks in the small colored circles in the column above and write the total in the large colored circle near the bottom of the PEDS Score Form.

The small boxes on the PEDS Score Form show the non-predictive concerns (those not predictive of disabilities). Count the checks in the small boxes and write the total in the large box at the very bottom of the PEDS Score Form.

Directions for interpretation

Step 5: Determine the Appropriate Path to follow on the PEDS Interpretation Form.

Follow Path A if the number listed in the large colored circle of the PEDS Score Form is 2 or more (multiple predictive concerns). These children have a high risk of problems (11 times that of children whose parents do not have concerns)—50% have disabilities or substantial delays. They need prompt referrals for early intervention and developmental diagnostic testing. Additional screenings will only result in under-detection. The PEDS Interpretation Form suggests the kinds of referrals that should be most helpful. Those children not found to have disabilities are still likely to have below-average performance. Private speech therapy, early stimulation programs (e.g., Head Start or day care) and other services should be marshaled. Expect to follow Path A with about 1 out of every 10 patients.

Follow Path B if the number listed in the large colored circle is exactly 1 (a single significantly predictive concern). These children have a moderate risk of serious difficulties (7 times that of children whose parents do not have concerns)—30% have disabilities. Additional screening (e.g. PEDS: Developmental Milestones, see www.pedstest.com) is needed to determine which children need referrals and which do not. When health concerns are raised, screening should focus on health and sensory issues; otherwise on developmental screening. Those who fail additional screening should be referred for intervention and further testing. Those who pass screening need developmental promotion, patient education and vigilant follow-up, since they may have emerging disabilities or below-average intelligence, language, or school skills. Where facilities, time, or tools are limited, children can be referred for screening through the public schools or early intervention programs (see www.nectac.org for local programs). Expect to follow Path B with about 2 out of every 10 patients.

Referral to an autism specialist is warranted if, at 0 – 35 months, there are 3 or more concerns about behavior, fine or gross motor, receptive language, or social-emotional; or at 3 – 5 years about school, social-emotional, expressive or receptive language.
Follow Path C if the number in the large unshaded box is 1 or more (nonsignificantly predictive concerns) and the number in the large colored circle is 0 (no significantly predictive concerns). These children have only a low risk of developmental disabilities (1.3 times that of children whose parents have no concerns). Only about 5% of these children have developmental disabilities, although about 25% have emotional and behavioral difficulties, and the frequency is higher still when children are 4 years of age and older. The best response is to first counsel parents about their concerns (most are about children’s behavior) and to monitor their progress closely. If such counseling is unsuccessful (it is advisable to check on progress after several weeks), professionals should screen further for mental health problems and refer children who fail for mental health services (e.g., family counseling, child psychiatry or psychology, social work, mental health centers, etc.). When children pass a behavioral/emotional screen, somewhat less intensive services can be recommended, such as parent-training or behavioral intervention programs. Expect to follow Path C with about 2 in 10 children. Second-stage emotional/behavioral screens can be found in PEDS: Developmental Milestones.

Follow Path D if there are zeros in both large boxes (no concerns of either type) but parents have difficulty communicating due to language barriers, lack of familiarity with the child (e.g., another family member provides most of the care), parental mental health problems, etc. These children (about 3 out of 100) have a moderate risk of disabilities (4 times that of children whose parents have no concerns and no communication difficulties). Almost 20% have disabilities while 35% have delays (i.e. perform well below average). Additional screening is needed, preferably through the schools or early intervention/stimulation programs, since interpreters or social work services may be required for obtaining quality information from these parents. Those who pass screening remain at risk for difficulties. These children also need careful health and sensory assessments and often social work/family assessment.

Follow Path E if there are zeros in both large boxes (no concerns) and parents are able to communicate well. These children are at low risk and only 5% have delays or disabilities. This group requires only reassurance and routine monitoring by re-administering PEDS at the next expected check point (e.g., annual re-screening, well visit, or sick/return visit when families do not keep well-visit appointments). Expect to follow Path E with about 5 out of 10 children.

Step 6: Complete the Interpretation Form.

On the far right of the PEDS Interpretation Form is space to list specific decisions, referrals, additional screening test results, counseling topics, plans for future encounters, etc. This form can be used across multiple encounters to follow children over time.

Because PEDS’ questions are similar to those asked by many professionals, it may be tempting to reword or reinterpet PEDS in a manner different from that presented here. However, research shows that altering questions leads to substantial under-identification of children with problems.

- Specific Decisions

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Decision</th>
</tr>
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<tbody>
<tr>
<td>0–3 mos.</td>
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<tr>
<td>4–5 mos.</td>
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<td>6–11 mos.</td>
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<td>12–14 mos.</td>
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<tr>
<td>15–17 mos.</td>
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</tbody>
</table>

SOURCES FOR INFORMATION

- Barton Schmitt, Instructions for Patient Education
  www.barnesandnoble.com

- Discipline Without Shouting or Spanking,
  Wyckoff & Unell
  www.amazon.com

- American Academy of Child and Adolescent Psychiatry: These include many fact sheets written in multiple languages on a range of issues. (www.aacap.org)

- PEDS customizable information handouts in English and Spanish, summary reports and referral letters (www.pedtest.com)

- The American Academy of Pediatrics section on Developmental and Behavioral Pediatrics has a newsletter and website (www.dbpeds.org) with substantial information for educating families on parenting, medication management, disabilities, etc.
Other Benefits and Features of PEDS

- Can be used from birth to 8 years of age
- Takes about 5 minutes to administer if conducted as an interview, and about 2 minutes to score. Less time is needed if parents complete the brief Response Form in the waiting or exam rooms or at home prior to an encounter.
- Can be self-administered by parents in waiting areas, exam rooms, or at home prior to a visit.
- Can be used by parents with differing levels of education, socioeconomic status, etc.
- Is written at the 4th-5th-grade reading level, which ensures that almost all parents can read and respond independently to the items.
- Has a longitudinal recording form for summarizing surveillance and promotion activities. This facilitates optimal long-term management of children’s psychosocial needs.
- Promotes parent satisfaction with services and increases positive parenting practices.
- Increases parents’ willingness to return for well-child visits.
- Reduces “oh by the way” concerns and helps manage visit length.
- Offers a platform for meaningful communication and enhances “teachable moments.”
- Helps less educated parents express concerns and recognize that primary care includes developmental-behavioral topics.
- Helps identify parents who are overly concerned and simply need reassurance and parent education.
- Promotes clinician confidence and accurate decision-making about developmental and behavioral issues.
- Requires minimal training. New users need only read this brief scoring and administration guide.
- Has presentation materials including slide shows with case studies and scored examples of PEDS at www.pedstest.com.
- The pedstest.com website also houses parent information handouts in Spanish and English along with links to foreign language handouts and services.
- www.pedstest.com also offers an extensive list of questions and answers on use of PEDS and an early detection discussion list.

- Has English, Spanish, and Vietnamese versions in print.
- Other translations are licensed and are available in a wide array of languages (contact: Frances.Page.Glascoe@pedstest.org).
- Standardized on a national sample of 2,800 children from various backgrounds, with varying ethnicity and levels of socioeconomic status.
- Validated on more than 1229 children across the US in various settings, pediatric offices, outpatient clinics, day care centers, and schools.
- Has high sensitivity and identifies 74% to 80% of children with disabilities—in keeping with standards for developmental screening tests and unsurpassed by any other measure, even those that take much longer to administer.
- Has high specificity. 70% to 80% of children without disabilities are identified as typically developing—also in keeping with standards for screening tests.
- Proven to accurately identify children with language delays, intellectual disabilities, learning disabilities, behavioral/mental health problems, and those with autism spectrum disorder.
- Over-referrals, while minimal, identify children at risk for school difficulties.
- Has been extensively peer-reviewed (see www.pedstest.com) to view abstracts and papers.
- Is widely used in various research projects including Computer Assisted Telephone Interviews.
- Is highly reliable and can be administered by a range of professionals and paraprofessionals including office staff.
- Complies with AAP policy to elicit and address parents’ concerns at each well-visit.
- When used together with PEDS:Developmental Milestones, offers evidence-based compliance with AAP policy on screening and surveillance.
- Has a total per-encounter cost of $0.30 or less.
- Confers reimbursement under 96110 screening procedure-code.
- Is available electronically. The online version has virtually instantaneous, automated scoring and generates summary reports and referral letters. See www.pedstest.com for more information.

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**Research on PEDS**

See www.pedstest.com for abstracts and references or the PEDS Comprehensive Manual

**Electronic PEDS**

PEDS is available electronically. Please contact us at online@pedstest.com for more information and guidance on working effectively with families.
Now Available:

PEDS: Developmental Milestones! A brief, accurate way to monitor progress and outcomes (see www.pedstest.com for details)