

# Parents' Evaluation of Developmental Status (PEDS)

Child's name: \_\_\_\_\_ Parent's name: \_\_\_\_\_

Child's birthday: \_\_\_\_\_ Child's age: \_\_\_\_\_ Today's date: \_\_\_\_\_

## Questions

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

	No	Yes	A little	Comments
2. Do you have any concerns about how your child talks and makes speech sounds?				
3. Do you have any concerns about how your child understands what you say?				
4. Do you have any concerns about how your child uses his or her hands and fingers to do things?				

	No	Yes	A little	Comments
5. Do you have any concerns about how your child uses his arms and legs?				
6. Do you have any concerns about how your child behaves?				
7. Do you have any concerns about how your child gets along with others?				
8. Do you have any concerns about how your child is learning to do things for himself / herself?				
9. Do you have any concerns about how your child is learning preschool or school skills?				
10. Please list any other concerns.				

Find appropriate column for the child's age. Choose the appropriate box to show each concern on the form. See brief scoring guide for details on categorizing concerns.

Shaded boxes are significant predictors of difficulties. Non-shaded are non significant predictors.

	Child's age											
	0-3 mos.	4-5 mos.	6-11 mos.	12-14 mos.	15-17 mos.	18-23 mos.	24-35 mos.	36-47 mos.	48-53 mos.	54-71 mos.	72-83 mos.	84-96 mons.
Global / cognitive												
Expressive language and articulation												
Receptive language												
Fine motor												
Gross motor												
Behavior												
Social-emotional												
Self-help												
School												
Other												

Count the number of checks in the shaded boxes and record the data.

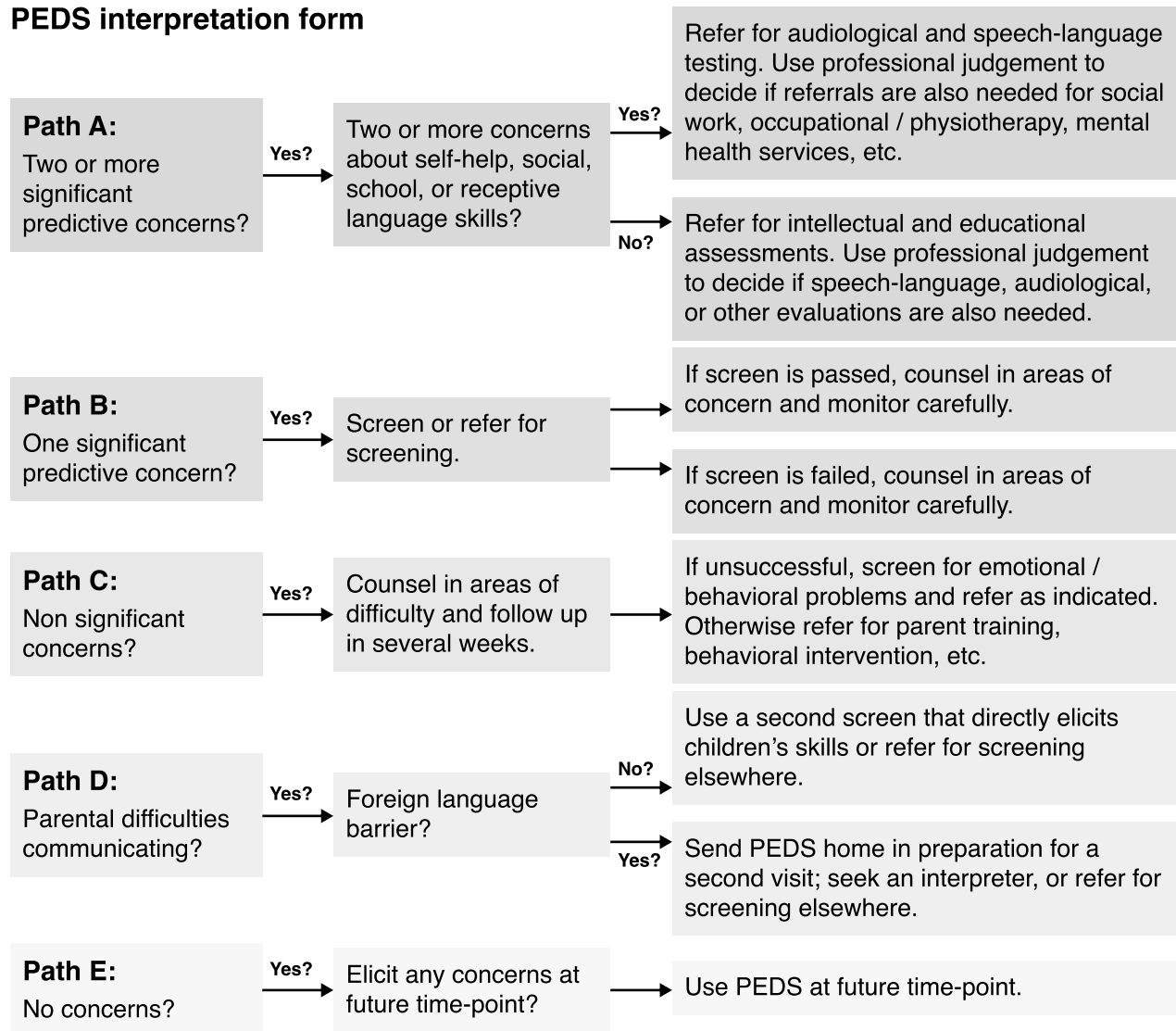
--	--	--	--	--	--	--	--	--	--	--	--	--

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 checks in the small unshaded boxes

--	--	--	--	--	--	--	--	--	--	--	--	--

## PEDS interpretation form



Age	Specific decisions
0–3 mos.	
4–5 mos.	
6–11 mos.	
12–14 mos.	
15–17 mos.	
18–23 mos.	
24–35 mos.	
36–47 mos.	
48–53 mos.	
54–71 mos.	
72–83 mos.	
84–96 mos.	

## References

Centre for Community Child Health. (2006). *PEDS Response Form - Authorised Australian Version*. Bear Creek Pediatric Clinic. <https://shobhanakamdardmd.com/wp-content/uploads/2017/12/peds.pdf>

Adapted from Glascoe, F. P. (1998). The value of 'parents' evaluations of developmental status' in detecting and addressing children's developmental and behavioral problems. *Diagnostique*, 23(4), 185-203. <https://doi.org/10.1177/073724779802300401>