Parents' Evaluation of Developmental Status-Revised®

Detecting and addressing mental health, emotional, behavioural, developmental disorders/delays

The Royal Children's Hospital Melbourne

PEDS-R® Directions

Child's name ..... Child ID .....

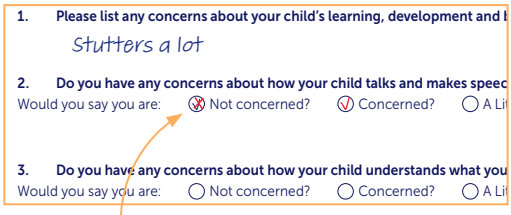
Date of birth ..... (Adjusted) chronological age ..... Today's date .....

STEP 1 If parents did not write any comments or skipped responses, administer PEDS-R® by interview.

STEP 2 Providers, please add your concerns to questions on the Response Form.
Read but do not remove any parent comments.

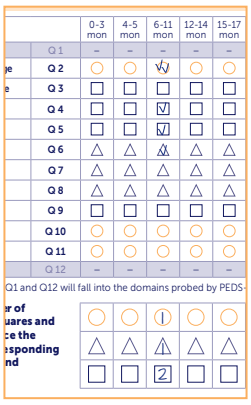
STEP 3

- **Calculate chronological age**. Adjust for prematurity if less than 24 months and 3 or more weeks premature (www.pedstest.com/agecalculator).
- **Find the appropriate age column on the Score Form**.
- For any 'concerned' or 'a little concerned' answers for questions 2-11, place a tick in the corresponding circle, triangle or square.
- If parents wrote concerns but circled 'not concerned', change their answer to 'concerned' and add ticks to the corresponding circles, triangles or squares.



The parent writes a concern (corresponding to the Expressive Language domain) in Question 1, but then ticks 'Not concerned' in Question 2. Provider should cross out 'Not concerned' and tick 'Concerned'.

STEP 4 For any concerns for questions 1 and/or 12, place a tick in the circles, triangles or squares associated with the domain on the Score Form.
See **www.pedstest.com/handbook** if needed.



***NOTE:** Two ticks in a circle are only counted as one ticked circle (same for counting ticks in triangles and squares).*

STEP 5 Add up the small circles with ticks. Write the total number in the **large circle**. Next, add up the small triangles with ticks. Write the total number in the **large triangle**. Repeat for the **squares**.

STEP 6 Use the Score Form and the Interpretation Form to identify the relevant pathway.

STEP 7 Mark path and risk under **Current Findings**. (If using an ASD Screen, record all results under Current Findings.)

STEP 8 Select appropriate **Action Steps**. Gather written information for parents to take home and assist with any referrals.

Practitioners please read parents' comments and then use PEDS-R® Directions and Interpretation form to complete the below:

Current findings

ASD Screen	PEDS-R® path	Risk level	
○ N/A ○ Fail (√) Pass	☐ A	○ High MEBDD Risk	○ High DD Risk
	☑ B	(√) Moderate MEBDD Risk	○ Moderate DD Risk
	☐ C	○ Mild to Moderate MEB Risk	○ Mild DD Risk
	☐ D/E	○ Low MEB and Low DD Risk	

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Jun2026-F DA19

PEDS-R® Score Form

Child's name .....

Date of birth .....

Child ID .....

(Adjusted) chronological age .....

Today's date .....

Child's age		0-3 mon	4-5 mon	6-11 mon	12-14 mon	15-17 mon	18-23 mon	2 yrs	3-4½ yrs	4½-6 yrs	6-7 yrs	7-8 yrs
	Q 1	–	–	–	–	–	–	–	–	–	–	–
Expressive language	**Q 2**	○	○	○	○	○	○	○	○	○	○	○
Receptive language	**Q 3**	□	□	□	□	□	○	○	○	○	○	○
Fine motor	**Q 4**	□	□	□	□	□	□	□	□	○	○	○
Gross motor	**Q 5**	□	□	□	□	□	□	□	○	○	○	○
Behaviour	**Q 6**	△	△	△	△	△	△	△	△	△	△	△
Social/emotional	**Q 7**	△	△	△	△	△	△	△	△	△	△	△
Self-help	**Q 8**	△	△	△	△	△	△	△	△	△	△	△
School skills	**Q 9**	□	□	□	□	□	□	□	□	○	○	○
Global/cognitive	**Q 10**	○	○	○	○	○	○	○	○	○	○	○
Health	**Q 11**	○	○	○	○	○	○	○	○	○	○	○
	Q 12	–	–	–	–	–	–	–	–	–	–	–

Note: Comments in Q1 and Q12 will fall into the domains probed by PEDS-R, listed above.

Count the number of ticked circles, squares and triangles and place the totals in the corresponding circles, squares and triangles here:

○	○	○	○	○	○	○	○	○	○	○
△	△	△	△	△	△	△	△	△	△	△
□	□	□	□	□	□	□	□			

If the number shown in the large circle is 2 or more AND the large triangle shows 1 or more	follow **Path A High MEBDD Risk**
If the number shown in the large circle is 2 or more AND the large triangle is 0	follow **Path A High DD Risk**
If the number shown in the large circle is 1 AND the large triangle is 1 or more	follow **Path B Moderate MEBDD Risk**
If the number shown in the large circle is 1 AND the large triangle is 0	follow **Path B Moderate DD Risk**
If the number shown in the large circle is 0 AND the large square is 0 AND the large triangle is 1 or more	follow **Path C Mild to Moderate MEB Risk**
If the number shown in the large circle is 0 AND the large square is 1 or more AND the large triangle is 0	follow **Path C Mild DD Risk**
If the number shown in the large circle is 0 AND the large square is 1 or more AND the large triangle is 1 or more	follow **Path C Mild to Moderate MEB Risk AND** follow **Path C Mild DD Risk**
If the number shown in the large circle, large square AND the large triangle are all 0	follow **Path D/E Low MEB and DD Risk**

MEBDD = Mental health, Social-Emotional, Behavioural risk **and** Developmental Delay/Disorder risk
MEB = Mental health, Social-Emotional, Behavioural risk
DD = Developmental Delay/Disorder risk

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PEDS-R® Interpretation Form

PATH A
High
MEBDD Risk
or ASD
screen failed

OR

PATH A
High
DD Risk
or ASD
screen failed

- Provide information (e.g. Raising Children Network, activities sheets, community activities e.g. playgroup, storytime etc).
- Refer for further evaluation (e.g. GP to refer to paediatrician, developmental clinic, hearing, speech assessment etc).
- Refer to early intervention (e.g. services through NDIS).
- Also request evaluation of mental health, well-being and behaviour. *

PATH B
Moderate
MEBDD Risk

OR

PATH B
Moderate
DD Risk

- Provide information (e.g. Raising Children Network, activities sheets, community activities e.g. playgroup, storytime).
- Administer second-stage developmental screen.
- Refer to parenting programs, quality education and care, education supports or other local programs.
- Use professional judgement and results of secondary screen to decide if referral to early intervention or allied health is needed (e.g. through community allied health or NDIS).
- Also refer to parenting programs and/or request evaluation of mental health.*

PATH C
Mild to
Moderate
MEB Risk

AND/OR

PATH C
Mild
DD Risk

- Advise parents and provide information, (e.g. Raising Children Network, activities sheets, community activities e.g. playgroup, storytime).
- Consider referring to parenting programs, quality preschool, education supports or other local programs.
- Also refer to parent-child supports and/or request evaluation of mental health.*

PATH D/E
Low MEB
and
Low DD Risk

- Rescreen at next scheduled key visit or at appropriate time.
- Offer parenting information (e.g. Raising Children Network, activities sheets, community activities e.g. playgroup, storytime, parenting programs).

***For Paths A, B and C** ALSO provide guidance on specific concerns. Contact in 6-8 weeks to: assess effectiveness of advice; rescreen; and follow-up uptake on any referrals.

Child's name ..... (Adjusted) chronological age .....

Date of birth ..... Today's date .....

Child ID .....

For practitioner use

Prior Screening ◯ No ◯ Yes **Prior screening date:** ..... **Risk Level** .....

Were recommended services received? ◯ Yes ◯ No

Practitioners please read parents' comments and then use PEDS-R® Directions and Interpretation form to complete the below:

Current findings

ASD Screen	PEDS-R® path	Risk level	
◯ N/A ◯ Fail ◯ Pass	☐ **A**	◯ High MEBDD Risk	◯ High DD Risk
	☐ **B**	◯ Moderate MEBDD Risk	◯ Moderate DD Risk
	☐ **C**	◯ Mild to Moderate MEB Risk	◯ Mild DD Risk
	☐ **D/E**	◯ Low MEB and Low DD Risk	

Action Steps (tick all that apply)

1. Secondary screen ◯ Yes ◯ No Screen name: .....

◯ If screen is passed → counsel in areas of concern and monitor

◯ If screen is failed → refer for further assessment in areas of difficulty.

2. Advice

Give parent advice on development/behaviour ◯ written ◯ spoken ◯ online (websites)

Topics: .....

Offer anticipatory guidance (e.g. health and safety advice) Topics: .....

3. Refer ◯ Yes ◯ No

Refer for further evaluation

◯ Paediatrician (via GP) ◯ Vision ◯ Mental health services

◯ Hearing ◯ Speech pathology ◯ Other (list): .....

Refer for Early Intervention Services .....

◯ Community allied health services ◯ NDIS

Specific therapies: ◯ Speech therapy ◯ Occupational therapy ◯ Physiotherapy ◯ Other (list): .....

Refer to local programs .....

◯ Quality early childhood education and care ◯ Play group

◯ Story time ◯ Quality pre-school/kindergarten

◯ Education supports / after school help ◯ Parenting program

◯ Family supports (e.g. financial hardship/housing/food instability). List: .....

◯ Other relevant local programs. List: .....

Provide parents with contact information on services referred to ◯

4. Review ◯ Yes ◯ No **Establish date to follow-up with family on effectiveness of advice and on service engagement.** Date: .....

5. Other recommendations: .....

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PEDS-R® Response Form

Child's name ..... **Parent's name** .....

Child's birthday ..... **Child's age** ..... **Weeks premature?** ..... **Today's date** .....

Child ID .....

1. Please list any concerns about your child's learning, development and behaviour. Comments:

2. Do you have any concerns about how your child talks and makes speech sounds?
Would you say you are: ◯ Not concerned? ◯ Concerned? ◯ A Little concerned? Comments:

3. Do you have any concerns about how your child understands what you say?
Would you say you are: ◯ Not concerned? ◯ Concerned? ◯ A Little concerned? Comments:

4. Do you have any concerns about how your child uses their hands and fingers to do things?
Would you say you are: ◯ Not concerned? ◯ Concerned? ◯ A Little concerned? Comments:

5. Do you have any concerns about how your child uses their arms and legs?
Would you say you are: ◯ Not concerned? ◯ Concerned? ◯ A Little concerned? Comments:

6. Do you have any concerns about how your child behaves?
Would you say you are: ◯ Not concerned? ◯ Concerned? ◯ A Little concerned? Comments:

7. Do you have any concerns about how your child gets along with others?
Would you say you are: ◯ Not concerned? ◯ Concerned? ◯ A Little concerned? Comments:

8. Do you have any concerns about how your child is learning to do things for themselves?
Would you say you are: ◯ Not concerned? ◯ Concerned? ◯ A Little concerned? Comments:

9. Do you have any concerns about how your child is learning preschool or school skills?
Would you say you are: ◯ Not concerned? ◯ Concerned? ◯ A Little concerned? Comments:

10. Do you have any concerns that your child is behind others or can't do what other children can?
Would you say you are: ◯ Not concerned? ◯ Concerned? ◯ A Little concerned? Comments:

Continued over page

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Child's name ..... **Parent's name** .....

Child's birthday ..... **Child's age** ..... **Weeks premature?** ..... **Today's date** .....

Child ID .....

11. Do you have any concerns about your child's health or how they see, hear, eat or sleep?

Would you say you are: ◯ Not concerned? ◯ Concerned? ◯ A Little concerned? Comments:

12. Please list any other concerns. Comments:

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