

# Parents' Evaluation of Developmental Status-Revised®



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

## PEDS-R® Directions

**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](http://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.

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

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

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?

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](http://www.pedstest.com/handbook) if needed.

	0-3 mon	4-5 mon	6-11 mon	12-14 mon	15-17 mon
Q 1					
Q 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q 5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q 6	<input type="triangle"/>	<input type="triangle"/>	<input checked="" type="triangle"/>	<input type="triangle"/>	<input type="triangle"/>
Q 7	<input type="triangle"/>	<input type="triangle"/>	<input type="triangle"/>	<input type="triangle"/>	<input type="triangle"/>
Q 8	<input type="triangle"/>	<input type="triangle"/>	<input type="triangle"/>	<input type="triangle"/>	<input type="triangle"/>
Q 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q 12					

Q1 and Q12 will fall into the domains probed by PEDS-R.

Circle	Triangle	Square
<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"/>

**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.)

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

ASD Screen	PEDS-R® path	Risk level
<input type="checkbox"/> N/A	<input type="checkbox"/> A	<input type="checkbox"/> High MEBDD Risk <input type="checkbox"/> High DD Risk
<input type="checkbox"/> Fail	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> Moderate MEBDD Risk <input type="checkbox"/> Moderate DD Risk
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> C	<input type="checkbox"/> Mild to Moderate MEB Risk <input type="checkbox"/> Mild DD Risk
	<input type="checkbox"/> D/E	<input type="checkbox"/> Low MEB and Low DD Risk

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

# PEDS-R® Score Form

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

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

Child ID .....

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 <b>Path A High MEBDD Risk</b>
If the number shown in the large circle is 2 or more AND the large triangle is 0	follow <b>Path A High DD Risk</b>
If the number shown in the large circle is 1 AND the large triangle is 1 or more	follow <b>Path B Moderate MEBDD Risk</b>
If the number shown in the large circle is 1 AND the large triangle is 0	follow <b>Path B Moderate DD Risk</b>
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 <b>Path C Mild to Moderate MEB Risk</b>
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 <b>Path C Mild DD Risk</b>
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 <b>Path C Mild to Moderate MEB Risk AND follow Path C Mild DD Risk</b>
If the number shown in the large circle, large square AND the large triangle are all 0	follow <b>Path D/E Low MEB and DD Risk</b>
<b>MEBDD = Mental health, Social-Emotional, Behavioural risk and Developmental Delay/Disorder risk</b> <b>MEB = Mental health, Social-Emotional, Behavioural risk</b> <b>DD = Developmental Delay/Disorder risk</b>	

# PEDS-R® Interpretation Form



**\*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
<input type="radio"/> N/A <input type="radio"/> Fail <input type="radio"/> Pass	<input type="checkbox"/> <b>A</b>	<input type="radio"/> High MEBDD Risk <input type="radio"/> High DD Risk
	<input type="checkbox"/> <b>B</b>	<input type="radio"/> Moderate MEBDD Risk <input type="radio"/> Moderate DD Risk
	<input type="checkbox"/> <b>C</b>	<input type="radio"/> Mild to Moderate MEB Risk <input type="radio"/> Mild DD Risk
	<input type="checkbox"/> <b>D/E</b>	<input type="radio"/> Low MEB and Low DD Risk

#### Action Steps (tick all that apply)

- 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.
- Advice**  
**Give parent advice on development/behaviour**  written  spoken  online (websites)  
 Topics: .....  
**Offer anticipatory guidance (e.g. health and safety advice)** Topics: .....
- 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**
- Review**  Yes  No **Establish date to follow-up with family on effectiveness of advice and on service engagement.** Date: .....
- Other recommendations:** .....

# 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

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: