

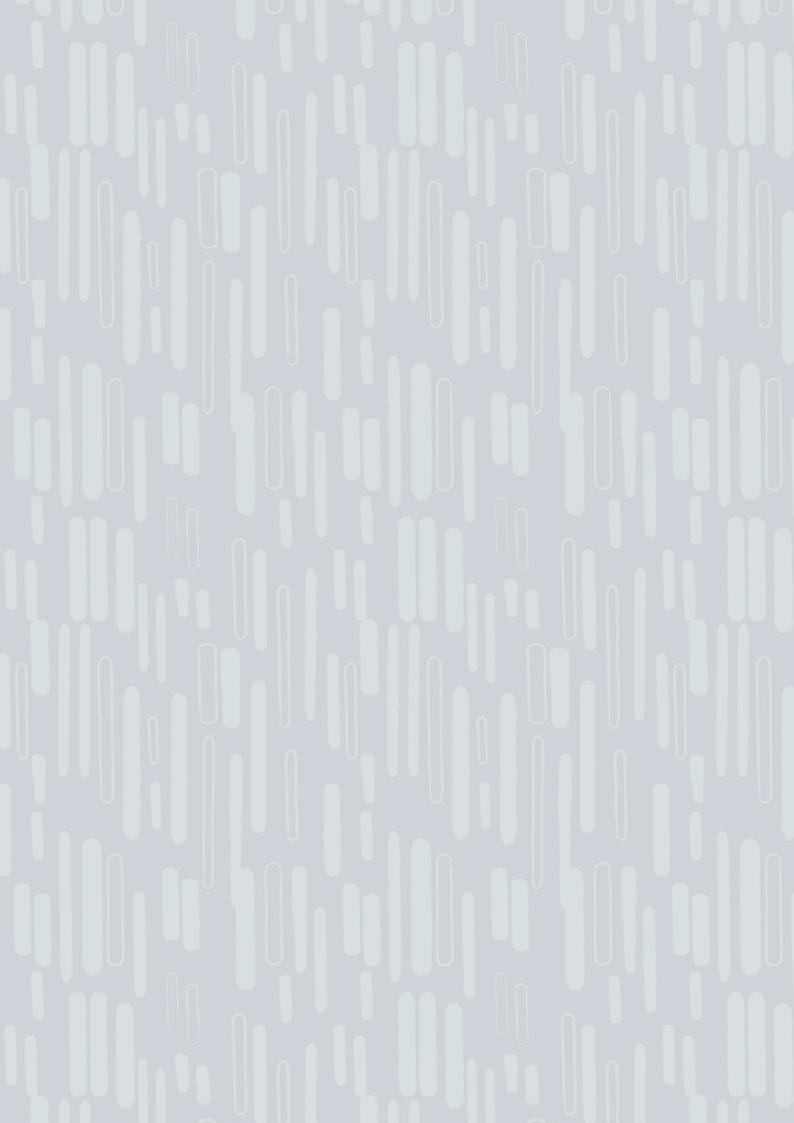
PEDS Brief administration and scoring guide

PARENTS' EVALUATION OF DEVELOPMENTAL STATUS

Guide for practitioners in Australia and New Zealand

Don't use PEDS without this Guide

An evidence-based method for detecting and addressing developmental and behavioural problems in children aged from birth through to seven years and 11 months.



Directions for administration and interpretation

Points to remember

To use PEDS you will need the following:

- PEDS Response form a 10 item questionnaire (completed by parents).
- PEDS Score form (professional use).
- PEDS Interpretation form (professional use).
- this Brief administration and scoring guide.
- All questions are asked at all ages (PEDS has been validated for use with parents of children aged from birth through 7 years and 11 months).
- Language is important—the words of the PEDS questionnaire have been chosen because research has shown that parents respond well to them.
 - Please do not deviate from the PEDS wording.
- Be sure to use official translations of PEDS if working with non-English speaking families. These have been tested and are known to work well.
- The Response form can be completed at home, in the waiting room or in a face-to-face conversation with you.

- In an interview situation, all concerns raised by the parents must be recorded.
- Professionals can add their own concerns to PEDS but may not remove those of parents, even if they seem developmentally inappropriate (eg my 6 month old isn't talking yet).
- Accurately categorising parents' concerns requires professionals to utilise their knowledge of child development and behaviour (and use this PEDS Brief administration and scoring guide which explains how).
- When interpreting the parent concerns, carefully read what the parent has written.
- If parents make statements such as "I was worried but now I think she's doing better" mark this as a concern in the developmental area mentioned. Similarly, when parents report that they are only 'a little' concerned, mark it as a concern as well.

Step one

Prepare parents

Briefly explain the PEDS process—consider how you
will introduce PEDS. As a professional, it is important
that you support the key message of PEDS. For
example: "I am interested in hearing your concerns
about your child"; "Would you like to tell me about
any concerns you have about your child?"

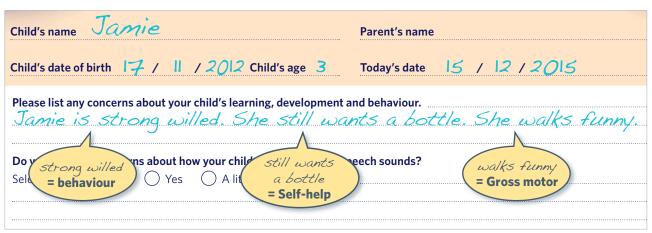
When offering the **PEDS Response form**, check if the parent prefers to complete the form on their own, or to fill it in while you are present.

If parents complete the form on their own and mark all 'No', all 'Yes', or all 'A little' to all ten questions or if the parents **do not write any comments on the Response Form**, further discussion is needed. Further discussion will clarify if parents have concerns and did not feel able or did not want to disclose their concerns. It will also enable you to check if literacy, intellectual capacity or language barrier is an issue. If there are issues with the parents' level of literacy or intellectual capacity, re-administer PEDS by interview. If language barrier is an issue use an interpreter if available and/or administer a secondary screen.

Parents' Evaluation of **Developmental Status (PEDS)** Child's date of birth / / Child's age Please list any concerns about your child's learning, development and behaviour. Do you have any concerns about how your child talks and makes speech sounds? Select one: O No O Yes O A little Do you have any concerns about how your child understands what you say? Select one: No Yes A little Comments: Do you have any concerns about how your child behaves? Select one: No Yes A little Co Do you have any concerns about how your child gets along with others? Select one: O No O Yes O A little Do you have any concerns about how your child is learning to do things for himself/herself? Select one: O No Yes O A little Do you have any concerns about how your child is learning preschool or school skills? Select one: O No Yes A little Please list any other concerns. © Copyright. Authorised Australian version, The Royal Children's Hospital Centre for Community Child Health. Adapted with permission from Frances Page Glascoe and PEDSTest.com.LLC. This form may not be reproduced. If you use any PEDS tools without the necessary training, to the maximum extent allowed by the governing law, The Royal Children's Hospital Centre for Community Child Health will not be laide to the user for any consequential closs or damage arraing from any error, omission, loss or damage. For PEDS training, or to re-order visit www.peds.org.au

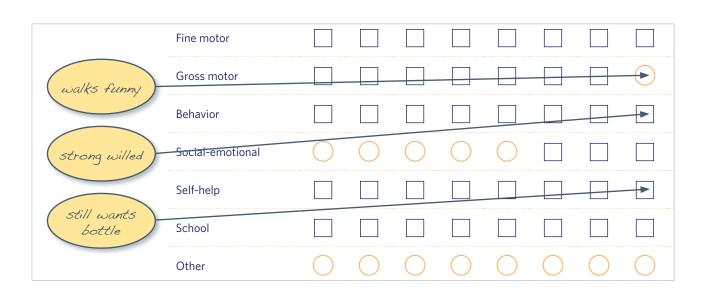
Step two

Determine the categories of parents' concerns



- Read through parents' responses to ALL questions on the PEDS Response form.
- View the 'Typical Responses' table on page 5 to see examples of parents' concerns.
- Interpret the concerns carefully in order to record the concerns in the appropriate domain.
- At this time, add your own concerns, but do not take away any of the parents' concerns.

When categorising concerns, remember that parents' comments may not always necessarily correspond to the question. For example, if a parent answers the **Expressive Language question with** 'he doesn't listen to me' categorise it as Receptive Language.



Step three

Locate correct column on the PEDS Score form for the child's age

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

Child's age in months	0-3	4-5	6-11	12-14	15-17	18-23	24-35	36-47	48-53	54-71	72-83	84-96
Today's date												

On the PEDS Score form locate the appropriate column for the child's age.

Don't forget to adjust for prematurity up to the age of two years for children born preterm at 37 weeks or earlier.

If parents make statements such as 'I was worried, but now I think she's doing better', mark this as a concern in the developmental area mentioned. Similarly, when parents report that they are only 'a little' concerned, this too should be marked as a concern.

Categorising parents' concerns

TYPICAL RESPONSES	TYPE OF CONCERN If present, mark the box in the age-appropriate column on the PEDS Score form for:
Not talking like he should; uses short sentences; can't always say what she means; doesn't always make sense; can't talk clearly; nobody understands what he is saying but me	Expressive Language and Articulation
Doesn't understand what you say; doesn't listen well	Receptive Language
Wants to be left alone; very quiet; doesn't get along with others; mood swings; clingy; bothered by changes; cranky, disinterested in usual things; easily led; easily frustrated; bossy; shy; class clown; is angry; mean; hates me	Social-emotional
Stubborn; won't sit still; demanding; short attention span; spoiled; easily bored; has tantrums; annoying; says no all the time; only does what she wants	Behaviour
Has difficulty staying in the lines when colouring in; unable to do up buttons or zips; unable to write name; unable to draw shapes; can't hold a pencil properly; unable to feed himself; messy eater; having trouble dressing himself	Fine Motor
Not rolling/crawling/walking yet; unable to sit up on his own; clumsy; walks funny; walks on his toes; can't ride a bike yet; falls a lot; limps; poor balance; can't kick a ball	Gross Motor
Won't do things for herself; won't tell me when he's wet; not toilet trained yet; still wants a bottle; unable to dress herself; won't go to sleep by herself	Self-help
Unable to write his name (also scored with Fine Motor); doesn't know colours or numbers; just not learning to read; can't remember letter sounds; knows spelling words one day but not the next	School
Seems behind; not doing what other kids his age are doing; slow and behind other kids; immature; learns slowly; late to learn to do things; learns but takes a long time; problems with learning things	Global/Cognitive
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	Other/Health
Parent responds positively about their child: he's fine; seems normal for her age; he's doing well; she seems advanced for her age	Parent has no concerns. If no concerns are raised, leave boxes empty and proceed to step 4

Step four

Summarise concerns on the PEDS Score form

• Mark each type of concern parents (or you) have.

Step five

Count and total the concerns marked on the PEDS Score form

- Count the number of small circles with checkmarks and write the total in the large circle.
- Count the number of small boxes with checkmarks and write the total in the large box.

Sometimes parents have multiple concerns in a single domain. Even if you have placed multiple checks within some circles or squares, **count only the number of marked circles or squares**.

- The small coloured circles on the PEDS Score form show the **concerns predictive of developmental problems**.
- The small boxes on the PEDS Score form show the non-predictive concerns (those not predictive of disabilities).



DIRECTIONS FOR INTERPRETATION Step six

Determine the appropriate path to follow on the PEDS Interpretation form

Follow Path A if the number listed in the large coloured circle of the PEDS Score form is two 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 developmental delay.
- Prompt referral to a general practitioner or paediatrician for early intervention services and developmental diagnostic testing is essential.
- Additional screenings will only result in under-detection.
- Children who are subsequently not identified as having a disability are likely to have below-average performance. These children may be assisted by referral for specialist support through an early intervention program, or through direct work with the parents around supporting their child's developmental progress.
- Expect to follow Path A with about **one** out of every ten children.

FOLLOW PATH B if the number listed in the large coloured circle is exactly one (a single significantly predictive concern).

- These children have a moderate risk of serious difficulties (seven times that of children whose parents do not have concerns)—30% have disabilities.
- Additional screening is needed to determine if the child requires referral (follow your service guidelines regarding use of a secondary screen).
- If health concerns are raised, screening will focus on health and sensory issues. Developmental screening is appropriate if other concerns are present.

- Children who fail additional developmental screening need to be referred for early childhood intervention and further testing.
- Children who pass screening need developmental promotion, and vigilant follow-up, as they may have emerging disabilities or below-average intelligence, language, or school skills. Parents may require education and support to help their child.
- Expect to follow Path B with about **two** out of every ten children



Although PEDS identifies the majority of children with possible autism spectrum disorders (ASD), an ASD-focused screen is an essential adjunct for sorting children with or without ASD.

Please note that referral for an autism assessment may be warranted if at 0-35 months there are three or more concerns about behaviour, fine or gross motor, receptive language, or social-emotional; or at 3-5 years about school, social-emotional, expressive

or receptive language.

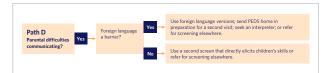
Follow Path C if the number in the large unshaded box is one or more (non-significant predictive concerns).

- These children have only a low risk of developmental disabilities (1.3 times that of children whose parents have no concerns).
- Approximately 5% of these children will have developmental disabilities, although about 25% may have emotional and behavioural difficulties.
- The frequency of developmental disabilities is higher in children four years and over.
- The best response is to counsel/advise the parents about their concerns (most are about children's behaviour) and closely monitor the child's progress.
- If the parents' concerns persist, professionals will need to consider the child's wellbeing and refer the child and family to an appropriate service (eg family support service, early parenting service, specialist education service, family counselling, child psychiatry or psychology, social work etc).
- Expect to follow Path C with about two in ten children
- Some of the children who meet the criteria for Path A or Path B may also meet the criteria for Path C if their parents have both significant and non-significant predictive concerns. The non-significant concerns should still be addressed, whether by the practitioner administering PEDS or through the referral process.



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 three out of 100) have a moderate risk of disabilities (four times that of children whose parents have no concerns and no communication difficulties).



Where language is a barrier, an appropriately trained interpreter using approved PEDS translations is required.

• Almost 20% of these children have disabilities, while 35% have delays (eg perform well below average). Children who pass additional screening remain at risk for difficulties. Additional screening is recommended for these children. Careful monitoring of health and sensory development is required. Consideration of the family's psychosocial needs is also a priority.

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—5% have delays or disabilities.
- Offer support, information and reassurance to the parent.



- Continue routine monitoring by re-administering PEDS at the next expected appointment, or according to your individual service guidelines (eg annual re-screening, check up, or sick/return visit).
- Expect to follow Path E with about five out of ten children.



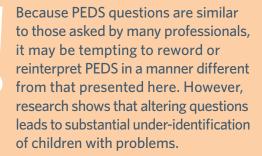
If parents have no concerns, but clinical judgment suggests the presence of a problem, follow Path A or B or add your concerns to those of the parents before you score. Do not remove any of the parents' concerns.

Step seven

Complete the PEDS Interpretation form

Space is provided on the bottom of the **PEDS Interpretation form** under the heading **Specific decisions** to list referrals, additional screening test results, counselling/advice topics, plans for follow up, etc. This form may be used across multiple encounters to support the professional to follow a child's developmental progress over time.

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



CASE STUDY ONE Infant aged less than 12 months

Billy, 4 months

Parents' Evaluation of Developmental Status (PEDS) Score form



Child's name $\mathcal{B}i/\mathcal{C}$	<i>/y</i>				<u>C</u>	hild's da	te of birtl	19	/ 11	/	20I.	3
You must refer to t score and interpret		Brief A	dminist	ration a	nd Scor	ing Gui	de in or	der to c	orrectly	admin	ister,	
Child's age in months	0-3	4-5	6-11	12-14	15-17	18-23	24-35	36-47	48-53	54-71	72-83	84-96
Today's date		21 Mar 2014										
Global/cognitive												
Expressive language and articulation	\bigcirc	\bigcirc	\bigcirc			\bigcirc		\bigcirc	\bigcirc			\bigcirc
Receptive language						\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Fine motor	Not	t sitting	up yet							\bigcirc	\bigcirc	\bigcirc
Gross motor								\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Behavior		Only jus	st star	ted roll	ling onto	o his t	итту	\geq				
Social-emotional	\bigcirc	\bigcirc	\bigcirc									
Self-help												
School										\bigcirc	\bigcirc	\bigcirc
Other	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Count the number of sn	nall circles	with chec	kmarks a	and place	the total	in the lar	ge circle b	elow.				
Child's age in months	0-3	4-5	6-11	12-14	15-17	18-23	24-35	36-47	48-53	54-71	72-83	84-96
	\bigcirc	0	\bigcirc	\bigcirc	\bigcirc	\bigcup	\bigcup	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
If the number shown in follow Path B . Then cou									. If the nu	mber sho	own is exa	actly 1,
Child's age in months	0-3	4-5	6-11	12-14	15-17	18-23	24-35	36-47	48-53	54-71	72-83	84-96
		1										
If the number shown in Otherwise, follow Path	_	oox is 1 or ı	more, als	o follow F	Path C. If	the numb	er 0 is sh	own, con	sider Patl	h D if rele	evant.	

CASE STUDY ONE Infant aged less than 12 months

Billy, 4 months

Billy attended a routine 4 month child and family health check with his mother. The practitioner introduced the PEDS questionnaire, provided information about the tool and encouraged his mother to complete the PEDS Response form. During the introduction, the practitioner highlighted the value that practitioners place on the parent's knowledge of their baby's growth and development.

Billy's mother completed the form in the waiting room, then the practitioner commenced scoring the mother's responses. The first step was to read all the mother's responses to the 10 questions. Taking the PEDS Score form, the practitioner identified the age-appropriate column for Billy (4–5 months). Billy's mother had written a comment regarding his development in response to Question 1 'not sitting up yet'—the practitioner interpreted this comment and scored in the appropriate box; in this case, Gross Motor. The practitioner took this opportunity to seek more information about Billy's development. Babies do not usually achieve independent sitting until between 5 and 9 months of age. The practitioner explained this to the mother and provided some ideas to support Billy's development. A practitioner (with the appropriate skills and knowledge base) could also complete a physical assessment at this time.

Billy's mother had 'no concerns' related to Questions 2, 3 and 4. In response to Question 5 the parent had marked 'a little' and commented that Billy had 'only just started rolling over onto his tummy'. As with Question 1 this response requires the practitioner to score the concern (a little) in the appropriate box; in this case, Gross Motor. The mother's feedback to Question 5 provides the practitioner with another opportunity to normalise Billy's development. In this area Billy is doing very well. Most babies do not manage to roll from back to front until near 6 months. The mother held 'no concerns' in relation to Questions 6, 7, 8, 9 and 10. However, she had commented and both responses provide parent education opportunities for the practitioner. The response to Question 8 'he's a baby, he needs lots of help' provided an opening for a discussion about how babies develop self-help skills such as self soothing. The answer to Question 9 —'it's too early to think about school' provided another opening to help increase the parent's knowledge of baby's brain development and early opportunities to facilitate learning, eg reading and singing to Billy.

Scoring and interpretation of Billy's mother's concerns lead to Pathway C (1 in large box). The practitioner clarified and normalised the concerns with Billy's mother and completed the PEDS form by documenting the conversation for later reference in the Specific decisions section.

CASE STUDY TWO Toddler

Mohammed, 18 months

Parents' Evaluation of Developmental Status (PEDS) Score form



score and interpret	FLDJ.					ing our	uc III oi	uei to e	orrectly	aumm	ister,	
Child's age in months	0-3	4-5	6-11	12-14	15-17	18-23	24-35	36-47	48-53	54-71	72-83	84-96
Today's date						28 Nov 2014						
Global/cognitive												
Expressive language and articulation	0	\bigcirc	\bigcirc	\bigcirc		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Receptive language								Mon	hammed	l doesn	't liste	n
Fine motor										\bigcirc	\bigcirc	\bigcirc
Gross motor									Took a	ges to .	walk	\geq
Behavior								Runs		e naugh when I		im.
Social-emotional	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc							
Self-help												
School										\bigcirc	\bigcirc	\bigcirc
Other	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		\bigcirc	Lo	its of a	ear infe	ections	\supset
Count the number of sn	nall circles	with chec	ckmarks a	and place	the total	in the larg	ge circle l	oelow.				
Child's age in months	0-3	4-5	6-11	12-14	15-17	18-23	24-35	36-47	48-53	54-71	72-83	84-96
						2						
If the number shown in follow Path B . Then cou									. If the nu	mber sho	own is exa	actly 1,
Child's age in months	0-3	4-5	6-11	12-14	15-17	18-23	24-35	36-47	48-53	54-71	72-83	84-96
						2						

CASE STUDY TWO Toddler

Mohammed, 18 months

Mohammed attended an early parenting centre with his parents. The practitioner introduced the PEDS Response form, provided information about the tool and encouraged the parents to complete the form. The practitioner highlighted the value that practitioners place on the parent's knowledge of their child's growth and development. The practitioner was aware that Mohammed's parents had come to Australia as refugees and had checked with both parents to determine if they were comfortable to complete the PEDS form in English.

The parents completed the Response form, then the practitioner commenced scoring the parents' responses. The first step was to read all the parents' responses to the 10 questions. Taking the PEDS Score form, the practitioner identified the age-appropriate column for Mohammed (18-23 months). The parents had 'no concerns 'related to Questions 1 and 2. To Ouestion 3 the parents answered 'a little' and commented 'Mohammed doesn't listen'. This concern may be categorised in several areas and more information was required to determine if this was a behavioural concern or a concern related to receptive language or expressive language development. The parents' response to Question 10 helped to determine where this concern sits. The parents noted in Question 10 that 'he has had lots of ear infections'. After clarifying that Mohammed's poor responses to verbal commands have increased with each ear infection, and after gathering more information regarding Mohammed's language development (he is managing to say several words clearly), the practitioner marks the concern in the Receptive Language circle.

The practitioner also marks the circle for Other to note the report of ear infections. The parents provided a positive comment in response to Question 5— 'Mohammed likes to run and climb'—the practitioner takes this opportunity to positively promote Mohammed's gross motor development. In response to Question 6, the parents marked 'a little' and commented that 'Mohammed can be naughty, runs away when I call him'—more clarification is sought by the practitioner and again this behaviour appears to be related to Mohammed's hearing capacity. The practitioner marks the box related to behaviour.

The parents circled 'No' to Question 7; however, they again noted that they are 'a little' concerned in response to Question 8. They commented that 'Mohammed took ages to walk'. More information is needed and the parents responded to questions from the practitioner by saying that his older sister carried him around all the time and he didn't start walking until 14 months. The practitioner marked the box related to gross motor. The practitioner normalised this behaviour with the parents and discussed his current mobility. The parents had no concerns in regards to Question 9.

Scoring results in 2 in the large circle (Pathway A), and 2 in the large box (Pathway C). Pathway A requires the practitioner to discuss their findings with the parents and engage the parents in developing an action plan re referral. In discussing the situation and suggested actions with the parents, the practitioner is informed by the parents that they have a referral for Audiology and a referral to see an Ear, Nose and Throat doctor. The practitioner offered the parents assistance in accessing their referrals and completed the discussion by offering some techniques to help manage Mohammed's behaviour. The practitioner documented the outcomes of the conversation on the Specific decisions section of the Interpretation form. The practitioner also gained consent from the parents to send the results of the PEDS to other practitioners who are working with Mohammed.

CASE STUDY THREE Preschool aged child

Fatima, 42 months

Parents' Evaluation of Developmental Status (PEDS) Score form



Child's name Fati	ma					Child's da	te of birt	h	10	1/2	012	
You must refer to the score and interpret		Brief A	dminist	ration a	ınd Scoı	ing Gui	de in or	der to c	orrectly	admini	ister,	
Child's age in months	0-3	4-5	6-11	12-14	15-17	18-23	24-35	36-47	48-53	54-71	72-83	84-96
Today's date								20 Jul 2015				
Global/cognitive					\bigcirc							
Expressive language and articulation		0	Has		ulty so		rtain		5			ve troud Fatima
Receptive language						0						
Fine motor										Still ca	n't drau	u circle
Gross motor								Ø	-	still has	s troub	ble gettiv Palls a lo
Behavior												
Social-emotional												
Self-help												
School					she wa for sch				a	I like t bout he		more atima be
Other											for sc	
Count the number of small	all circles	with che	ckmarks a	and place	the total	in the lar	ge circle b	pelow.				
Child's age in months	0-3	4-5	6-11	12-14	15-17	18-23	24-35	36-47	48-53	54-71	72-83	84-96
								2				
If the number shown in the follow Path B . Then coun									. If the nu	mber sho	wn is exa	ictly 1,
Child's age in months	0-3	4-5	6-11	12-14	15-17	18-23	24-35	36-47	48-53	54-71	72-83	84-96
								2				
If the number shown in the Otherwise, follow Path E		oox is 1 or	more, als	o follow I	Path C. If	the numb	er 0 is sh	own, con	sider Pat	h D if rele	vant.	

CASE STUDY THREE Preschool aged child

Fatima, 42 months

Fatima attended her routine preschool check with her mother. The practitioner introduced the PEDS questionnaire, provided information about the tool and encouraged the parent to complete the form. The practitioner highlighted the value that practitioners place on the parent's knowledge of their child's growth and development.

The mother completed the Response form and the practitioner commenced scoring the mother's responses. The first step was to read all the responses to the 10 questions. Taking the PEDS Score form, the practitioner identified the age-appropriate column for Fatima 36-47 months.

In response to Question 1 the parent wrote that 'Fatima is a good little girl'. Although this is a positive comment, the practitioner asked Fatima's mother to expand on the comment. Clarification provided more information about Fatima's behaviour and that she is obedient and friendly.

To Question 2, Fatima's mother marked 'a little' and commented that 'some people have trouble understanding Fatima, I understand her nearly all the time'. More information is needed and the practitioner asked Fatima's mother to tell her more about this situation. The practitioner marks the circle for Expressive Language and Articulation in response to Fatima's mother explaining that Fatima has difficulty saying certain words and sounds. Fatima's mother answers 'No' to Question 3 and the practitioner seeks more information about this answer to check that there are no receptive language issues present.

In response to Question 4, Fatima's mother marked 'a little' and commented that 'Fatima still can't draw circles'. The practitioner marks the Box for fine motor. After clarification, Fatima's mother says that Fatima can copy a circle but has trouble just drawing one. The practitioner reassures Fatima's mother that Fatima's development is progressing well and that by the time children get to school they may be able to draw a circle, usually as part of a drawing of a person.

Fatima's mother also marked 'a little' in response to Question 5 and commented that 'she still has trouble getting up stairs and falls a lot'. Following clarification the practitioner marks this concern in the circle— Gross Motor. At 42 months most children are able to

walk alone upstairs using alternating feet and able to descend two feet to a step. The practitioner explains this to Fatima's mother and suggests that she may benefit from referral for further assessment and to gain ideas on how to support her physical development.

Again Fatima's mother responded with a positive comment to Question 6 'Fatima is well behaved' and the practitioner took the opportunity to reinforce the positive work Fatima's mother is doing in being a parent.

The answer to Question 7 is 'No'; however, Fatima's mother marked 'a little' for Questions 8 and 9. For Question 8, she commented that 'I worry she won't be ready for school'. This is reinforced in her answer to Ouestion 10 where she has commented that 'I like to know more about helping Fatima be ready for school'. Further discussion in relation to Questions 8, 9 and 10 leads the practitioner to mark the box related to school. The practitioner took time to discuss the mother's concerns regarding Fatima's readiness for school with Fatima's mother. The practitioner provided the mother with information about supporting her child to learn through play activities and offered reassurance regarding Fatima's overall developmental progress.

The practitioner marked 2 in the large circle and 2 in the large box. Pathway A and Pathway C are followed on the PEDS Interpretation form. The practitioner discussed referral to a speech therapist to address expressive language concerns. The practitioner also discussed referral to a paediatrician or early intervention service for assessment of gross motor development. To support referral processes a secondary developmental screen such as the Brigance may be completed at this time. Counselling in relation to Pathway C occurred throughout the PEDS conversation. The practitioner discussed the option of a follow-up consultation in six months to review interventions with Fatima's mother. The practitioner documented the outcomes of the conversation on the Specific decisions section of the Interpretation form. The practitioner also gained consent from the parents to send the results of the PEDS to their treating practitioner.

CASE STUDY FOUR School aged child

Sally, 65 months

Parents' Evaluation of Developmental Status (PEDS) Score form



hild's name $\frac{5a}{}$	'					Child's da	ite of birt	h 26	10	3 /2	010)
You must refer to the score and interpret		Brief A	dminist	ration a	nd Sco	ring Gui	ide in or	der to d	orrectly	y admin	ister,	
Child's age in months	0-3	4-5	6-11	12-14	15-17	18-23	24-35	36-47	48-53	54-71	72-83	84-96
Today's date										26 Aug 2015		
Global/cognitive						Seems ot like i				~		
Expressive language and articulation	\bigcirc	\bigcirc	\bigcirc	\bigcirc			0	0		\bigcirc	\bigcirc	\bigcirc
Receptive language						\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Fine motor										\bigcirc	\bigcirc	\bigcirc
Gross motor							ches a					Doesn't aying ou
Behavior												11
Social-emotional (t as ou her bro			fe	sn't tal	er brot	hers		77	(ma	lot mad ny frien
Self-help					ha	ird to g	et a wa	ord in			ac	school
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Other	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		Is get	ting chi	ивьу	V	\bigcirc	\bigcirc
Count the number of sm	all circles	with chec	ckmarks a	and place	the total	in the lar	ge circle	pelow.				
Child's age in months	0-3	4-5	6-11	12-14	15-17	18-23	24-35	36-47	48-53	54-71	72-83	84-96
										2		
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Child's age in months	0-3	4-5	6-11	12-14	15-17	18-23	24-35	36-47	48-53	54-71	72-83	84-96
										2		
If the number shown in t Otherwise, follow Path E	_	ox is 1 or	more, als	o follow I	Path C. If	the numb	per 0 is sh	iown, cor	sider Pat	h D if rele	evant.	

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CASE STUDY FOUR School aged child

Sally, 65 months

Sally attended the health clinic with her mother for a general check-up. The practitioner introduced the PEDS questionnaire, provided information about the tool and encouraged Sally's mother to complete the form. The practitioner highlighted the value that practitioners place on the parent's knowledge of their child's growth and development.

Sally's mother completed the form in the waiting room, then the practitioner commenced scoring the mother's responses. The first step was to read all the parent's responses to the 10 questions. Taking the PEDS Score form the practitioner identified the age-appropriate column for Sally (54-71 months).

Sally's mother answered Question 1 with a comment 'seems a bit slow. Not like her brothers'. The practitioner discussed these comments with Sally's mother. This comment reflected the mother's thoughts on Sally's global/cognitive development and the practitioner recorded the comment in the corresponding circle.

The practitioner noted that Sally's mother marked 'a little' in response to Question 2 and commented that 'Sally doesn't talk much'. The practitioner sought clarification in regard to Sally's general speech activity and habits. Sally's mother informed the practitioner that 'with four older brothers Sally finds it difficult to get a word in!' The practitioner marked this concern in the Social-emotional box.

Answers to Questions 3 and 4 are 'No' and Sally's mother has nothing more to add when the practitioner mentions these responses. For Question 5, Sally's mother marked 'Yes' that she is concerned about her gross motor development and notes that 'Sally doesn't like playing outside'. The practitioner marked this concern in Behaviour. Sally's mother also answered 'Yes' to Questions 6 and 7 noting that she 'watches lots of TV, loves the computer and has not made many friends at school yet'. In response to these answers, the practitioner marked the box Behaviour and the box Social-emotional again.

Sally's mother also marked 'a little' to Questions 8 and 9 and documented another concern in Question 10 that 'Sally is getting chubby'. The practitioner asked Sally's mother to expand on the 'a little' answers to Questions 8 and 9. The practitioner pulled together this information to discuss the 'big picture' with Sally's mother. During this conversation Sally's mother raised her concerns about Sally and her place in the family. Sally's mother is a very busy mother with five children aged under 10 years. She says it is easy to let Sally sit in front of the TV or computer to entertain herself, as the boys are very demanding. Sally's mother is worried about Sally as she is not as outgoing as her brothers and also has concerns that Sally is getting chubby. This comment reinforced the number of comments regarding behavioural and social-emotional concerns on the PEDS Response form. The conversation lead the practitioner to mark 2 in the large Circle and 2 in the large Box. Pathway A and Pathway C are followed.

In regards to the concerns raised about Sally's activities and weight gain, the practitioner offered some practical parenting tips and health advice. These included some information sheets about healthy nutrition, family play activities and some tips on engaging Sally in family conversations. Taking into consideration the family context, the practitioner suggested a secondary screen to assess Sally's cognitive development and referral to a general practitioner/paediatrician if required. The practitioner documented the outcomes of the conversation on the Specific decisions section of the Interpretation form. The practitioner also gained consent from the parents to send the results of the PEDS to the treating practitioner.

CASE STUDY FIVE School aged child

Aabirah, 72 months

Parents' Evaluation of Developmental Status (PEDS)



hild's name Aab	irah)			Child's date of birth 26 / 05 / 2008									
You must refer to the score and interpret		Brief A	dminist	ration a	ınd Scor	ing Gui	ide in or	der to c	orrectly	/ admin	ister,			
Child's age in months	0-3	4-5	6-11	12-14	15-17	18-23	24-35	36-47	48-53	54-71		84-96		
Today's date											2 Jun 2014			
Global/cognitive							Dif	scult t	o engag	ge		\bigcirc		
Expressive language and articulation	0	0	\bigcirc	0	0	Q	Proble	ms con	nmunic	ating	~	0		
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Child's age in months	0-3	4-5	6-11	12-14	15-17	18-23	24-35	36-47	48-53	54-71	72-83	84-96		
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Child's age in months	0-3	4-5	6-11	12-14	15-17	18-23	24-35	36-47	48-53	54-71	72-83	84-96		
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If the number shown in t Otherwise, follow Path E		ox is 1 or	more, als	o follow F	Path C. If	the numl	oer 0 is sh	own, con	sider Pat	h D if rele	evant.			

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CASE STUDY FIVE School aged child

Aabirah, 72 months

Six year old Aabirah commenced primary school not long after emigrating from the Middle East with her parents. Initially Aabirah's teacher was concerned that Aabirah's behaviour was related to the transition to a new school in a new country. Aabirah was difficult to engage with little eye contact. She also appeared to have problems communicating. Aabirah's teacher was aware that all members of Aabirah's family were bilingual, speaking both Arabic and English.

After speaking with Aabirah's parents additional English language support was organised. When she attended these support lessons, Aabirah rarely spoke and when she did (in Arabic or English) her utterances were only 1-2 words long and repetitive. She remained hard to engage during these lessons (would not name pictures or even look at them much) and continued to have little eye contact with either her parents or the teacher. Her teacher observed that Aabirah's play was marked by stereotypies and aimlessness. Aabirah's teacher encouraged Aabirah's parents to take their daughter to their general practitioner (GP) for review of overall health, development and behaviour.

At the appointment, the GP completed the PEDS tool as part of his assessment of children under 8 years of age presenting with issues around behaviour and development. Aabirah's parents documented their concerns about their daughters' language development and the difficulties she was experiencing in the transition to school. Scoring the PEDS the GP noted concerns in global development, expressive language, socialemotional and school readiness. The GP discussed the PEDS results with Aabirah's parents and recommended that Aabirah be reviewed by a developmental paediatrician (Pathway A and Pathway C).

PEDS Training

PEDS is a tool for clinicians trained in its use, to elicit parental concern, preferably through interview, regarding a child's development.

If you use the PEDS tools without the necessary training, to the maximum extent allowed by the governing law, The Royal Children's Hospital and the Centre for Community Child Health will not be liable

to the user for any consequential loss or damage arising from any error, omission, loss or damage.

You can access PEDS training at the Centre for Community Child Health at The Royal Children's Hospital.

www.peds.org.au

Helpful websites

If you would like to learn more about child development and online resources go to these websites:

 Centre for Community Child Health at The Royal Children's Hospital

www.peds.org.au

PEDS Authorised Australian distributor

Raising Children Network

www.raisingchildren.net.au

The Australian parenting website: comprehensive, practical, expert child health and parenting information and activities covering children aged 0-18 years.

- Talaris Institute www.parentingcounts.org
- Pedstest.com

www.pedstest.com/TheBook/Chapter7

Access the U.S. PEDS website for additional international links, including parenting information in languages other than English (Arabic, Croatian, Somali, Spanish, Turkish and Vietnamese).

- Harvard Centre on the Developing Child www.developingchild.harvard.edu
- Zero to Three www.zerotothree.org

To order resources

To order PEDS resources go to www.peds.org.au

Languages other than English

PEDS Response Forms are available at no cost in the following languages: Albanian, Amharic, Arabic, Burmese, Cambodian, Chinese, Danish, Farsi, Filipino/ Tagalog, French, Galician, German, Greek, Haitian, Hebrew, Hindi, Hmong, Icelandic, Indonesian, Laotian, Malay, Nepali, Polish, Portuguese (and Cape Verdean), Russian, Serbian (Cyrillic and Latin), Somali, Spanish, Swahili, Taiwanese, Thai, Turkish, Vietnamese and Visayan.

Email peds.ccch@rch.org.au

Information—secondary screening tools

Screening tools such as PEDS:DM, Brigance or Ages and Stages Questionnaire can be used as a secondary screen to increase specificity following the application of PEDS. These tools can also be used as a primary screen as indicated on the PEDS Interpretation form, when PEDS is not appropriate, for example:

- parental difficulties communicating/language barrier
- when you have concerns but parents have no concerns.

About PEDS: Developmental Milestones (PEDS:DM)

www.pedstest.com/online

The PEDS:DM is a measure that can be used with PEDS or by itself and is designed to replace informal milestones checklists with highly accurate items known to predict developmental status.

About BRIGANCE

www.hbe.com.au/series-brigance.html

The BRIGANCE® Early Childhood Screen is a tool that assists in identifying developmental needs quickly and accurately, allowing professionals to easily identify potential learning delays and giftedness in children.

About Ages and Stages Parent Report Questionnaire (ASQ)

www.agesandstages.com

The ASQ is a developmental and social-emotional screening tool that is highly reliable and valid. The ASQ looks at strengths and trouble spots, educates parents about developmental milestones, and incorporates parents' expert knowledge about their children.

For more information or to order PEDS forms please go to www.peds.org.au or email peds.ccch@rch.org.au

