

PEDS Parents' Evaluation of Developmental Status

4th National Early Childhood Intervention Conference
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1

What is PEDS ?

Parents' Evaluation of Developmental Status

10 questions eliciting parental concerns across a number of specified behavioral and developmental domains

Can be administered quickly to parents even of relatively low literacy as a screening tool

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2

PEDS RESPONSE FORM

Child's Name _____ Parent's Name _____ Provider _____
Child's Birthday _____ Child's Age _____ Today's Date _____
(Please list any concerns about your child's learning, development, and behavior.)

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: _____

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: _____

Do you have any concerns about how your child is learning preschool or school skills?
Circle one: No Yes A little COMMENTS: _____

Please list any other concerns: _____

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3

PEDS SCORE FORM - ENGLISH/AMERICAN VERSION

Child's Name _____ Date of Birth _____ Provider's Name _____
Please appropriately select the correct column. Place check in the appropriate box in these columns on the PEDS Response Form. See PEDS Scoring Guide for details on appropriate responses. If child's score is 10 or less, circle the score in the box below. If child's score is 11 or more, circle the score in the box below.

Question	10 or less	11 or more	12 or more	13 or more	14 or more	15 or more	16 or more	17 or more	18 or more	19 or more	20 or more
1. Do you have any concerns about how your child talks and makes speech sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any concerns about how your child understands what you say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any concerns about how your child uses his or her hands and fingers to do things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any concerns about how your child uses his or her arms and legs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any concerns about how your child behaves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any concerns about how your child gets along with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any concerns about how your child is learning to do things for himself/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have any concerns about how your child is learning preschool or school skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Circle the score in the appropriate column. If the score is 10 or less, circle the score in the box below. If the score is 11 or more, circle the score in the box below.

Score: _____

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4

PEDS

Step 1: Prepare Parents and fill in the PEDS response form

Step 2: Locate Correct Column on the PEDS Score Form for the Child's Age

Step 3-4: Mark boxes on the Score Form (step 3 for Question 1, step 4 for Question 2-10)

Step 5: Summarize Concerns on PEDS Score Form

Steps 6: Determine the Appropriate Path to follow on the PEDS Interpretation Form

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5

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Step 1: Prepare Parents and fill in the PEDS response form

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6

<h2 style="margin: 0;">PEDS RESPONSE FORM</h2>		<i>Provider</i>
<i>Child's Name</i> _____	<i>Parent's Name</i> _____	
<i>Child's Birthday</i> _____	<i>Child's Age</i> _____	<i>Today's Date</i> _____
<div style="border: 1px solid black; padding: 5px; min-height: 40px;"><i>Please list any concerns about your child's learning, development, and behavior.</i></div>		
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <i>Do you have any concerns about how your child talks and makes speech sounds?</i> Circle one: No Yes A little COMMENTS: </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <i>Do you have any concerns about how your child understands what you say?</i> Circle one: No Yes A little COMMENTS: </div> <div style="border: 1px solid black; padding: 5px;"> <i>Do you have any concerns about how your child uses his or her hands and fingers to do things?</i> Circle one: No Yes A little COMMENTS: </div>		

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Step 2: Locate Correct Column on the PEDS Score Form for the Child's Age

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8

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.
- ?What is child's age

[illegible]

Child's age

Deciduous teeth are significant predictors of difficulties.

0-3 mos. 4-5 mos. 6-11 mos. 12-14 mos. 15-17 mos. 18-23 mos.

Pina Student Form

Form 1

NAME: _____ DATE: _____

AGE: _____ SEX: _____

CLINICAL FINDINGS

TOOTH

1 2 3 4 5 6 7 8 9 10 11 12

13 14 15 16 17 18 19 20 21 22 23 24

25 26 27 28 29 30 31 32

33 34 35 36 37 38 39 40

41 42 43 44 45 46 47 48

49 50 51 52 53 54 55 56

57 58 59 60 61 62 63 64

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725 726 727 728 729 730 731 732

733 734 735 736 737 738 739 740

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749 750 751 752 753 754 755 756

757 758 759 760 761 762 763 764

765 766 767 768 769 770 771 772

773 774 775 776 777 778 779 780

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801 802 803 804 805 806 807 808

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849

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Step 3-4: Mark boxes on the Score Form (step 3 for Question 1, step 4 for Question 2-10)

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Step 3: Mark boxes on the Score Form for Each Concern Raised in Question 1

- Read parents' responses to Question 1 on the PEDS Response Form. Then view the table on the score form to decide which box(es) to mark on the PEDS Score Form. **It is likely that responses will need to be scored in various boxes on the score form.**

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Child's Name Joan Smith Parent's Name Joan Smith
 Child's Birthday 21/1/01 Child's Age 4 yrs Today's Date _____

1. Please list any concerns about your child's learning, development, and behaviour.
Joan is spoiled like Still wants bottle She Walks funny too.

spoiled	Gross Motor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Behavior	<input checked="" type="checkbox"/>	<input type="checkbox"/>
still wants bottle	Social-emotional	<input type="checkbox"/>	<input type="checkbox"/>
	Self-help	<input checked="" type="checkbox"/>	<input type="checkbox"/>
walks funny	School	<input type="checkbox"/>	<input type="checkbox"/>

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Step 4: Mark boxes on the Score Form for each concern listed in Questions 2-10

- For each item marked "Yes" or "A little" on the PEDS Response Form, put a tick on the PEDS Score Form in the corresponding box.
- If there are parent comments it is important to determine whether these directly relate to the developmental domain of the question. **The comment may relate to another developmental domain.** In this case further discussion with the parent will help to clarify their concern so it can be categorised appropriately.

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5. Do you have any concerns about how your child uses his or her arms and legs?
 Circle one: No Yes A little COMMENTS: Ben can't dress himself

6. Do you have any concerns about how your child behaves?
 Circle one: No Yes A little

Gross Motor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Behavior	<input type="checkbox"/>	<input type="checkbox"/>
Social-emotional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Self-help	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Do you have any concerns about how your child gets along with others?
 Circle one: No Yes A little COMMENTS: He is bossy

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Type of concerns

- Global/Cognitive
- Expressive language and articulation
- Receptive language
- Fine motor
- Gross motor
- Behaviour
- Social-emotional
- Self-help
- School
- Other

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Typical parental responses	Type of concern
<ul style="list-style-type: none"> Seems behind Can't do what other children can Slow and behind other children Immature Learns slowly Late to learn to do things Learns but takes a long time Problems with learning everything Seems younger than his age 	Global / Cognitive
<ul style="list-style-type: none"> 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 Difficult to understand Should be saying more words by now 	Expressive language and articulation

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Typical parental responses	Type of concern
<ul style="list-style-type: none"> Doesn't understand what you say Doesn't listen well Has difficulty saying some words 	Receptive language
<ul style="list-style-type: none"> Can't stay in the lines when colouring in Can't write his name Can't draw shapes Can't get food to mouth with a spoon yet so is a messy eater Hand coordination not good Can't hold a pencil right 	Fine-motor
<ul style="list-style-type: none"> Clumsy Walks funny Can't ride a bike yet Falls a lot Poor balance Hates ballgames Awkward Not walking yet 	Gross motor

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19

Typical parental responses	Type of concern
<ul style="list-style-type: none"> Stubborn Over-active Short attention span Spoiled Has temper tantrums Only does what she wants 	Behaviour

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20

Typical parental responses	Type of concern
<ul style="list-style-type: none"> Wants to be left alone Mood swings Clingy Whiny Bothered by changes Angry Not interested in usual things Easily led Is angry Bossy Shy Class clown Easily frustrated Mean Hates me Slow to make friends Lots of fears 	Social-emotional

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21

Typical parental responses	Type of concern
<ul style="list-style-type: none"> 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 	Self-help
<ul style="list-style-type: none"> Can't write his name (scored also 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 Forgets what she has learned 	School


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22

Typical parental responses	Type of concern
<ul style="list-style-type: none"> 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 Very sensitive to noises Poor appetite Mouth breather 	Others

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23



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Step 5: Summarize Concerns on PEDS Score Form

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24

Step 5: Summarize Concerns on PEDS Score Form

- The small **shaded boxes** on the PEDS Score Form show the significant predictive Concerns (those most predictive of disabilities). Count the number of ticks in the small shaded boxes in the column and write the total number in the large shaded box near the bottom of the PEDS Score Form.
- The small **non-shaded boxes** on the PEDS Score Form show the non-significant Concerns (those not predictive of disabilities). Count the ticks in the small non-shaded boxes in the column and write the total number in the large non-shaded box at the very bottom of the PEDS Score Form.

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25

Global Cognitive ☒ ☐

Expressive Language and Articulation ☐ ☐

Receptive Language ☐ ☐

Fine-Motor ☐ ☒

Gross Motor ☐ ☒

Behavior ☐ ☐

Social-emotional ☐ ☐

Self-help ☐ ☒

School ☐ ☐

Other ☐ ☒

Count the number of ticks in the small shaded boxes. If the number shown in the large shaded box is 0, count the number of small unshaded boxes. If the number shown in the large unshaded box is 0, count the number of small shaded boxes.

2

3

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26

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Steps 6: Determine the Appropriate Path to follow on the PEDS Interpretation Form

Steps 6: Determine the Appropriate Path to follow on the PEDS Interpretation Form

- The PEDS form directs you to one of **five** paths on the PEDS interpretation form. These paths indicate the most valid and accurate response for each type of PEDS result.

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27

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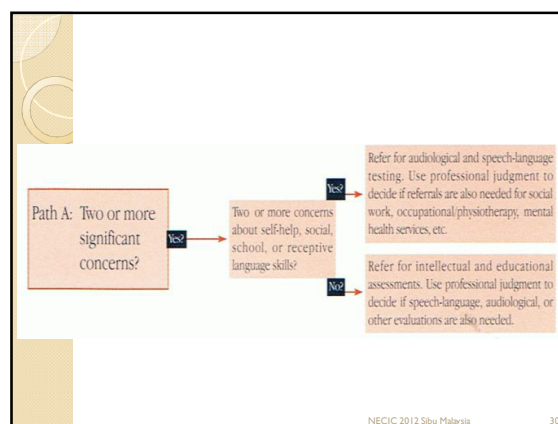
28

Follow Path A

- If the number listed in the large shaded box on the bottom of the PEDS Score Form is 2 or more (**multiple significant predictive concerns**).
- These children have a high risk of disabilities (20 times that of children whose parents do not have concerns).
- About **70%** have disabilities or substantial delays.
- Further testing** is needed, and the PEDS Interpretation Form suggests the kinds of referrals that should be most helpful.

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29



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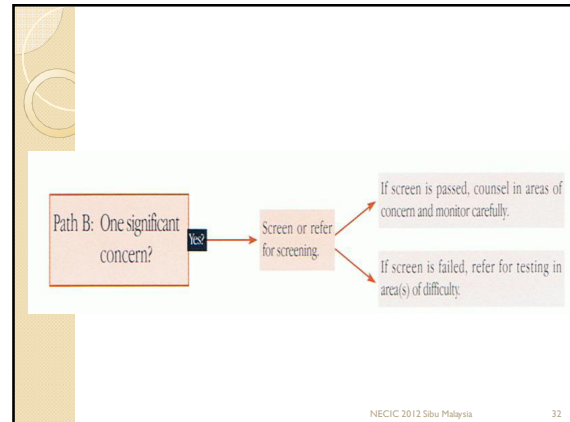
30

Follow Path B

- If the number listed in the large shaded box is exactly 1 (a **single significantly predictive concern**).
- These children have a moderate risk of serious difficulties (8 times that of children whose parents do not have concerns) - about **30%** have disabilities.
- **Additional screening is needed to determine which children need referral and which do not.**
- Those who fail screening should be referred for further testing.
- Those who pass screening need developmental promotion, patient education and careful follow-up, since they may have emerging disabilities or below-average intelligence, language, or school skills.

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31



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32

Follow Path C

- If the number in the large un-shaded box is 1 or more (**nonsignificantly predictive concerns**), and the number in the large shaded box is 0 (no significantly predictive concerns).
- These children have only a low risk of disabilities (1.3 times that of children whose parents have no concerns).
- Only **7%** of these children have developmental disabilities, although about 25% have emotional and behavioural difficulties.
- **The best response is to counsel parents about their concerns** (most are about children's behaviour) **and to monitor their progress closely.**

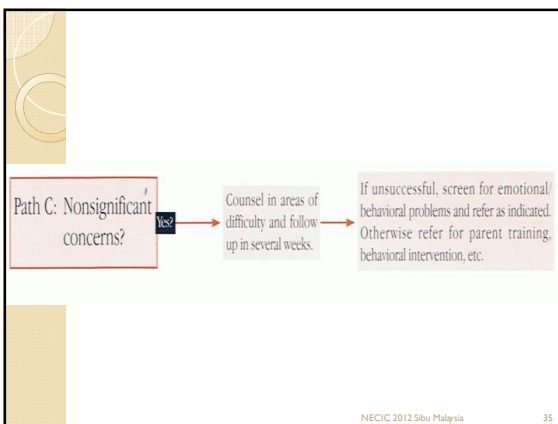
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33

- If such counseling is unsuccessful (it is advisable to check on progress after several weeks), screen for behavioural/emotional problems and refer children who fail for mental health services (e.g., family counseling, child psychiatry or psychology, social work, mental health centres etc.).
- When children pass a behavioural/emotional screen, some what less intensive services can be recommended, such as parent education or behavioural intervention programs.

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34



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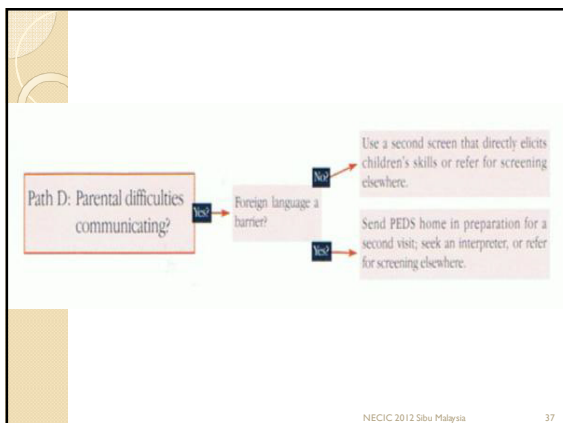
35

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).
- Additional screening is needed, since interpreters or social work services may be required for obtaining quality information from these parents.

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36

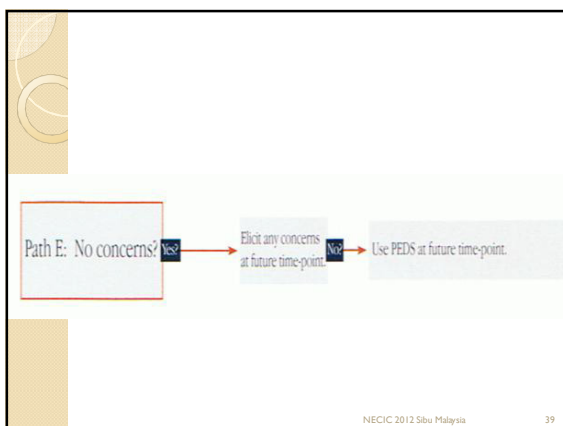


Follow Path E

- 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 or visit

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38



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Step 1: Prepare Parents and fill in the PEDS response form

Step 2: Locate Correct Column on the PEDS Score Form for the Child's Age

Step 3-4: Mark boxes on the Score Form (step 3 for Question 1, step 4 for Question 2-10)

Step 5: Summarize Concerns on PEDS Score Form

Steps 6: Determine the Appropriate Path to follow on the PEDS Interpretation Form

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40

Thank you

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41