To ACCURATELY score PEDS Providers MUST USE Score/Longitudinal Interpretation Forms and Brief Guide to Administration

## PEDS RESPONSE FORM Provider Child's Name Parent's Name 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? **COMMENTS:** Circle one: A little Do you have any concerns about how your child understands what you say? COMMENTS: Circle one: No Yes A little Do you have any concerns about how your child uses his or her hands and fingers to do things? A little **COMMENTS:** Circle one: No Yes Do you have any concerns about how your child uses his or her arms and legs? A little Circle one: Do you have any concerns about how your child behaves? Circle one: A little Do you have any concerns about how your child gets along with others? A little **COMMENTS:** Circle one: 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? **COMMENTS:**

Please list any other concerns.

A little

Circle one: