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

## 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? Circle one: Yes A little Do you have any concerns about how your child understands what you say? Circle one: A little COMMENTS: Do you have any concerns about how your child uses his or her hands and fingers to do things? Circle one: Yes A little COMMENTS: Do you have any concerns about how your child uses his or her arms and legs? Circle one: Yes A little COMMENTS: Do you have any concerns about how your child behaves? Circle one: A little COMMENTS: Do you have any concerns about how your child gets along with others? Circle one: 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 A little Yes COMMENTS:

Please list any other concerns.