

Parents' Evaluation of Developmental Status (PEDS)

Parents' Evaluation of Developmental Status (PEDS) is the only evidence-based screen that elicits and addresses parents' concerns: PEDS tells you when parents' concerns suggest problems requiring referral and which concerns are best responded to with advice or reassurance. PEDS also reduces 'oh by the way' concerns, focuses visits, ensures a 'teachable moment', and is known to improve attendance at well-visits.

A method for detecting and addressing developmental and behavioral problems in children

Fewer than 70% of children with developmental and behavioral problems are identified and referred before school entrance. Although most of these children receive routine pediatric care or attend preschool programs, their problems do not come to the attention of health professionals and teachers. Under-detection is due to the subtle and emerging nature of children's difficulties. For example, most children with disabilities walk, talk, and eventually read, but not as well as is necessary for school success.

What Happens When Children with Problems Are Not Identified and Referred?

Failure to detect and refer children with difficulties means that most children do not receive the benefits of early intervention. Early intervention greatly increases the likelihood of graduating from high school, of living independently, avoiding teen pregnancy, holding a job, etc. The absence of early intervention contributes to the fact that 1 in 3 children have either disabilities or substantial school difficulties; 18% drop out of high school.

How Can Problems Be Detected Early?

One of the most brief and accurate methods for early detection is Parents' Evaluations of Developmental Status or PEDS. PEDS is both an evidence-based surveillance tool and a screening test, it is also a tool for managing a wide range of developmental, behavioral and family issues. With ten short questions to parents, PEDS helps professionals identify children at risk for school problems and those with undetected developmental and behavioral disabilities. PEDS helps you decide:

- Whether a child needs a developmental evaluation or mental health assessment?
- If so, what kinds of testing are needed?
- Should a developmental screening test be administered?
- Do parents simply need advice, and if so, on what topics?
- Should a child be watched carefully over time to ensure prompt attention for any emerging problems?
- Are reassurance and monitoring all that is required?

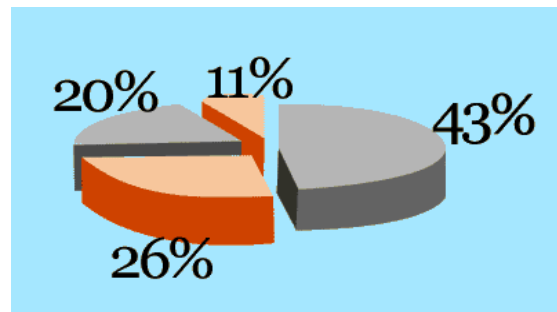
Should All Children at High Risk on PEDS be referred?

Yes! Although not all will qualify for Early Intervention (EI) or special education, it is best to refer. Many EI programs provide monitoring and will advise parents and re-test children at risk. Children who don't qualify still need intervention--of other kinds--such as Head Start, quality preschool/day programs, after school tutoring, etc. Always, it is best to refer rather than defer. Developmental problems do too.

Here's What to Expect*

Extensive research on the relationship between parents' concerns and children's behavior and development reveals the following about children:

- 11% have a high risk of disabilities and need referrals for further evaluations.
- 26% have a moderate risk of disabilities and need additional developmental screening (or referrals for screening), scrutiny of health, vision, and hearing, as well as parent education, watchful waiting, and if not-qualifying for special services, referrals to enrichment programs like Head Start or quality preschool.
- 20% have a low risk of disabilities and need mostly behavioral guidance.
- 43% have a low risk of disabilities and need only routine monitoring.



**the above frequencies reflect performance in a nationally representative sample. Clinics serving a preponderance of families who are poor or wealthy will have different frequencies for the above risk levels.*

Other Benefits and Features of PEDS

- Can be used from birth to 8 years of age (7 years-11 months).
- Takes about two minutes to administer and score if conducted as an interview. Less time is required if parents complete the brief questionnaire in waiting or exam rooms or at home prior to an encounter.
- Has high sensitivity and identifies 74% to 80% of children with developmental disabilities—in keeping with standards for developmental screening tests and commensurate with the accuracy of measures that take much longer to administer.
- Has high specificity. 70% to 80% of children without developmental disabilities are identified as typically developing--also in keeping with standards for screening tests.
- Is written at the fourth to fifth-grade reading level, which ensures that almost all parents can read and respond independently to the items.
- Can be administered by interview
- Has a longitudinal recording form for summarizing surveillance and promotion activities. This facilitates optimal long-term management of children's psychosocial needs.
- Validated and reliable on more than 771 children across the US in various settings: pediatric offices, outpatient clinics, day care centers, and schools.
- Standardized on 2823 families from various backgrounds, including levels of socioeconomic status and varying ethnicity.
- Promotes confident and accurate decision-making about developmental and behavioral issues.
- Available in print in English, Spanish, and Vietnamese. Available for licensing in Somali, Hmung, Malaysian and many other languages. Please see our Translations page for more information or [contact us](#) to discuss your need for these and other translations.
- Is highly reliable and can be administered by a range of professionals and paraprofessionals, including office staff.
- Requires minimal training. New users only need to read (and repeatedly refer to) the PEDS Brief Scoring and Administration guide.
- Enhances reimbursement through Medicaid and private payers (for which \$10.00 to \$20.00 is typical). Please see our Frequently Asked Questions section for information on billing/coding.
- Materials cost of 36 cents per visit, or about 20 cents if the score form is used repeatedly to follow children over time.
- Complies with recommendations for early detection from the [American Academy of Pediatrics](#), the National Association for the Education of Young Children, the American Nurses' Association, the Bright Futures Guidelines, the Council for Exceptional Children, Head Start, the Royal College of Paediatrics and Community Child Health, the Australian College of Paediatrics, etc.
- Is effective with parents regardless of parents' level of education, income, race, marital status, or children's ages or birth order.
- Saves time by eliminating "oh by the way" concerns, focuses visits, enhances teachable moments, and improves office flow.
- Encourages use of professional observations and history in the decision-making process
- Is available online. PEDS Online has automated scoring, offers PEDS plus the optional M-CHAT, as well as the 6 - 8 item PEDS:DM that replaces milestones checklists with evidence. Please click on the "Electronic Versions" menu bar to take a trial of the online site and view our license agreement.

What is PEDS: Developmental Milestones (PEDS:DM©)?

- Brief, reliable accurate indicators of children's skills across all developmental domains
- 6 to 8 items per encounter
- For children 0 through 7 - 11 years, with additional measures for older children and adolescents
- Each item taps a different developmental domain: expressive language, receptive language, fine motor, gross motor, social-emotional, self-help, academics in both reading and math (older children)
- Clear criteria for scoring: failure on each item suggests probable difficulties in that domain and performance below the 16th percentile
- Written at a 1st to 2nd grade reading level
- Takes about 5 minutes to administer, one minute to score
- Longitudinal monitoring of developmental progress
- Replaces informal checklists with ones supported by scientific evidence
- Standardized on more than 1600 children across the US
- Validated against diagnostic measures of development
- Highly accurate: sensitivity and specificity range from 70% to 95% across domains and across age levels
- Includes an assessment level version for use in NICU and early intervention programs where more detailed test results and follow-along measurement are needed (offers age-equivalent and percentage of delay scores)