# Parents' Evaluation of Developmental Status (PEDS) Response form

<table>
<thead>
<tr>
<th>Child’s name</th>
<th>Parent’s name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s date of birth / / Child’s age</td>
<td>Today’s date / /</td>
</tr>
</tbody>
</table>

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:  ☐ No  ☐ Yes  ☐ A little  Comments:

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 uses his or her hands and fingers to do things?
Select one:  ☐ No  ☐ Yes  ☐ A little  Comments:

Do you have any concerns about how your child uses his or her arms and legs?
Select one:  ☐ No  ☐ Yes  ☐ A little  Comments:

Do you have any concerns about how your child behaves?
Select one:  ☐ No  ☐ Yes  ☐ A little  Comments:

Do you have any concerns about how your child gets along with others?
Select one:  ☐ No  ☐ Yes  ☐ A little  Comments:

Do you have any concerns about how your child is learning to do things for himself/herself?
Select one:  ☐ No  ☐ Yes  ☐ A little  Comments:

Do you have any concerns about how your child is learning preschool or school skills?
Select one:  ☐ No  ☐ Yes  ☐ A little  Comments:

Please list any other concerns.