



Parents' Evaluation of Developmental Status (PEDS)

Today's date: ___ / ___ / ___

Child's name: _____ Parent's name: _____ Child's age _____

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? No Yes A little

Comments:

Do you have any concerns about how your child understands what you say? No Yes A little

Comments:

Do you have any concerns about how your child uses his or her hands and fingers to do things? No Yes A little

Comments:

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

Comments:

Do you have any concerns about how your child behaves? No Yes A little

Comments:

Do you have any concerns about how your child gets along with others? No Yes A little

Comments:

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

Comments:

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

Comments:

Please list any other concerns.

6 months