



PEDS RESPONSE FORM

Child's Name _____ Parent's Name _____

Child's Birthdate _____ Child's Age _____ Today's Date _____

1. Please list any concerns about your child's learning, development and behavior.

2. Do you have any concerns about how your child talks and makes speech sounds?
(Circle one): No Yes A little COMMENTS:

3. Do you have any concerns about how your child understands what you say?
(Circle one): No Yes A little COMMENTS:

4. Do you have any concerns about how your child uses his or her hands and fingers to do things?
(Circle one): No Yes A little COMMENTS:

5. Do you have concerns about how your child uses his or her arms and legs?
(Circle one): No Yes A little COMMENTS:

6. Do you have any concerns about how your child behaves?
(Circle one): No Yes A little COMMENTS:

7. Do you have any concerns about how your child gets along with others?
(Circle one): No Yes A little COMMENTS:

8. Do you have any concerns about how your child is learning to do things for himself/herself?
(Circle one): No Yes A little COMMENTS:

9. Do you have any concerns about how your child is learning preschool or school skills?
(Circle one): No Yes A little COMMENTS:

10. Please list any other concerns: