PEDS 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: No A little COMMENTS: Yes Do you have any concerns about how your child understands what you say? Circle one: Yes A little No COMMENTS: Do you have any concerns about how your child uses his or her hands and fingers to do things? Yes Circle one: No Alittle COMMENTS: Do you have any concerns about how your child uses his or her arms and legs? Circle one: No Yes A little COMMENTS: Do you have any concern about how your child behaves? Circle one: A little COMMENTS: No Yes Do you have any concerns about how your child gets along with others? Circle one: Yes A little COMMENTS: No 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 Yes A little **COMMENTS:** Please list any other concerns.

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