



P A R E N T S' E V A L U A T I O N O F D E V E L O P M E N T A L S T A T U S

An evidence-based method for detecting and addressing developmental and behavioral problems in children

PEDS ONLINE

GUIDE TO DEVELOPMENTAL-BEHAVIORAL SCREENING WITH PEDS ONLINE

WELCOME TO PEDS ONLINE

PEDS Online ensures accurate detection of children with developmental-behavioral problems by providing access to validated high-quality screens: Parents' Evaluation of Developmental Status (PEDS), PEDS:Developmental Milestones (PEDS:DM), and the Modified Checklist of Autism in Toddlers (M-CHAT). These measures determine children's risk for various kinds of developmental-behavioral/mental-health problems. PEDS Online provides decision support, based on extensive research, i.e., when to refer and where, whether parent education is the best course versus reassurance or watchful waiting.

PEDS Online provides test results, billing and diagnosis codes, summary reports for parents, and, when needed referral letters. All information is returned in real-time, immediately upon completion of the screens. Thus, PEDS Online helps providers save time, receive appropriate reimbursement, and provide accurate measurement. Hosted at forepath.org, PEDS Online is designed to keep data in compliance with HIPAA, or HL-7.

When to use PEDS Online:

The American Academy of Pediatrics (AAP) recommends screening as well as surveillance:

- 1) eliciting and addressing parents' concerns at each well-visit;
- 2) monitoring milestones as each well-visit;
- 3) using an autism-specific screen at 18 and 24 months.

PEDS Online addresses AAP policy via evidence-based measures that are not only screens but also tools for longitudinal surveillance, i.e., PEDS, PEDS:DM and the M-CHAT.

Ways to implement PEDS Online.

Overview:

There are three approaches to using PEDS Online. These include:

- Sending parents to our "Parent Portal" so they can complete measures before the visit (e.g., on a home computer or in an office kiosk). Parents will not see the results. Instead, providers will receive an email alerting them of a completed screen.
- Having office staff administer the measures, in real-time during an encounter, as an interview, i.e., typing in parents' responses as they comment.
- Letting parents self-administer the measures in paper-pencil format (e.g., in a waiting or exam room) and then having office staff type in responses.

Getting Started:

Make note of your unique site access information below:

Username: _____

Password: _____

License ID: _____

(e.g. Username_License#)

This information is included in your completed license agreement, but if lost please contact: angel@pedstestonline.com.

Ways to Implement PEDS Online Services: Three Methods

METHOD 1. Completing PEDS Online measure(s) in Writing: Transcribing comments onto the site after parents complete paper-pencil Forms (e.g., in the waiting/exam rooms, by mail-out, etc.)

- Printable files for PEDS (in multiple languages) and the M-CHAT are provided as part of your license agreement. For the PEDS:DM we prefer to provide multiple copies of the laminated Family Book; while this is an initially more expensive outlay, in the long run it is cheaper than photocopying.
- The laminated PEDS:DM Family Book also houses the M-CHAT, the Brigance Parent-Child Interaction Scale, the Family Psychosocial Screen, the Vanderbilt Diagnostic ADHD Scale, and other measures for children ages 8 to 14+ years of age, i.e., the Pediatric Symptom Checklist and the Safety Word Inventory and Literacy Screener.

📍 *If using the PEDS:DM in print make sure you have calculated chronological age correctly so that you can select the correct form. A chronological age calculator is at www.pedstest.com/AgeCalculator This identifies the correct PEDS:DM Form for the child's age.*

Step 1 Before giving parents any printed copies: 1) Identify the parents' primary language and select the appropriate version of the PEDS Response Form; 2) Then ask, "Would you like to complete the form on your own or have someone go through it with you?"

📍 *Usually, parents with reading problems or language barriers will ask for help. If you are unsure of parental literacy, administer the M-CHAT and/or PEDS or PEDS:DM by interview.*

📍 *If parents haven't written any words on the PEDS Response Form, they need to be asked the questions by interview to make sure they actually understood them.*

📍 *If parents completed PEDS in languages other than English, to translate comments to English before entering onto the site.*

Step 2 Next, go to <https://pedstestonline.com/license>

Enter your Username and Password on the login form at the start of your session. (The form will 'remember' these fields for the remainder of your session, but you will need to re-enter them if you restart your computer or browser.)

Step 3 Next, select test options

You will now see a selection page where you can opt to start with PEDS and continue (optionally) to the PEDS:DM and/or M-CHAT. Or you can start with the PEDS:DM and then take the optional M-CHAT.

The screenshot shows a web interface for selecting test options. On the left, there is a vertical strip of small photos of children. The main content area has the following text:

Autism-specific screen such as the **Modified Checklist of Autism in Toddlers** at 18 and 24 or 30 months. License: 813 U


TEST OPTIONS:

- PEDS + PEDS:DM and/or MCHAT**
You will be given the option to take either M-CHAT or PEDS:Developmental Milestones (PEDS:DM) with optional M-CHAT at the end of your PEDS test.
- PEDS:DM + Optional M-CHAT (Does not include PEDS)**
After administering PEDS:Developmental Milestones (PEDS:DM) (for children 0 through 7 years 11 months) you will be given the option to administer the M-CHAT if the child is within its target range. (i.e., 16 months through 3 years 11 months)


At the bottom, there is a button labeled "Start Test".

Step 4 Next, enter the child's information

Enter child's first and last names, date of birth, date of test, and number of weeks premature (if more than three weeks premature). Other fields (e.g., Subject ID, ethnicity, parents' level of education or optional but recommended).

 *Because we will be returning a written report, it will be more readable if the child's first and last name are used. Fields without ***[REQ]** are not required but preferred.*

Step 5a If starting with PEDS , make sure families have a written comment and have answered all multiple-choice questions. Then type in parents' comments and answers to "Not concerned/Concerned/A little concerned" questions

 *If you have additional concerns about a child but the parent did not express these, please add your own concerns and change any "Not concerned" answers to "Concerned/A little concerned," **BUT** do not eliminate parents' concerns or "Concerned/A little concerned" answers.*

Step 5b If starting with PEDS:DM - You need to determine parents' literacy and thus whether an interview administration is needed in order to complete the PEDS:DM questions. Always ask, "Would you like to complete the form on your own or have someone go through it with you?"

Step 6 Review parents' comments and answers and double-check birthdate, age computation, and test date

The site will prompt you if parents haven't answered all questions or written any words on the PEDS' Response Form or completed the PEDS:DM.

Step 7 Click the Submit button at bottom of page to double-check age to see the results

You will immediately receive the test results along with a recommendation of varying strength to deploy other available (but always optional) measures.


If you opt not to complete other measures, be sure to print the parent summary and any referral letters, or paste results into your records if desired.

Step 8 If you complete any additional measures the initial results will be modified in light of performance on other screens

If you opt to administer additional measures, after completing each you will see a new set of combined results, recommendations, referral letters and parent summary reports that you can save if not continuing with other tests. If the M-CHAT is failed, you can (and should), click on each failed item and re-interview families.

Step 9 Once the results are safely printed or saved, click the "Test New Child" button

Your Logon (*Username*) and Password will be pre-loaded into the form to save you time.

 *Do not backspace through the site to begin with another child. Back-spacing rewrites the prior record and age-computation errors also occur! Instead, click the button, "Test New Child."*

METHOD 2. Having Parents complete the Screens on their own (from home or from a computer/kiosk in waiting/exam rooms):

Options for using the Parent Portal: (Parents will not see results. You will receive an email alerting you that a screen has been completed.)

- **From a Waiting room or Exam room computer:** Have your office PC/kiosk set to <https://pedstestonline.com/portal> (after logging into the site with your logon and password) if requesting that a parent complete screens in an office computer, be sure to ask them, “Would you like to complete the form on your own or have someone go through it with you?”
- **Parents with Internet Access at Home, Libraries or Schools:** Most parents, even low-income ones, have internet access. So, you can direct parents before an appointment (e.g., along with an appointment reminder) to <https://pedstestonline.com/portal> and provide them your Logon/Username and Password. Parents will receive a message stating that the results of their screens will be sent to you and discussed at the next visit.

* **Note:** all parents using the Parent Portal who have children in the 16 – 48 month age range will be asked to complete the Modified Checklist of Autism in Toddlers.

Ideas for directing parents to the parent portal include:

- If your practice has a website of its own, we can send you a link and icon to add to your site so that parents can come from your site directly to PEDS Online. If interested, please contact us at: angel@pedstestonline.com
- Putting the link/username/password on the back of appointment reminder cards
- Sending parents an email appointment reminder that directs them to the site and provides username/password information

How to retrieve records from the Parent Portal:

- **You will receive an email alert of a completed screen.** This will include a link back to our website, along with your Logon (Username) and Licensee ID.
- **Next, go to your database at this link:** <https://pedstestonline.com/myadmin> and insert your Username and Licensee ID. On the menu at the left, select “Most Recent” or “Show All By Page” - you will then see a record of either recent or all screens, including those completed by parents via the parent portal.

METHOD 3. Completing Measures when Parents and Children are Present (Interview/Directly to Children)

PEDS/M-CHAT by Live Interview (Children 0 to 3 years of age)

- To administer the tests by interview go to <https://pedstestonline.com/license> enter your Username and Password
- Select PEDS (plus optional PEDS:DM and M-CHAT)
- Complete fields for name, birthdate, testdate
- Interview parents with PEDS and/or PEDS:DM (and optional M-CHAT). Type in parents’ answers as they speak. (Be sure to translate all comments on PEDS into English before entering onto the site)
- If parents are “stumped” by a PEDS question, do not offer examples of milestones. Instead, say, “I’d like to know what you think”. If necessary offer broad descriptions of domains (e.g., for the question about self-help skills, ask “How do you think he/she is doing with such things as dressing, feeding and bathing and so forth?”)
- If parents say things like, “I don’t know what a six-month-old should be doing”, mark this as a concern. This is a risk factor associated with problematic developmental outcomes. Such parents need developmental promotion suggestions and their children need careful screening


Optional: Additional Instructions for administering PEDS:DM by Live Interview, by Observation, and/or Hands-On for Older Children (Children 3 to 8 years of age)

If you opt to use the PEDS:DM live, here's what you need to know:

Once logged on the site, and you have entered basic information about each child (e.g., name, birthdate, and age) you will see the PEDS:DM questions.

The PEDS:DM can be administered by interview or by observation up to about 3 years of age. For older children some PEDS:DM items require actual demonstration of skills (e.g., color and letter naming). To administer such tasks you can:

- To have parents elicit skills: Read aloud each question as written. Ask parents to have their child perform the skills for those items requiring a demonstration.
- For providers to elicit skills: Be sure to read the directions to children exactly as they are written so that you are administering tasks in a standardized way and so can confidently compare each child's performance to the PEDS:DM norms/cutoffs.

 Essential images for helping children demonstrate skills (e.g., numbers and letters to name) are shown on the screen. Blank paper and a marker will be needed for writing tasks (e.g., scribbling, copying a triangle, spelling, etc.). It is helpful, but optional, to have 1" blocks available because some parents, often those at risk, may not have blocks at home.

WHAT PEDS ONLINE RESULTS MEAN

Results and Recommendations for PEDS and the (optional) Modified Checklist of Autism in Toddlers Path A: High Risk

Path A: High Risk. Children who land on Path A are those whose parents hold multiple developmental and frequent behavioral concerns. These children have a high risk of problems—11 times that of children whose parents do not have concerns—50% have disabilities or substantial delays. The M-CHAT is recommended for all children on this path if they are within the age range of the measure. If the M-CHAT is administered and passed, children on Path A still need prompt referrals for assessment and services. The summary report/referral letter identifies the kind(s) of professional whose diagnostic services would be most helpful.

On the site output you'll see that Path A subdivides, based on constellations of concerns into **Path A-1** (indicating the need for a speech-language evaluation, and **Path A-2** (indicating the need for testing by a developmental or school psychologist). If the M-CHAT is administered and failed, the recommendations will include the services of an autism specialist.

In all Path A cases, vision, hearing, and lead screening is recommended. Use your clinical judgment, information from the physical exam, knowledge of families' needs, and parents' concerns to decide if additional referrals are needed (e.g., physical or occupational therapy, medical subspecialty, mental health).

Refer children under 3 to the local early intervention, program, those 5 and older to the public schools, depending on age restrictions. (Follow links on the website to NECTAC or to the public schools, and from there to local programs). These services are free to families and of reasonable quality, although they may not provide a definitive diagnosis until children are older. Next, if indicated, refer to subspecialty clinics or other diagnostic clinics where available and/or to private therapies if needed and affordable. Children usually have to wait for private and subspecialty services, so first help enroll them in early intervention or public school special education.

Note: It is neither essential nor desirable for health care providers to make a developmental diagnosis in young children. Criteria for early intervention or public school services generally depend only on indicators such as percentage of delay based on the testing the public services will provide. A medical diagnosis is only needed in cases of physical impairments such as cerebral palsy, significant health issues, or traumatic brain injury.

In some cases, children on Path A will not be found to have disabilities. In these cases they are still likely to have below-average performance. Early intervention programs are usually willing to monitor these children and advise parents about things they can do to help. In addition,

Path A: High Risk cont'd.

private speech therapy, early stimulation programs (e.g., Head Start or day care) and other services should be marshaled.

If you have also given PEDS: Developmental Milestones and the child has mastered all milestones, we still recommend a referral given the evidence behind PEDS.

Expect about 1 out of every 10 patients (up to twice that in Medicaid and high risk clinics) to receive Path A results; more in the case of children with a history of prematurity or chronic illness, or in clinics serving a large population of indigent families.

Path B: Moderate Risk

Path B: Moderate Risk. Path B splits into **B-Other/Health(B-1)** and **B-Developmental (B-2)**. Children on **Path B-Developmental (B-2)** have parents with at least one predictive developmental concern and often numerous behavioral concerns. These children have 7 times the risk of children whose parents do not have concerns)—30% have disabilities and many of the remaining children have delays that place them at continuing risk. Additional screening is needed to determine which children need referrals and which do not. Taking the PEDS: Developmental Milestones and an M-CHAT is recommended for all children on Path B.

A passed PEDS:DM suggests that a child is probably developing typically for his or her age and that referrals are not needed, unless there are psychosocial or health risks that suggest otherwise. Nevertheless, these families need two things: a) developmental promotion, i.e., suggestions for how to help their child at home; and b) vigilantly monitoring of developmental progress (e.g., seeing the family again in 6 months).

Missed milestones on the PEDS:DM indicate a prompt need for referral. PEDS:DM milestones have cutoffs at the 16th percentile or lower, meaning that 84% or more of same age peers are successful on these tasks. Children with delayed milestones are very likely to have trouble in school without intervention. Although some will not qualify for Early Intervention, services such as Early Head Start, Head Start, or a quality day care or preschool program are invaluable. Parent education and developmental promotion are also needed. Add your own observation of psychosocial or health risks and refer if indicated to parent training, subspecialists, social services, etc.

A failed M-CHAT will result in a recommendation for further assessment by an autism specialist. These may be available through early intervention programs or public schools. If referring to private services, the wait will probably be long. So, it is best to refer to public programs to get intervention started as well as to autism-specific services.

A passed M-CHAT indicates limited risk for autism spectrum disorders but does not rule out any of the more common disabilities: speech-language impairment, mental retardation, or learning disabilities. So, either in-depth broad-band screening is needed or you can simply refer for screening through early intervention or the public

schools. Those who fail additional screening should be referred for further testing. Those who pass screening need developmental promotion, patient education and vigilant follow-up, since they may have emerging disabilities or below-average intelligence, language, or school skills. Where facilities, time, or tools are limited, children can be referred for screening through the public schools or early intervention programs (see www.nectac.edu for local programs).

Children on **Path B-Other/Health (B-1)** have parents with non-developmental concerns. These usually focus on health issues (e.g., eating, sleeping, hearing, vision, etc.) and occasionally on psychosocial issues (e.g., divorce, death in the family, etc.). When health concerns are raised, the optimal response may include the following (e.g., screening vision and hearing, reviewing with the parent height/weight charts, a repeat discussion of prior or current medical problems, providing written information about existing conditions, etc.). If you are not in a healthcare setting you will need to refer children to a healthcare provider.

Because there is a moderate association between health problems and developmental problems, it is also wise to monitor development more vigilantly with all children on Path B, perhaps seeing them again in 6 months for repeat screening.

Again, a passed M-CHAT indicates limited risk for autism spectrum disorders but does not rule out any of the more common disabilities: speech-language impairment, mental retardation, or learning disabilities. So, either in-depth broad-band screening is needed or you can simply refer for screening through early intervention or the public schools. Those who fail additional screening should be referred for further testing. Those who pass screening need developmental promotion, patient education and vigilant follow-up, since they may have emerging disabilities or below-average intelligence, language, or school skills. Where facilities, time, or tools are limited, children can be referred for screening through the public schools or early intervention programs (see www.nectac.edu for local programs).

Expect to follow Path B with about 1 out of every 5 patients. If working in very high risk clinics (e.g., NICU or crisis warm lines), Path B rates may be closer to 1 out of every 3 patients.

Path C: Elevated Risk

Path C: Elevated risk for behavioral/mental health problems. Path C splits into two paths. **Path C-1** (for children 4 1/2 years of age and older) and **Path C-2** (for children younger than 4 1/2 years of age). Children on Path C have only a low risk of developmental disabilities (1.3 times that of children whose parents have no concerns). Only about 5% of these children have developmental disabilities, although about 25% have emotional and behavioral difficulties, and the frequency is higher still when children are 4 1/2 years of age and older.

Path C-2 - The best response with parents of young children is to counsel them about their concerns, provide information handouts, and to monitor their progress closely. If such counseling is unsuccessful (it is advisable to check on progress after several weeks) more intensive interventions are needed. These may include a parent-training program or the services of a mental health professional (e.g., a psychologist or guidance counselor in the public schools or early intervention program, a family therapist, private child psychiatrist or psychologist,

a clinical social worker, or professionals at local mental health centers, etc.).


The M-CHAT is suggested for younger children on Path C, but is not essential except if the M-CHAT has never been administered. (The American Academy of Pediatrics recommends the administration of an autism specific screen at 18 months and 24 months).


Path C-1 - Children 4 1/2 and older need additional behavioral/emotional screening. The PPSC-17 is available in Spanish and English, is used with children 4 - 18 and screens for attentional problems, conduct problems, and depression/anxiety. If attention deficits are found, follow up with the Vanderbilt ADHD scale to confirm problems and decide on treatment. If the conduct and/or depression/anxiety scales of the PPSC-17 are failed, refer for mental health interventions and also consider medications if appropriate. Both types of interventions when offered together, ensure better outcomes.

Expect to follow Path C with about 1 out of 5 children.

Path E: Low Risk

Path E (Low Risk for Developmental or Behavioral Problems). These children have parents with no concerns. Most offer descriptions of healthy development are at low risk and only 5% have delays or disabilities. If all milestones are met on the PEDS:DM and when the M-CHAT is passed, you can be confident that this child is progressing well. But...

 *If using the PEDS Response Form in writing and parents only circle "yes," "a little" or "no", literacy may be a problem and PEDS should be re-administered by interview.*


 *Use your clinical judgment with children on Path E. If you suspect a problem, you can add your concerns to the parents' responses. Or, you can simply refer for additional screening or testing.*

If literacy is not a problem, and clinicians lack concerns, families with children on Path E require only reassurance

and routine monitoring by re-administering PEDS at the next expected check point (e.g., annual re-screening, well visit, or sick/return visit when families do not keep well-visit appointments. It is nonetheless wise to ask whether parents wish for information on child development and to provide information handouts if requested.

The M-CHAT is optional for younger children on Path E, but is not essential except if the M-CHAT has never been administered. (The American Academy of Pediatrics recommends the administration of an autism specific screen at 18 months and 24 months). The PEDS:DM is always advisable in order to comply with recommendations for milestones monitoring at all well visits.

Expect to follow Path E with about 5 out of 10 children.

 *Note to those familiar with PEDS in print: PEDS online does not produce a Path D because we anticipate that you or your staff will interview parents who have not written comments on the Response Form, and/or that you will add your own concerns to those parents have offered.*

Results and Recommendations for PEDS:Developmental Milestones (PEDS:DM) and the (optional) Modified Checklist of Autism in Toddlers (M-CHAT)

PEDS:DM. If a child has met all milestones on the PEDS:DM it suggests that he or she is developing typically for his or her age, and that referrals are not needed, unless clinical observation, psychosocial or health risks suggest otherwise. Nevertheless, families whose children meet all milestones, still need two things: a) developmental promotion, i.e., suggestions for how to help their child at home; and b) monitoring of developmental progress (e.g., seeing the family again in a year or less, at the next well-visit, etc.).

Missed milestones on the PEDS:DM indicate a prompt need for referral. PEDS:DM milestones have cutoffs at the 16th percentile or lower, meaning that 84% or more of same age peers are successful on these tasks. The 16th percentile is fine for head circumference, height and weight but it is not for development: Children with delayed milestones are very likely to have trouble in school without intervention. Although some will not qualify for Early Intervention, services such as Early Head Start, Head Start, or a quality day care or preschool pro-

gram are invaluable. Parent education and developmental promotion are also needed. Add your own observation of psychosocial or health risks and refer if indicated to parent training, subspecialists, social services, etc.

M-CHAT. A failed M-CHAT will result in a recommendation for further assessment by an autism specialist. These may be available through early intervention programs or public schools. If referring to private services, the wait will probably be long. So, it is best to refer to public programs to get intervention started as well as to autism-specific services.

A passed M-CHAT indicates limited risk for autism spectrum disorders **but does not rule out any of the more common disabilities:** speech-language impairment, mental retardation, or learning disabilities. So, if the M-CHAT is passed but there are missed milestones on the PEDS:DM or predictive concerns on PEDS, it is best to refer for additional assessment (e.g., to the public schools or to Early Intervention, depending on age). See www.nectac.edu to find local programs.

HOW TO USE YOUR ADMINISTRATION PANEL

You will find your Administration Panel login at <https://pedstestonline.com/myadmin>

Login to this area by entering your username and unique licensee ID (username_license# - example: myusername_5770).

Once logged in, use any of the left-side menu items to:

- [Review and print screens on file](#)
- [Search by subject's name, birth date, test date or unique child identifier](#)
- [Search and group screens by PEDS path](#)
- [Search and group screens by year and month](#)
- [Make corrections to completed screens](#)
- [Edit and rescore screens](#)
- [Add optional measures to existing screens*](#)
- [Review the license agreement](#)
- [Review Online Brief Guide](#)
- [Export all data into a file for Excel or other spreadsheets](#)

* Optional measures such as the M-CHAT can be added to existing screens up to 30 days after initial screening

TIPS AND TROUBLESHOOTING

Please find your issues below and the answers that follow:

The PEDSTest Online site is down:

1. First make sure you are still online and that your internet access is still working.
2. Try again in a few minutes. Sometimes sites “go down” for maintenance. We will do our best to make sure maintenance occurs on weekends when you are less likely to be screening children. But, if continuing or lengthy problems occur please let us know by email to: angel@pedstestonline.com.

My Username/password/license ID don't work:

1. Please make sure you have entered each one correctly. They are case sensitive so check capitalization. Extra spaces before or after will cause problems too.
2. Go to <https://pedstestonline.com/myadmin> and click “Get Login”- this will automatically send your login information to the email associated with your account. If this does not work please contact angel@pedstestonline.com.
3. Has your license expired? We will send a prompt about 1 month before your expiration to see if you want to renew. If you need to reach us, please contact angel@pedstestonline.com.

I've lost a record/my computer crashed/or parent made a mistake on the birthdate or name—what do I do?

1. **Lost Records/Computer Crashes:** Go to <https://pedstestonline.com/myadmin> and enter your Username and Licensee ID. You'll then see all your records. If the record in question is not there, it is because screens weren't completed or because your computer crashed before a screen was submitted. In such cases, you will need to readminister our screens.
2. **Wrong birthdate/name:** Go to <https://pedstestonline.com/myadmin> and open the record in question. Change the birthdate or name as needed and resubmit the results.

How do I copy PEDS Online results and then paste into my electronic record?

The below keystroke commands explain how. In all cases you will need to have a browser window open (e.g., Internet Explorer) along with your EHR. Once both are open, you'll need to hold down two keys at the same time:

ALT+Tab to switch back to/from your EHR window (*or use your mouse to click on the icon/tab for your EHR*)

CTRL+A to highlight a page within a browser (*or use your mouse to highlight*)

CTRL+C to copy these (*into the buffer memory of your computer*)

CTRL+V to paste the information into the text fields for the visit

I'd like to view all our results what do I do?

Go to <https://pedstestonline.com/myadmin>

After entering your Username and Licensee ID, you will see all your screens.

I'd like to put all my screen results into my own database. Can I export them?

Yes. Please go to <https://pedstestonline.com/myadmin> and select “Full Extract” from the left menu. This allows you to download all your results for use with SPSS, Excel or other database programs.

I'm working on a quality improvement initiative and would like to look at changes in early detection before and after implementation of PEDS Online. What do you suggest?

Go to <https://pedstestonline.com/myadmin> After entering your Username and Licensee ID, you will see all your screens. These are arranged by month along with the frequencies of various PEDS Paths. By comparing prior data to results from PEDS Online, you will see whether there have been improvements over time.

Can you help me create true integration with my electronic record (e.g., so that results return to the child's chart)?

Yes, but this requires the commitment of your EHR vendor or IT staff. As part of your license agreement PEDStest Online will support 5 hours of our IT time, but after that your EHR or IT staff will need to cover all costs. Please ask one or both to contact us at: angel@pedstestonline.com.

Why do children whose parents simply want to know about child development land on the high or moderate risk path?

When parents express concerns about their child-rearing knowledge or skills (e.g., they don't know what to expect from their child), the site will produce a risk path. In such cases, there is a clear need to provide parenting information such as educational handouts. BUT, it is important to remember that parents unsure about what their child should be doing, may also be families at risk. So... for optimal advice to parents, monitoring of progress, and swift detection of emerging delays, it is critical to offer vigilant watchful waiting, prompt referrals to Head Start or quality day care for children who may be delayed but not disabled, and careful follow-up (e.g., a return visit in 6 months or less).

Other questions? Please see our FAQs at www.pedstest.com/FrequentlyAskedQuestions. If you have suggestions for site improvement or concerns about a specific result, please let us know by email: angel@pedstestonline.com.

RESOURCES FOR PEDS ONLINE USERS

REFERRAL RESOURCES: LINKS TO COMMONLY NEEDED SERVICES

- For locating state, regional and local early intervention programs under the Individuals with Disabilities Education Act, and testing services for young children with suspected or known disabilities go to www.nectac.org
- American Academy of Pediatrics: Find a Pediatrician www.healthychildren.org to locate developmental-behavioral, neurodevelopmental, general and other subspecialty pediatricians. See also the Society for Developmental and Behavioral Pediatrics www.sdbp.org
- For help locating Head Start programs see <http://eclkc.ohs.acf.hhs.gov/hslc>
- For help locating quality preschool and day care programs visit www.childcareaware.org, and www.naeyc.org
- For help locating parent training programs see www.patnc.org and the YWCA www.ywca.org
- For locating services for school age children, call the school psychologist or speech-language pathologist in the child's school of zone.
- For help locating mental health services go to www.mentalhealth.gov
- For services and information about autistic spectrum disorders go to www.firstsigns.org
- Social services including domestic violence, child abuse and neglect, adoption, state, and local services, etc. can be found at www.acf.hhs.gov
- For after school programs, check with the child's school of zone, visit the websites of the Boys and Girls Club www.bgca.org, and the YWCA www.ywca.org

INTERNET RESOURCES FOR PROFESSIONALS

Many of the sites listed on the Internet Resources for Parents handout are useful for professionals wishing to gather a range of information handouts on developmental promotion. A few additional sites with a focus in professionals include:

• www.pedstest.com

The site offers abstracts of research on PEDS and the PEDS:DM, and FAQs about both measures. In addition there are training slide shows and short movies on how to give various screens including case examples, and downloadable parent information handouts in English and Spanish. The site also houses a discussion list on early detection issues.

• www.dbpeds.org

This is the web site for the American Academy of Pediatrics Section on Developmental and Behavioral Pediatrics. It houses information on routine as well as challenging aspects of developmental-behavioral pediatrics (e.g., obesity, autism, medication management, etc.). In addition to numerous articles for physicians, there is also an e-mail discussion in which participants are general pediatricians and developmental-behavioral pediatrics as well as a few speech-language pathologists and other allied health professionals. You can post challenging cases, discuss various management strategies, etc. The section has a spiffy newsletter with a coding column, helpful how-to articles, etc.

• www.firstsigns.org

This organization promotes early detection of autism and other developmental disorders through routine screening, and collaboration among medical and non-medical professionals. The organization assembled an information kit for physicians including a wonderful video showing the behaviors of children on and off the spectrum. States can contract with First Signs for local training. The website is a repository of information for both parents and professionals.

• www.aap.org

The American Academy of Pediatrics website houses policy statements, parenting information, and its

RESOURCES FOR PEDS ONLINE USERS CONT'D.

INTERNET RESOURCES FOR PROFESSIONALS CONT'D.

online book store offers brochures for families, texts on parenting and health-related topics.

- ***www.reachoutandread.org***

Reach Out and Read (ROR) helps providers promote school success by encouraging book reading. The site explains the process, training requirements, sells appropriate books for different age children, etc.

- ***www.medicalhomeinfo.org***

This site from the American Academy of Pediatrics, helps providers organize their practices to best help families whose children have special needs and provides information on collaboration with non-medical professionals and advocacy.

INTERNET PARENTING RESOURCES

- **American Academy of Child and Adolescent Psychiatry: Facts for Families** (*www.aacap.org*) has numerous handouts that can be downloaded for free. Written in multiple languages, they address such topics as divorce, disaster recovery and how to choose a psychiatrist.

- **American Academy of Pediatrics: You and Your Family** (*www.aap.org*) describes child-care books, videos, hand-held health records, waiting room magazines, etc.

- **British Columbia Council for Families** (*www.bccf.ca*) Well maintained site with articles, online questionnaires and links to resources on a variety of parenting and family topics. Carries individual and bulk copies of books and brochures on such topics as adolescence, marriage, family cohesion, and child development, as well as a parenting program, Nobody's Perfect.

- **Children and Youth Health** (*www.cyh.sa.gov.au*) From the South Australian Department of Human Services, this site has extremely rich information for parents on a huge range of psychosocial issues for teens and young children. Diapers are "nappies"

and ear infections are "glue ear," but other than that, the depth and quality of parenting advice is unparalleled.

- **Kids' Health** (*www.kidshealth.org/*) From the Nemours Foundation, this site has excellent information on health and safety, emotional and social development and positive parenting, focused on teens and younger children.

- **Center for Community Child Health** (*www.rch.org.au/ccch*) This website has sections for parents and professionals interested in developmental and behavioral issues in early childhood. It houses parent information sheets (Adobe Reader is required) in various languages including Arabic, Bosnian, Chinese, Croatian, Somali, Spanish, Turkish, Vietnamese and English.

- **Tufts University** has a site housing downloadable handouts in various Asian languages on health, child-rearing and disabilities (*http://spiral.tufts.edu/*)

- **The U.S. Department of Education** website houses information for Spanish-speaking families on how to promote child development, help school age children, etc. (*www2.ed.gov/parents*)

- **California First Five** has child-rearing guidance for Spanish speaking parents (*www.ccfca.gov*)