

Instruction for completing the PEDS Developmental Screening LOG.

- 1. Physician Name, Phone, Zipcode:** Print the last and first names of physician, office phone & extensions if any, office zip code.
- 2. Patient ID (optional):** Use this column to track the patients you screen. Enter the patient identifier; one patient per line. Before you send us the log, blank out all patient identification.
- 3. Date of Screen:** Please enter the date the screen is performed - mm/dd/year. e.g., 05/22/06
- 4. Age (years) (check ✓)** Check the age range of the child. 0-1 is from birth to before the first birthday; 1-2 is from the first birthday to before the second birthday; etc.
- 5. Path A, B, C, D (check ✓)** Mark the path that is selected on the PEDS scoring sheet.
- 6. Follow-up (check ✓)** Indicate the action taken by checking the appropriate box.

ASQ-Ages and Stages Questionnaire. Check if you performed the ASQ. Include date and name of person/agency if another agency performed the screen in **Other/Comment** section.

EI (0-3) - Early Intervention services. Check if you made a referral to early intervention services e.g., Early Intervention Section, Hawaii State Department of Health, or community Early Intervention program. In Other/Comment include the agency to which you referred the child and family.

DOE—Department of Education Preschool Education. Check if you made a referral (Form 101—Request for evaluation) to the DOE.

PDSP—Preschool Development Screening Program. Check if you made a referral to PDSP, Department of Health. PDSP accepts referrals for children suspected of developmental delay.

Other/Comment—Check and describe follow up. Include date performed and the name of person/agency referred.

On the last day of the month, fax LOG to AAP-Hawaii Chapter **Fax #377-3683**. Additional forms can be downloaded at www.hawaiiap.org, or requested by calling AAP-Hawaii at 808/377-5738.

