

The parent has indicated the following as concerns:

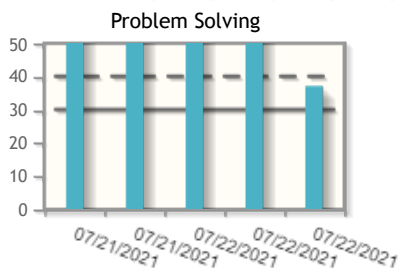
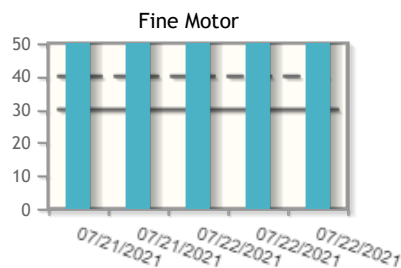
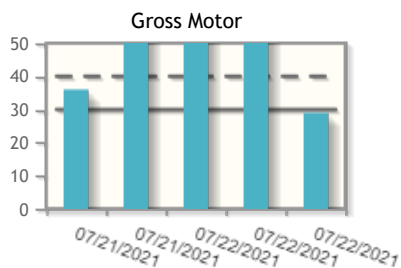
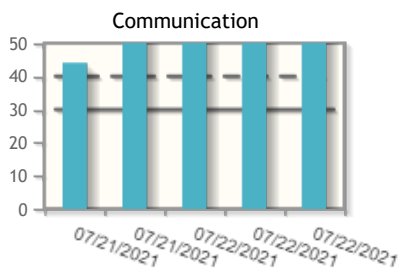
Are there any questions or concerns you want to talk about today? Yes
Sally is not sleeping well

Does your baby play with sounds or seem to make words? No
She seldom tries

Domain	Child's Score	Cutoff Score	Score Interpretation
Communication	60	15.64	Well Above Cutoff: Normal
Gross Motor	20	21.49	Below Cutoff: Refer
Fine Motor	60	34.5	Well Above Cutoff: Normal
Problem Solving	35	27.32	<i>Close to Cutoff: Monitor</i>
Inflexibility	4		Above Average
Irritability	2		Below Cutoff
Routine	4		Above Average
Social Interaction	0		Negative
PEARLS Part 1	4		High Risk
PEARLS Part 2	3		

Status Over Time:

Scores are adjusted to a common scale for comparison across age groups. Less than 30 = Below Cutoff; 30 to 40 = Close to Cutoff; and above 40 are normal, Well Above Cutoff



ASQ-3 Score Interpretation:

Well Above the cutoff, child appears to be doing well in this area at this time

Close to Cutoff, provide ASQ activities & monitor (child's score 1 to 2 SDs below mean)

Below Cutoff, refer for an evaluation (child's score > 2 SDs below mean)

Overall Section:

Uses both hands & legs equally well	Yes	Baby plays with sounds or seem to make words	No
Feet flat on the surface most of the time	Yes	Have concerns baby is too quiet or does not make sounds like other babies	No
Family history of hearing impairment	No	Vision concerns	No
Recent medical problems	No	Have concerns about behavior	No
Other concerns	No		

Communication

Child says one word in addition to "Mama" and "Dada"	Yes	<u>60</u>
When asked ""Where is ...?"" , baby looks at the object	Yes	10

Fine Motor

Baby picks up a crumb or Cheerio with the tips of his thumb and a finger	Yes	<u>60</u>
Baby puts a small toy down, and then takes hand off the toy	Yes	10
Child picks up a crumb or Cheerio with the tip of their thumb and a finger	Yes	10

Gross Motor

With support standing, baby picks up a toy from floor	Sometimes	<u>20</u>
With support standing, baby lowers themselves with control	Not Yet	5
Baby walks along furniture holding on with only one hand	Not Yet	0
Child takes several steps holding both hands for balance	Sometimes	5
Child takes several steps holding one hand for balance	Sometimes	5
Child stands up without support and takes several steps	Not Yet	0
	Sometimes	5

Problem Solving

Baby claps small toys together (like "Pat-a-cake")	Sometimes	<u>35</u>
Baby pokes/tries to get crumb/Cheerio inside clear bottle	Sometimes	5
After watching you hide a small toy, baby finds it	Sometimes	5
Child copies putting small toy, into a bowl or box	Yes	10
Child drops two small toys into a container	Sometimes	5
Child copies your scribbling	Sometimes	5

BPSC Inflexibility

Does your child have a hard time being with new people	Somewhat	<u>4.0</u>
Does your child have a hard time in new places	(1)	(1)
Does your child have a hard time with change	Not at all	(0)
Does your child mind being held by other people	Very Much	(2)
	Somewhat	(1)

BPSC Irritability

Does your child cry a lot	Not at all	<u>2.0</u>
Does your child have a hard time calming down	(0)	(0)
Is your child fussy or irritable	Somewhat	(1)
Is it hard to comfort your child	Not at all	(0)
	Somewhat	(1)

BPSC Routine

Is it hard to keep your child on a schedule or routine	Not at all	<u>4.0</u>
Is it hard to put your child to sleep	(0)	(0)
Is it hard to get enough sleep because of your child	Somewhat	(1)
Does your child have trouble staying asleep	Very Much	(2)
	Somewhat	(1)

ACE - PEARLS

Sum: 4

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues?
(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Has your child ever lacked appropriate care by any caregiver?
(for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?

Or has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?

8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child?

Or has any adult in the household ever hit your child so hard that your child had marks or was injured?

Or has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?

9. Has your child ever experienced sexual abuse?
(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)?
(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)

SDOH - PEARLS

Sum: 3

11. Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school?
(for example, targeted bullying, assault or other violent actions, war or terrorism)
12. Has your child experienced discrimination?
(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)
13. Has your child ever had problems with housing?
(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)
14. Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more?
15. Has your child ever been separated from their parent or caregiver due to foster care, or immigration?
16. Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?
17. Has your child ever lived with a parent or caregiver who died?

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