TABLE 2 Commonly Used Screening Tools for Developmental Delay

Tool	Age Range	Description	Psychometrics	Availability
Ages and Stages Questionnaire (ASQ-III)	1—66 mo	30-Item age-specific parent report measure Examines communication, gross motor, fine motor, problem solving, personal-social, self-regulation, compliance, language, adaptive behaviors, autonomy, affect, and interaction with people	High test—retest reliability (.92) and interrater reliability (0.93) for risk classification. Sensitivity 0.83—0.89 Specificity 0.80—0.92 across ages	Available for purchase at: http://products.brookespublishing.com/ASQ-3-Starter-Kit-P574.aspx
Parents' Evaluation of Developmental Status (PEDS)	1—95 mo	10-Item parent report measure. Examines global/cognitive, expressive language, receptive language, fine motor, gross motor, self-help, and social—emotional	Sensitivity 0.74—0.79 Specificity 0.70—0.80 across ages	Available for purchase at: http://www.pedstestshop.com/product-category/peds-products/
Bayley Infant Neurodevelopmental Screener (BINS)	3—24 mo	10- to 15-min screen for neurological impairment or developmental delay	Test—retest reliability 0.71—0.81 Strong internal consistency Interrater reliability 0.79—0.96	Available for purchase at: http://www.pearsonclinical.com/psychology/products/100000163/bayley-infant-neurodevelopmental-screener-bins-bins.html
Denver Prescreening Developmental Questionnaire (Denver PDQ-II)	2 wk to 6 y	Parent report measure. Positive results indicate follow-up testing with Denver-II by a professional. Examines personal and social, fine motor, gross motor, and language	Sensitivity 83% Specificity 43%	Available for free download at: https://www.hogrefe.com/uk/shop/denver-ii-developmental-screening-test.html#1+1
Infant/Toddler Checklist (ITC)	6—24 mo	Population-based screener designed to identify risk for language and communication impairment	Sensitivity 0.87—0.94; specificity 0.75—0.89	Available for free download at: http://www.brookespublishing.com/resource-center/screening-and-assessment/csbs/csbs-dp/csbs-dp-itc/

guidance, alert clinicians to associated medical and behavioral problems, and determine recurrence risks. Etiology may also inform treatment decisions and allow access to support groups and research studies.

A child and adolescent psychiatrist can perform an evaluation focused on etiology or can refer a child to a clinical geneticist, developmental pediatrician, or pediatric neurologist for further evaluation. The CAP can facilitate a multi-disciplinary approach by coordinating efforts with other medical professionals, therapists, case managers, in-home or residential support staff, and school staff. A detailed history and physical and neurological examination