Parent/Caregiver Checklist Score Report

DP-4™

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Developmental Profile 4

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Child's name		Child's ID	Child's age at testing
John Doe			17 years 5 months

Administration date	Report date	Clinician's name/ID	
06/21/2021	07/13/2021		

Parent/Caregiver's name		Relationship to child	
John Doe			

Score Summary

Scale	Raw score	Standard score	Confidence interval (95%)	Percentile rank	Descriptive range	Age equivalent	Growth score
Physical	0	40	40 - 52	<0.1	Delayed	0:0 to 0:1	240
Adaptive Behavior	0	40	40 - 57	<0.1	Delayed	0:0 to 0:1	272
Social-Emotional	0	40	40 - 51	<0.1	Delayed	0:0 to 0:1	329
Cognitive	0	40	40 - 53	<0.1	Delayed	0:0 to 0:1	194
Communication	0	40	40 - 51	<0.1	Delayed	0:0 to 0:1	302
General Development Score		<47	--	<0.1	Delayed		

Developmental Profile 4
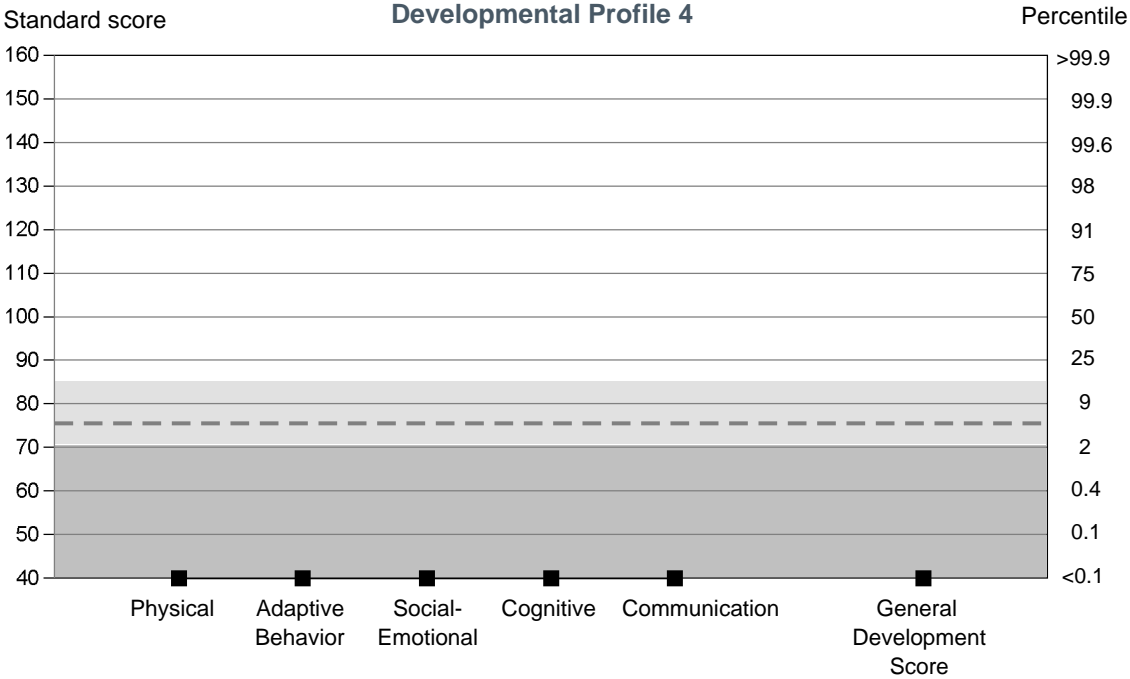
Current Functioning

Results are based upon the responses given in the DP-4 Parent/Caregiver Checklist. The graph on the previous page displays the current level of functioning in five areas of development as well as development as a whole. All scores were obtained by comparing scores on each scale to those of peers of a similar age. When looking at differences among scores on the five DP-4 scales, it is important to know that some variation among scores is expected. It is normal for skills in different areas to develop at somewhat different rates. Oftentimes, differences among scale scores represent normal development, rather than a reason for concern. The Scale Comparisons section of this report describes any statistically significant differences between scales.

This report contains a scale-by-scale interpretation of score results, as well as comparisons of scale scores and information regarding item analysis. Additionally, the report concludes with intervention activities for skills measured by items that received a response of "No," but are below, near, or just above the expected ability level.

General Development Score

The General Development Score represents an overall summary of development, which can be useful for summary and eligibility purposes. The General Development Score revealed that, overall, development is Delayed compared to other children of a similar age. Although this score presents an index of general development, interpretation is more informatively conducted at the level of the content scales and items.

Scale Interpretation

Physical Scale
The Physical Scale includes items measuring gross- and fine-motor skills, coordination, strength, stamina, and flexibility. Based on the information provided, the standard score on this scale fell into the Delayed range. A score in this range indicates many difficulties in the domain of physical development. It is important to intervene by doing further assessment and addressing the areas of greatest weakness. Seeking the assistance of a pediatrician is also recommended. The intervention activities at the end of this report provide starting points for working on these skills.

Adaptive Behavior Scale
The Adaptive Behavior Scale measures age-appropriate independent functioning, which includes the ability to use current technology. On this scale, the standard score that was obtained is considered to be in the Delayed range. This score range suggests significant difficulty in the realm of independent functioning. Additional assessment in the area of adaptive behavior and addressing targeted areas of weakness are suggested. Seeking the assistance of a child psychologist or psychiatrist is also recommended. The intervention activities at the end of this report provide ways to work on skills measured by items that that received a response of "No".

Social-Emotional Scale
The Social-Emotional Scale measures skills related to interpersonal behaviors and the demonstration of social and emotional competence. The standard score that was obtained on this scale is in the Delayed range and signifies skills well below the expected level of social-emotional development. There is likely a great deal of difficulty in the expression of needs, interactions with others, and adherence to societal norms. Further evaluation is often needed in this area, followed by remediation of weaknesses, which can begin with the intervention activities at the end of this report. Seeking the assistance of a child psychologist or psychiatrist is also recommended.

Cognitive Scale

The Cognitive Scale measures perception, concept development, number relations, reasoning, memory, classification, time concepts, and related mental acuity tasks. The standard score that was obtained on this scale is in the Delayed range, which implies skills on cognitive tasks are well below the expected level for this age. There are some significant difficulties in the area of cognitive development, and further testing is advised to seek intervention aimed toward improving the skills measured by items that that received a response of "No". The Intervention Activities section at the end of this report provides some ideas for intervention. Seeking the assistance of a child or school psychologist or an educational specialist is also recommended.

Communication Scale

The Communication Scale score reflects the ability to understand spoken and written language as well as to use both verbal and nonverbal skills to communicate. On the Communication Scale, the obtained standard score is considered to be in the Delayed range, compared to peers of a similar age. This score range on this scale denotes significant problems in the Communication domain of development. Using the intervention activities at the end of this report will help address these problems. Further speech/language testing may also be needed.

Scale Comparisons - Standard Scores

There are no statistically significant differences among the scores on each scale, suggesting relatively comparable levels of development across the five areas.

Item Analysis

The following items received a response of "No" and were below the ability level for each scale. That is, based upon overall functioning on each of the five developmental scales, the following items are those that should be demonstrated at least some of the time. These items should be useful points of departure for remediation. Please see the Intervention Activities section of this report for strategies designed to address specific items.

An examination of the content of the items listed below offers important insights into individual functioning. Items that received a response of "No" on the Physical Scale could be checked to see if they suggest a specific physical condition, such as an orthopedic, strength, small- or large-muscle coordination, or stamina problem. Likewise, Adaptive Behavior items can be examined to determine if parental overprotection, lack of exposure, or limited opportunities may be playing a role. Item analysis on the Social-Emotional Scale items can aid in understanding whether internal psychological or external situational factors seem to be problematic. With the Cognitive Scale, it can be determined whether the items that received a response of "No" represent educational or intellectual problems. Finally, with the Communication Scale, an examination of items can help to determine whether the problem areas are primarily receptive or expressive, and whether they are largely visual or auditory in nature.

All items taken on this form received a response of "No".

End of Professional Report

You may share the following recommendations with the parent(s), caregiver(s), and/or teacher(s) to help them foster the developmental progress of the child. Intervention activities are provided for items that were expected to receive a response of "Yes" based upon the child's ability level, as well as for the first few items just above their ability level.

General Teaching Guidelines

The following suggestions are best utilized by choosing to remediate those items that the child failed unexpectedly. That is, any skill that the child cannot do that is below his or her ability level, is an appropriate skill to target for intervention. It is important to attempt remediation only on those items that are near the child's ability; any skills far above the child's level may be frustrating or overwhelming for him or her to try to learn. Furthermore, all skills should not be attempted at once—it is recommended that you work on one at time, returning periodically to previously learned skills for the purpose of practice.

Children often learn best through play, whether it's pretend play for younger children or fun, game-like environments for older ones. Adults can take advantage of this by working these activities into leisurely activities. Demonstrating or modeling skills is often a great starting point, then having the child help you or do the steps, can help in developing the child's independence with the skill. Most importantly, make sure to keep these activities positive, fun, and supportive rather than punitive or frustrating. Providing praise and celebrating even small accomplishments or improvements will keep the child motivated and willing to persevere, so start with simple tasks or steps, and progress based on the child's readiness to keep from moving too quickly.

Physical Skills

P1. Encourage the infant to begin raising their head.

It is best to choose a time when the child is wide awake and alert and can be placed on their stomach. The first step is to get their interest by placing a bright, shiny object at eye level. Slowly raise the object to encourage the infant to raise and hold up their head.

Making happy, bubbly sounds in front of the child may increase motivation to raise and hold up their head. Head lifting should be practiced for short periods of time (no more than 2 or 3 minutes at a time) and at scattered times during the day.

P2. Help the child push their arms up to a push-up position and hold it for 5 seconds.

When the child is having tummy time, gently place their hands on the floor and lift under the chest to the push-up position and hold for a few seconds. You can also try placing a small rolled-up blanket or towel under the child's chest to help support the child. Gradually increase the length of time the child holds the push-up position to help build strength and endurance until the child can do it on their own. While working on the position, keep it interesting and positive by including songs, toys, and gentle touches.

P3. Help the child learn to roll over.

At a time when the infant is not hungry, sleepy, or cranky, place them on either their stomach or back, whichever position is used least. Help the child roll most of the way to the other side, just far enough so that gravity can complete the job.

Later, over the course of days (or weeks), roll the child a little less so that more effort is required from the child to get over. Gradually help less and less; do only as much as is necessary to let the child complete the position change.

The "training" should be done for just a few minutes, no more than a couple of times a day. Always "work" in a playful, affectionate way and end with some warm cuddling.

Adaptive Behavior Skills

A1. Encourage the child to swat away something that is in the way.

Take the child's hand and gently move it toward the object, and then use their hand to push the object away. Playing peek-a-boo from behind the object or hiding toys and objects will motivate the child to swat the blocking item out of the way.

If the child does not seem to notice the object or react to it being presented, consider speaking with your pediatrician about having the child's vision examined.

A2. Help the child learn to demonstrate hunger or thirst.

Healthy infants generally display some agitation behavior with the discomfort of thirst or hunger and some change in that behavior when the infant perceives that nourishment is imminent. If a regular caretaker does not see the child display any agitation prior to feeding or a calmed-down response when presented with bottle or breast, then try an approximately 5-second delay after presenting the bottle or breast before allowing the child to suckle.

A3. Encourage the child to reach for out-of-reach objects.

Gain the child's attention with an attractive object that can be manipulated. Place it so that it's just within reach if the child stretches. Later go through the same "game," but place the object just a bit farther away.

If the child loses interest or becomes frustrated, end the session. The practice is worthwhile only when it's fun for both of you. Practice in this area will help advance strength, coordination, and physical competence.

Social-Emotional Skills

S1. Encourage the child to look at an adult who is talking.

Most children will orient toward the sounds they hear. If a child does not, it is recommended to have their hearing checked.

To teach the child to look at an adult who is talking, you can sometimes gently turn the child's head or body in the direction of the person talking. It is good if the adult who is talking makes animated facial expressions and hand movements to encourage continued attention. The adult can also give a hug and praise as a reward.

S2. Help the child find comfort in human contact.

Whenever the child is in discomfort, it should be alleviated by adults. For example, picking the child up when crying can help them find comfort from contact with others. Also, cuddling while feeding, accompanied by soft talking or singing, can show the comforting aspects available from caretakers.

S3. Help the child react differently to different adults.

To help the child differentiate between familiar people and strangers, make interactions with familiar people pleasant and playful, with lots of smiling, talking, or cooing and a gentle touch from the familiar person, while keeping interactions with strangers briefer and more neutral.

Cognitive Skills

G1. Encourage the child to visually follow objects.

Notice what types of toys and objects the child shows interest in and use them to gain the child's attention. Young infants often respond best to bright, shiny, high-contrast colors and to faces of familiar people. If the child does not initially attend, try to gain their attention by using objects or toys that make noise, a familiar voice, or objects with textures that invite touch. Once you find preferred objects, get the child's attention and slowly move the object right to left or up and down, watching the child's eyes to see that they follow. If the child does not appear to attend to any objects visually, consider speaking with your pediatrician to rule out any possible vision concerns.

G2. Encourage the child to look or turn toward the source of a sound.

Choose a time when the child is awake and alert in a very quiet place and can be placed in a sitting position, such as in a feeding or carrying chair.

Position yourself behind the child and clap your hands or call out their name clearly from 2 or 3 feet away. You should see a bit of a startle and the child attempt to turn their head to locate the source of the sound.

If you are unsuccessful in getting responses to sounds over about a 5-day period of time, seek an evaluation from a hearing expert. Furthermore, even if you do get a "startle response" but the child still does not appear to respond to everyday normal sounds over the next 2 months, have the child's hearing checked professionally.

G3. Encourage the child to turn toward a noise and then follow the direction of the sound when the source of that noise is moved.

Notice what sounds the child seems to respond to and present the source of the sounds in front of the child so they can also see where it is coming from. Then try moving the source slightly from right to left or up and down to see whether the child can follow the change in position. Gradually increase the distance to the side or up and down until the source is out of the child's visual field, and encourage the child to find it. Pairing the sound with a familiar voice may also help encourage the child to look, and then fade the voice until the child turns toward the sound independently. If the child does not appear to respond to any noises or sounds, consider speaking with your pediatrician to rule out any possible hearing concerns.

Communication Skills

M1. Teach the child how to use appropriate facial expressions to convey their mood.

When you see the child making a face, make a note of the situation that is contributing to the child's mood. Respond to the child's happiness with a joyful expression, and to their sadness by comforting them.

By responding to their facial expressions you are communicating to them that you have acknowledged their needs and are there to support them.

As the child gets older, use a mirror to make silly faces and have the child imitate you. When you make facial expressions that match a mood, make note of whether or not the child responds with a similar expression. You can do this with other important adults in the child's life to show them that facial expressions are a way of expressing how they feel.

M2. Help the child tell the difference between likes and dislikes.

As the child is exposed to a variety of life experiences, including people, sounds, foods, and objects, take note of differences in the child's responses.

If you then make exaggerated sounds of delight or disdain in response to experiences that the child finds pleasant or unpleasant, it will help show that the environment is responsive.

If you give the child help and attention when a noise, person, position, or amount of light is uncomfortable, it will support their ability to react appropriately to different experiences.

M3. Teach the child to imitate an adult's gestures.

You can help the child to copy your actions by using an animated voice and verbally drawing attention to what you are doing. Start out with simple gestures such as putting a hand up or clapping. Reward any attempt to copy what you do, even if it's unsuccessful.

As the child becomes skilled at imitating simple gestures, you can begin to make them either more fun (combine gestures with sounds the child can make) or meaningful (waving *bye-bye*, kissing motions).

End of Intervention Activities

Summary of Responses

Child's name:
John Doe

Child's ID:

Administration date:
06/21/2021

Child's age at testing:
17 years 5 months

Report date:
07/13/2021

Clinician's name/ID:

Parent/Caregiver's name
John Doe

Relationship to child:

Form name:
Parent/Caregiver Checklist

Key:
Y = Yes
N = No
 - = not answered

Physical Scale		Adaptive Behavior Scale		Social-Emotional Scale		Cognitive Scale		Communication Scale	
1.	N (0)	1.	N (0)	1.	N (0)	1.	N (0)	1.	N (0)
2.	N (0)	2.	N (0)	2.	N (0)	2.	N (0)	2.	N (0)
3.	N (0)	3.	N (0)	3.	N (0)	3.	N (0)	3.	N (0)
4.	N (0)	4.	N (0)	4.	N (0)	4.	N (0)	4.	N (0)
5.	N (0)	5.	N (0)	5.	N (0)	5.	N (0)	5.	N (0)
6.	N (0)	6.	N (0)	6.	N (0)	6.	N (0)	6.	N (0)
7.	N (0)	7.	N (0)	7.	N (0)	7.	N (0)	7.	N (0)
8.	N (0)	8.	N (0)	8.	N (0)	8.	N (0)	8.	N (0)
9.	N (0)	9.	N (0)	9.	N (0)	9.	N (0)	9.	N (0)
10.	N (0)	10.	N (0)	10.	N (0)	10.	N (0)	10.	N (0)
11.	N (0)	11.	N (0)	11.	N (0)	11.	N (0)	11.	N (0)
12.	N (0)	12.	N (0)	12.	N (0)	12.	N (0)	12.	N (0)
13.	N (0)	13.	N (0)	13.	N (0)	13.	N (0)	13.	N (0)
14.	N (0)	14.	N (0)	14.	N (0)	14.	N (0)	14.	N (0)
15.	N (0)	15.	N (0)	15.	N (0)	15.	N (0)	15.	N (0)
16.	N (0)	16.	N (0)	16.	N (0)	16.	N (0)	16.	N (0)
17.	N (0)	17.	N (0)	17.	N (0)	17.	N (0)	17.	N (0)
18.	N (0)	18.	N (0)	18.	N (0)	18.	N (0)	18.	N (0)
19.	N (0)	19.	N (0)	19.	N (0)	19.	N (0)	19.	N (0)
20.	N (0)	20.	N (0)	20.	N (0)	20.	N (0)	20.	N (0)
21.	N (0)	21.	N (0)	21.	N (0)	21.	N (0)	21.	N (0)
22.	N (0)	22.	N (0)	22.	N (0)	22.	N (0)	22.	N (0)
23.	N (0)	23.	N (0)	23.	N (0)	23.	N (0)	23.	N (0)
24.	N (0)	24.	N (0)	24.	N (0)	24.	N (0)	24.	N (0)
25.	N (0)	25.	N (0)	25.	N (0)	25.	N (0)	25.	N (0)
26.	N (0)	26.	N (0)	26.	N (0)	26.	N (0)	26.	N (0)
27.	N (0)	27.	N (0)	27.	N (0)	27.	N (0)	27.	N (0)
28.	N (0)	28.	N (0)	28.	N (0)	28.	N (0)	28.	N (0)
29.	N (0)	29.	N (0)	29.	N (0)	29.	N (0)	29.	N (0)
30.	N (0)	30.	N (0)	30.	N (0)	30.	N (0)	30.	N (0)
31.	N (0)	31.	N (0)	31.	N (0)	31.	N (0)	31.	N (0)
32.	N (0)	32.	N (0)	32.	N (0)	32.	N (0)	32.	N (0)
33.	N (0)	33.	N (0)	33.	N (0)	33.	N (0)	33.	N (0)
34.	N (0)	34.	N (0)	34.	N (0)	34.	N (0)	34.	N (0)
35.	N (0)	35.	N (0)	35.	N (0)	35.	N (0)		
36.	N (0)	36.	N (0)	36.	N (0)	36.	N (0)		
37.	N (0)	37.	N (0)			37.	N (0)		
		38.	N (0)			38.	N (0)		
		39.	N (0)			39.	N (0)		
		40.	N (0)			40.	N (0)		
		41.	N (0)			41.	N (0)		
						42.	N (0)		

End of Report