

DIRECTIONS FOR ADMINISTRATION

1. Try to get child to smile by smiling, talking or waving. Do not touch him/her.
2. Child must stare at hand several seconds.
3. Parent may help guide toothbrush and put toothpaste on brush.
4. Child does not have to be able to tie shoes or button/zip in the back.
5. Move yarn slowly in an arc from one side to the other, about 8" above child's face.
6. Pass if child grasps rattle when it is touched to the backs or tips of fingers.
7. Pass if child tries to see where yarn went. Yarn should be dropped quickly from sight from tester's hand without arm movement.
8. Child must transfer cube from hand to hand without help of body, mouth, or table.
9. Pass if child picks up raisin with any part of thumb and finger.
10. Line can vary only 30 degrees or less from tester's line. ✓
11. Make a fist with thumb pointing upward and wiggle only the thumb. Pass if child imitates and does not move any fingers other than the thumb.



12. Pass any enclosed form. Fail continuous round motions.



13. Which line is longer? (Not bigger.) Turn paper upside down and repeat. (pass 3 of 3 or 5 of 6)



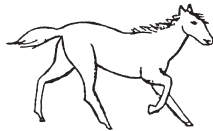
14. Pass any lines crossing near midpoint.

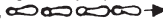


15. Have child copy first. If failed, demonstrate.

When giving items 12, 14, and 15, do not name the forms. Do not demonstrate 12 and 14.

16. When scoring, each pair (2 arms, 2 legs, etc.) counts as one part.
17. Place one cube in cup and shake gently near child's ear, but out of sight. Repeat for other ear.
18. Point to picture and have child name it. (No credit is given for sounds only.)
If less than 4 pictures are named correctly, have child point to picture as each is named by tester.



19. Using doll, tell child: Show me the nose, eyes, ears, mouth, hands, feet, tummy, hair. Pass 6 of 8.
20. Using pictures, ask child: Which one flies?...says meow?...talks?...barks?...gallops? Pass 2 of 5, 4 of 5.
21. Ask child: What do you do when you are cold?...tired?...hungry? Pass 2 of 3, 3 of 3.
22. Ask child: What do you do with a cup? What is a chair used for? What is a pencil used for?
Action words must be included in answers.
23. Pass if child correctly places and says how many blocks are on paper. (1,5).
24. Tell child: Put block on table; under table; in front of me, behind me. Pass 4 of 4.
(Do not help child by pointing, moving head or eyes.)
25. Ask child: What is a ball?...lake?...desk?...house?...banana?...curtain?...fence?...ceiling? Pass if defined in terms of use, shape, what it is made of, or general category (such as banana is fruit, not just yellow). Pass 5 of 8, 7 of 8.
26. Ask child: If a horse is big, a mouse is ___? If fire is hot, ice is ___? If the sun shines during the day, the moon shines during the ___? Pass 2 of 3.
27. Child may use wall or rail only, not person. May not crawl.
28. Child must throw ball overhand 3 feet to within arm's reach of tester.
29. Child must perform standing broad jump over width of test sheet (8 1/2 inches).
30. Tell child to walk forward,  heel within 1 inch of toe. Tester may demonstrate.
Child must walk 4 consecutive steps.
31. In the second year, half of normal children are non-compliant.

OBSERVATIONS:

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Figure 8-2 Instructions for the Denver II. Numbers are coded to a scoring form (see Fig. 8-1). "Abnormal" is defined as two or more delays (failure of an item passed by 90% at that age) in two or more categories or two or more delays in one category with one other category having one delay and an age line that does not intersect one item that is passed. (From Frankenburg WK: Denver I Training Manual. ©1967, 1970 William K. Frankenburg and Josiah B. Dodds; 1975, 1976, 1978 William K. Frankenburg; 1990, 1992 William K. Frankenburg and Josiah B. Dodds; © 2009 Wilhelmine R. Frankenburg - Contact DDM, Inc. 1-800-419-4729 or Info@denverii.com.)

worse. To assist physicians in using the Denver II, the scoring sheet also features a table to document confounding behaviors, such as interest, fearfulness, or an apparent short attention span. Repeat screening at subsequent health maintenance visits often detects abnormalities that a single screen was unable to detect.

Other developmental screening tools include parent-completed Ages and Stages Questionnaires (also milestone driven), and Parents' Evaluation of Developmental Status. The latter is a simple, 10-item questionnaire that parents complete at office visits based on concerns with function and progression

of development. Parent-reported screens have good validity compared to office-based screening measures.

Autism screening is recommended for all children at 18 to 24 months of age. Although there are several tools, many pediatricians use the Modified Checklist for Autism in Toddlers (M-CHAT). M-CHAT is an office-based questionnaire that asks parents about 23 typical behaviors, some of which are more predictive than others for autism or other pervasive developmental disorders. If the child demonstrates more than two predictive or three total behaviors, further assessment