SOFTWARE & TECH

Peabody Developmental Motor Scales Written Report Example

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Introduction to the Peabody Developmental Motor Scales Written Report

The **Peabody Developmental Motor Scales (PDMS-2)** is one of the most widely used assessment tools for evaluating fine and gross motor skills in young children. For occupational therapists, physical therapists, and early intervention specialists, compiling a **Peabody Developmental Motor Scales written report example** is a critical step in communicating evaluation results to parents, educators, and other healthcare providers. A well-structured report not only documents a child's motor abilities but also guides intervention planning and goal setting. In this article, we will explore the essential elements of a PDMS-2 report, provide a detailed example, and discuss best practices for writing reports that are both informative and easy to understand.

Understanding the Peabody Developmental Motor Scales (PDMS-2)

The PDMS-2 is a standardized assessment designed for children from birth through age five. It measures motor skills across six subtests: Reflexes (for infants), Stationary, Locomotion, Object Manipulation, Grasping, and Visual-Motor Integration. The results yield percentile ranks, standard scores, and age equivalents, which help clinicians determine whether a child's motor development is age-appropriate or delayed. When writing a **Peabody Developmental Motor Scales written report example**, it is essential to understand what each subtest measures and how to translate raw scores into meaningful clinical interpretations.

A strong PDMS-2 report does more than list numbers. It tells a story about the child's strengths, challenges, and potential. It connects assessment data to real-world observations and offers practical recommendations for home, school, or therapy settings. This narrative approach is what makes a written report truly valuable to families and interdisciplinary teams.

Why a Written Report Matters

A written report serves as a permanent record of a child's motor performance at a specific point in time. It provides evidence for eligibility decisions in early intervention or special education programs. For parents, a clear and compassionate report demystifies technical jargon and empowers them to support their child's development. For therapists, the report becomes a baseline against which future progress can be measured. Therefore, every **Peabody Developmental Motor Scales written report example** should prioritize clarity, accuracy, and usability.

Key Components of a PDMS-2 Written Report

To create a comprehensive report, clinicians should include the following sections:

- Identifying Information: Child's name, date of birth, age at testing, date of evaluation, and referral source.
- Reason for Referral: A brief statement explaining why the child was assessed (e.g., concerns about delayed walking, difficulty with fine motor tasks).
- Background History: Relevant medical, developmental, and educational history.
- Behavioral Observations: Notes on the child's attention, cooperation, fatigue, and any factors that may have influenced performance.

- Test Results: Scores for each subtest and composite quotients, presented in a table or bulleted list for easy reading.
- Interpretation: A narrative explanation of what the scores mean in the context of the child's daily functioning.
- Strengths and Weaknesses: Specific areas where the child performed well and areas needing support.
- Recommendations: Actionable strategies for parents, teachers, and therapists.
- Summary and Conclusion: A concise wrap-up that highlights the key findings.

Writing Style and Tone

The tone of a PDMS-2 report should be professional yet accessible. Avoid excessive jargon without explanation. When you use terms like "percentile rank" or "standard deviation," briefly define them or provide context. For example, instead of saying "the child scored at the 5th percentile," you might say "the child's score was lower than 95 percent of same-age peers, indicating a significant delay." This approach makes the **Peabody Developmental Motor Scales written report example** more useful for non-clinical readers.

A Detailed Peabody Developmental Motor Scales Written Report Example

Below is a realistic example of a PDMS-2 written report. This example illustrates how to integrate scores, observations, and recommendations into a cohesive document.

Identifying Information

- Name: Emma R.
- Date of Birth: March 14, 2021
- Chronological Age at Testing: 3 years, 2 months
- Date of Evaluation: May 20, 2024
- Referral Source: Pediatrician
- Evaluator: Jane Smith, OTR/L

Reason for Referral

Emma was referred by her pediatrician due to parental concerns about delayed fine motor skills, including difficulty holding a crayon and manipulating small objects. Her parents also reported that she avoids climbing and seems unsteady on stairs.

Background History

Emma was born full-term without complications. She achieved early motor milestones such as sitting and crawling within typical timeframes but began walking at 18 months, which is slightly delayed. She has no known medical conditions or sensory processing disorders. Emma attends a preschool program three days per week, where teachers have noted that she struggles with art activities and playground equipment.

Behavioral Observations

Emma was alert and cooperative throughout the evaluation. She required occasional verbal encouragement to attempt unfamiliar tasks. She demonstrated good attention for short periods but became easily frustrated when tasks required sustained effort. Her performance is considered a valid representation of her current motor abilities, though frustration may have slightly impacted her scores on the Grasping and Visual-Motor Integration subtests.

PDMS-2 Test Results

Subtest	Raw Score	Standard Score	Percentile Rank	Age Equivalent
Stationary	32	9	37	3 years, 0 months
Locomotion	41	7	16	2 years, 8 months
Object Manipulation	18	8	25	2 years, 10 months
Grasping	22	6	9	2 years, 4 months
Visual-Motor Integration	28	7	16	2 years, 7 months
Total Motor Quotient (TMQ)		81	10	

Note: Standard scores have a mean of 10 and a standard deviation of 3. A Total Motor Quotient (TMQ) of 81 falls within the below-average range.

Interpretation of Results

The **Peabody Developmental Motor Scales written report example**shows that Emma's overall motor development, as indicated by her Total Motor Quotient of 81, is below the average range for her age. This means her motor skills are significantly weaker than those of typically developing peers. Her strongest area is stationary skills, where her performance is within the average range. However, her locomotion, object manipulation, grasping, and visual-motor integration scores are all below average.

Emma's greatest challenge appears to be in the Grasping subtest, where her score fell at the 9th percentile. This indicates a marked difficulty with hand strength and coordination, which aligns with parental reports of avoiding coloring and manipulating small toys. Her visual-motor integration skills are also delayed, suggesting challenges in coordinating visual input with hand movements, such as when copying shapes or completing puzzles.

Strengths and Weaknesses

Strengths:

- Age-appropriate balance and postural control in stationary positions.
- Good willingness to engage in tasks when properly motivated.
- Age-appropriate social skills during the evaluation.

Areas of Need:

- Delayed grasping and fine motor skills, particularly in precision tasks.
- Difficulty with visual-motor coordination, such as copying shapes and drawing.
- Reduced functional mobility and coordination in locomotion tasks, including stair navigation and running.
- Object manipulation skills are slightly below age expectations, affecting ball play and tool use.

Recommendations

Based on the findings from this **Peabody Developmental Motor Scales written report example**, the following recommendations are made:

1. Provide daily opportunities for fine motor play, such as stringing beads, using play dough, and completing simple puzzles.

2. Encourage drawing and coloring with chunky crayons and markers to build hand strength.
3. Practice climbing and stair navigation with supervision, using alternating feet.
4. Engage in ball play, including rolling, throwing, and catching, to improve object manipulation.

1. Offer adapted seating and positioning during art activities to support trunk stability.
2. Provide short, structured fine motor activities with clear visual instructions.
3. Allow extra time for transitions and motor tasks to reduce frustration.
4. Consult with an occupational therapist for classroom accommodations.

1. Initiate occupational therapy services 2 times per week to address fine motor and visual-motor delays.
2. Consider physical therapy consultation for coordination and gross motor planning.
3. Reassess in 6 months to monitor progress and adjust goals.

Summary and Conclusion

Emma is a 3-year-old girl who demonstrates below-average motor development, particularly in fine motor and visual-motor areas. Her overall motor quotient of 81 indicates a need for targeted intervention. With appropriate support at home, school, and in therapy, Emma has the potential to improve her motor skills and participate more fully in age-appropriate activities. This **Peabody Developmental Motor Scales written report example** serves as a baseline for measuring her progress over time.

How to Interpret PDMS-2 Scores in Reports

Writing a clear interpretation is perhaps the most challenging part of any **Peabody Developmental Motor Scales written report example**. Scores alone do not tell the full story. Here are some guidelines for meaningful interpretation:

- Contextualize percentile ranks: Explain what a percentile rank means in plain language. For instance, a percentile rank of 16 means the child scored as well as or better than 16 percent of same-age peers, indicating below-average performance.
- Compare subtests: Highlight any significant discrepancies between subtests. A child may have average gross motor skills but very low fine motor scores, suggesting a specific area for intervention.
- Relate to daily function: Connect scores to real-world skills. For example, low grasping scores may relate to difficulty with buttons, zippers, or holding a spoon.
- Consider confidence intervals: Acknowledge that scores have a margin of error. Instead of giving a single number, you can say "Emma's true score is likely between 78 and 84."

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