



Parent Appraisal of Children's Experiences 2.1 (PACE)

A comprehensive measure assessing the status of young children entering school, from the PARENT'S point of view

Areas of assessment include:

- Basic demographics
- Previous childcare experiences
- General health
- Fine and gross motor skills
- Speech and language
- Basic school, academic, or cognitive skills
- Social and emotional behaviors
- Life experiences

Advantages of using PACE include:

- Inclusion of multiple indicators of school success and failure
- Simple and cost-effective processing
- Highlighted areas of potential risk and competence for each child
- Identification of schools' needs
- Summary reports showing total strengths, needs, and trends
- English and Spanish translations
- Save time completing assessments online

"This is the third year we have used the PACE as a regular part of our kindergarten registration process. The individual student reports we receive are great for identifying concerns, but the best information we get is the district summary which "paints a picture" of our district and each school building. We have used this data to help in writing grants and to target the educational needs of our students, their families, and our community. The PACE gives us valuable data such as the number of students on medicaid, the educational levels of parents, a student's exposure to violence and health risks, the family's mobility, and a host of other facts and figures. It is easy for parents to complete and very cost effective for the district."

—Charles Deupree
School Psychologist, Ionia Public Schools
Past-President, National Association of School
Psychologists (NASP)



For more information about COMET, our web-based data collection and management system, and pricing, visit www.childrensinstitute.net/comet or call (877) 888-7647.



PACE Assessment Report

School: School No. 36 Grade: Kindergarten Access Key: Not Avail. Date taken: 07-10-2008	Name: Rod Adams Child's Date of Birth: 07-01-2003 Access Key: CVANJL6A9MRQ
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General Health Information

Does the child have a doctor? **No**

Does the child have a dentist? **No**

Child's Current Health Insurance **None, no insurance**

Child's weight at birth **7.5**

Has your child ever stayed in a hospital overnight? **No**

Has your child ever stayed in the hospital for 3 nights or more? **No**

Medication allergies **No**

Food allergies **No**

Other allergies **Yes, explain, dust, hayfever**

Does your child take any prescription medications now? **No**

when did your child last see a doctor for a routine physical? **More than a year ago**

When did your child last see a dentist for a check-up or dental work? **More than a year ago**

Has your child ever had any health conditions that required emergency medical attention? **No**

Ear infections **Yes**

Overall, how would you describe your child's health? **Good**

Items marked with a red flag may warrant special attention

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	Higher scores indicate better functioning	Percentile
Motor	Low High	2
Language	Low High	1
Speech	Low High	18
Learning	Low High	Not Avail.
Pre-literacy	Low High	Not Avail.
Acting-out / Aggression	Low High	21
Positive Peer Social Skills	Low High	7
Shyness / Anxiety	Low High	26
Task-orientation	Low High	13

Would you like to talk to someone about your child's coordination? **No**

Would you like to talk to someone about your child's speech or language? **No**

Would you like to talk to someone about your child's ability to learn? **No**

Would you like to talk to someone about your child's behavior? **No**

Are other agencies or professionals involved with your child? **No**

Items marked with a red flag may warrant special attention

Life experiences

These 1 items may be of concern for this student

Witnessed violence

Items marked with a red flag may warrant special attention