

# Denver II: Academic Findings and Limitations

A brief summary of selected research · This document is not the test form, administration guide, or scoring sheet.

**Important: The Denver II is a general developmental screening tool. The findings summarized here come from adaptations and samples in different countries; results from one language version should not automatically be generalized to another country.**

## What does the Denver II screen?

The DDST-II / Denver II is used to screen developmental areas in children aged 0–6. The publisher describes 125 items across four areas: personal-social, language, fine motor, and gross motor. A screening result is not a diagnosis; it can indicate whether a more detailed assessment may be needed.

## Selected findings from studies

| Study                           | Sample / version                                                                             | Reported finding and limitation                                                                                                                                                                                                                        |
|---------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Shahshahani et al. (2010)       | Tehran; 221 children aged 0–6; Persian DDST-II                                               | The authors reported generally positive validity and reliability for the Persian version. Agreement between DDST-II and ASQ was 0.21; agreement with physician assessment was 0.44. One adaptation and sample; not directly generalizable to Turkey.   |
| Shin et al. (2005), South Korea | 113 children referred for developmental assessment; Korean Denver II compared with Bayley-II | Sensitivity 0.87 and specificity 0.62 for the mental-development criterion; 0.83 and 0.51 for the psychomotor criterion; overall correct classification 79.6%. One hospital and a referred sample; not directly generalizable to population screening. |
| Santos et al. (2022)            | Psychometric evaluation of the Brazilian version                                             | The abstract reports very good inter- and intra-rater reliability across age groups and concurrent validity ranging from moderate to very strong. These findings concern the Brazilian adaptation.                                                     |
| Doğan et al. (2022)             | Use of DDST-II with healthy children aged 0–6 in Turkey                                      | The study used the test to examine children's neuromotor development and selected variables. Use in a study alone does not establish a Turkish norming or validation study.                                                                            |
| Christovão et al. (2023)        | Denver II and later DCD risk among children aged 2–4                                         | The study described accuracy for distinguishing later school-age developmental coordination disorder risk as “fair.” This is not evidence about autism diagnosis performance.                                                                          |

## South Korean and China-related evidence

The Seoul paper republished in English in 2024 is a translation / secondary publication of the original 1987 DDST standardization paper; it is not about Denver II. In this search, we could not verify a direct study of Denver II validity or reliability in mainland China. The 1994 standardization paper found in the search concerns Singapore and should not be presented as Chinese data. This search result does not mean that no such studies exist in China.

## How should these findings be interpreted?

Studies use different translations and adaptations, samples, and comparison measures, so results should not be summarized as one universal “Denver II accuracy” figure. Psychometric findings from Persian and Brazilian versions do not establish the properties of a Turkish version. The Denver II is a general developmental screening tool, not an autism-specific screening or diagnostic instrument. The CDC also distinguishes general developmental screening from autism-specific screening.

## About the PDF test form

We did not identify an officially authorized, free full test-form PDF in this research. Hogrefe's product page states that proof of eligibility and user qualification requirements apply to access. Third-party copies were not shared. For test items, instructions, and scoring materials, follow the current requirements of the authorized provider.

## Sources and links

Selected academic studies and reference information used in this brief synthesis:

- [Shahshahani et al. \(2010\)](#), Persian DDST-II
- [Shin et al. \(2005\)](#), Korean Denver II validity study
- [Lee \(1987; English republication 2024\)](#), Seoul standardization of the original DDST
- [Singapore standardization study \(1994; not China\)](#)
- [Santos et al. \(2022\)](#), Brazilian version
- [Doğan et al. \(2022\)](#), use of DDST-II in Turkey
- [Christovão et al. \(2023\)](#), developmental coordination disorder risk
- [Hogrefe](#), Denver II product and user-qualification information
- [CDC](#), developmental and autism-specific screening

**Note: This is a brief synthesis of selected sources, not a systematic review. It must not be used as a diagnostic, test-administration, or scoring guide.**