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Addendum 1: Checklist & Assessment Descriptions

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UNIT-2 Overview:

The *Universal Nonverbal Intelligence Test—Second Edition* (UNIT-2) assesses general intelligence (*g*) and three foundational cognitive abilities (i.e. Memory, Fluid Reasoning, and Quantitative Reasoning).

The UNIT-2 is composed of six subtests (Symbolic Memory, Nonsymbolic Quantity, Analogic Reasoning, Spatial Memory, Numerical Series, and Cube Design), which are combined to form four possible global intelligence composites (the Abbreviated Battery, Standard Battery with Memory, Standard Battery without Memory, and the Full Scale Battery).

The UNIT-2 FSIQ is composed of all six subtests and is the most comprehensive, reliable, and valid composite available for the UNIT-2. As such, it is of course the best overall measure of general intelligence.

UNIT-2 Subtests:

Table 1: UNIT-2 Subtest Descriptions

Subtests	
Symbolic Memory	<p>Each Symbolic Memory item depicts a sequence of universal symbols for <i>baby, girl, boy, woman, and man</i> in two colours (i.e., green and black). The youngest examinees (ages 5-7 years) are required to select the printed option on the stimulus plate that corresponds to one or more stimulus figures. Older examinees (ages 8-21 years) are shown a sequence of the universal human symbols on a page for 5 seconds. Examinees must re-create from memory the depicted sequence using the symbolic Memory Response Cards.</p> <p>Primary Abilities Shared With Other Subtests</p> <ul style="list-style-type: none"> • Attention to Detail • Concentration • Perception of Meaningful Stimuli • Sequential Processing • Symbolic Mediation • Verbal Mediation • Visual Short-Term Memory <p>Secondary Abilities Shared With Other Subtests</p> <ul style="list-style-type: none"> • Concept Formation • Perceptual Organization • Visual-Motor Integration <p>As a measure of short-term sequential and symbolic memory, an examinee's performance on the Symbolic Memory subtest may predict such behaviours as the examinee's ability to attend to and distinguish important from irrelevant information; organize, recall, and follow multi-step directions; sequence verbal information meaningfully (e.g., story telling, reading, decoding); understand and compute multi-step mathematics story problems; ignore extraneous, competing information during problem solving; and concentrate on the interrelationships between salient variables.</p>

<p>Nonsymbolic Quantity</p>	<p>Each Nonsymbolic Quantity item presents an array of white and/or black domino-like objects of various numerical values that create a numerical sequence, equation, analogy, or mathematical problem. Among the domino-like objects is one object with a red question mark. The examinee determines which one of the numerical value responses best fits the incomplete conceptual or numerical analogy, sequence, or problem. The examinee completes the item by pointing to one of the response options provided on the stimulus page.</p> <p>Primary abilities shared with other subtests</p> <ul style="list-style-type: none"> • Abstract thinking • Analysis • Attention to detail • Concentration • Nonsymbolic mediation • Nonverbal reasoning • Perception of abstract stimuli • Perceptual organization <p>Secondary abilities shared with other subtests</p> <ul style="list-style-type: none"> • Concept formation • Reasoning <p>Performance on the Nonsymbolic Quantity subtest may predict such future behaviours as the examinee's ability to understand and solve abstract problems using symbols; determine the interrelationships between and among numbers; understand the relations represented by numbers; value classifications of symbolic systems; generalize learned principles to solve new problems (e.g., applying numerical rubrics learned in one context to a new but similar context); and use rules in a systematic fashion.</p>
<p>Analogic Reasoning</p>	<p>Each Analogic Reasoning item is an incomplete conceptual or geometric analogy, presented in a matrix format. The examinee completes the analogy by pointing to one of four response options provided on the stimulus page.</p> <p>Primary Abilities Shared With Other Subtests</p> <ul style="list-style-type: none"> • Abstract Thinking • Analysis • Concept Formation • Evaluation • Perception of Meaningful Stimuli • Reasoning • Symbolic Mediation • Synthesis • Verbal Mediation <p>Secondary Abilities Shared With Other Subtests</p> <ul style="list-style-type: none"> • Attention to Detail • Perception of Abstract Stimuli • Perceptual Organization • Sequential Processing • Simultaneous Processing • Spatial Orientation <p>Performance on the Analogic Reasoning subtest may predict such future behaviours as the examinee's ability to understand and solve conceptual problems; determine the interrelationships between objects and actions (e.g., understand cause-and-effect relationships); produce rational arguments, based on sequential logic; generalize learned principles to solve new problems (e.g., applying centrifugal force to cause sediments to settle in a vial); and acquire and use rules in a systematic fashion.</p>

<p>Spatial Memory</p>	<p>On the Spatial Memory subtest, the youngest examinees (ages 5-7 years) are required to select one of two or three options that matches a stimulus figure. Older examinees (ages 8-21 years) view a random pattern of green, black, or green and black dots presented on a 1 X 2, 2 X 2, 3 X 3, or 4 X 4 grid for a period of 5 seconds. After the stimulus is removed from sight, the examinee re-creates the spatial pattern by placing green and black circular chips on a blank response grid.</p> <p>Primary Abilities Shared With Other Subtests</p> <ul style="list-style-type: none"> • Attention to Detail • Concentration • Nonsymbolic Mediation • Perception of Abstract Stimuli • Perceptual Organization • Simultaneous Processing • Spatial Orientation • Visual Short-Term Memory <p>Secondary Abilities Shared With Other Subtests</p> <ul style="list-style-type: none"> • Visual-Motor Integration <p>Correlates of Spatial Memory Performance</p> <p>Performance on the Spatial Memory subtest may predict such future behaviours as the examinee's ability to view the totality and central nature of problems; attend to, process, and recall visual details (e.g., editing, photography, chess); remember the crux of information, rather than the sequence in which the information was presented; concentrate on a problem until the problem is well understood; disassemble and reassemble objects (e.g., motors, computers) by memory; and sensitivity and awareness to minor changes in the environment (e.g., noting the addition or subtraction of important elements).</p>
<p>Numerical Series</p>	<p>Each Numerical Series item presents an array of numbers or mathematical symbols that create a perceptual match or an incomplete quantitative series. Among the numbers or symbols presented on the stimulus page is a red question mark. The examinee determines which of the response options (i.e., numerical values or symbols) best completes the incomplete series. The examinee completes the item by pointing to one of the response options provided on the stimulus page.</p> <p>Primary abilities shared with other subtests</p> <ul style="list-style-type: none"> • Analysis • Concentration • Nonverbal reasoning • Perception of meaningful stimuli • Symbolic mediation • Visual-motor integration <p>Secondary abilities shared with other subtests</p> <ul style="list-style-type: none"> • Abstract thinking • Attention to detail • Perceptual organization • Reasoning • Sequential processing <p>Performance on the Numerical Series subtest may predict such future behaviours as the examinee's ability to understand and solve math problems; determine the interrelationships between and among numbers; understand the relations represented by numbers; value classifications of numerical systems; generalize learned principles to solve new problems (e.g., applying numerical rubrics learned in one context to a new but similar context); and use rules in a systematic fashion.</p>

Cube Design	<p>The Cube Design subtest involves the presentation, matching, and/or direct reproduction of two colour, abstract geometric designs. The youngest examinees (ages 5-7 years) match one of the three or four options to a stimulus design. Older examinees (ages 8-21 years) view a stimulus design and then reconstruct the design directly on the stimulus book or on the response mat using green and white 1-inch cubes.</p>
	<p>Primary Abilities Shared With Other Subtests</p> <ul style="list-style-type: none"> • Abstract Thinking • Analysis • Attention to Detail • Evaluation • Holistic Processing • Nonsymbolic Mediation • Nonverbal Reasoning • Perception of Abstract Stimuli • Perceptual Organization • Reasoning • Reproduction of a Model • Simultaneous Processing • Spatial Orientation • Synthesis • Three-Dimensional Representation • Visual–Motor Integration
	<p>Secondary Abilities Shared With Other Subtests</p> <ul style="list-style-type: none"> • Working Under Time Constraints
	<p>Performance on the Cube Design subtest may predict the examinee's mechanical or graphic (e.g., artistic, drafting, geometry) competence; ability to divide aspects of problems into discrete parts for examination and recombination to provide a viable solution; tenacity in complex future problem-solving situations; reaction to activities that have deadlines or specific time limits; flexibility in evaluating and modifying solution strategies; and ability to orient in and around his or her environment (e.g., reading maps, following spatial directions).</p>

Table 2: UNIT-2 Composite Descriptions

Composites	
Memory	The Memory Composite comprises the Symbolic Memory and Spatial Memory subtests. This Composite measures strategies for recall of multiple salient features simultaneously, including content, colour, orientation, number, location, and sequence. This Composite also measures discrimination, labelling, organisation, and categorization.
Reasoning	The Reasoning Composite comprises the Analogic Reasoning and Cube Design subtests. This Composite measures pattern processing, awareness of visual–spatial juxtapositions, and understanding of geometric relationships.
Quantitative	The Quantitative composite is composed of the Nonsymbolic Quantity and the Numerical Series subtests. This Composite measures numerical reasoning and relationships and number sense
FSIQ	The UNIT2 FSIQ comprises all 6 subtests that make up the three separate construct-specific composites: Memory, Reasoning, and Quantitative. As such, it is of course the most comprehensive, reliable, and valid composite available for the UNIT2 and the best overall measure of general intelligence.

Table 3: UNIT-2 Descriptive Classifications

Scaled Score	Descriptive Term	Index Score
1–3	Very Delayed	<70
4–5	Delayed	70–79
6–7	Below Average	80–89
8–12	Average	90–109
13–14	Above Average	110–119
15–16	Superior	120–129
17–20	Very Superior	>=130

WESCHSLER INTELLIGENCE SCALE FOR CHILDREN – FOURTH EDITION (WISC-IV)

WISC-IV Overview:

The Wechsler Intelligence Scale for Children- Fourth Edition (WISC-IV) is an individually administered clinical instrument for assessing cognitive ability of children between the ages of 6 years through to 16 years 11 months.

The test provides subtest and composite scores which represent intellectual functioning in specific cognitive domains as well as a composite score which represents general intellectual ability.

The WISC-IV has Australian norms and Australian language adaptation, and it takes from 1 ½ to 2 hours to complete.

WISC-IV Subtests:

Table 1: WISC-IV Subtest Descriptions

VERBAL COMPREHENSION	
Similarities	The Similarities subtest involves the child being presented with two words that represent common objects or concepts and describing how they are similar. It is designed to measure verbal reasoning and concept formation. It also involves auditory comprehension, memory, distinction between non-essential and essential features, and verbal expression.
Vocabulary	The Vocabulary subtest comprises both picture and verbalised items. For picture items the child names pictures that are displayed in the Stimulus Book. For verbal items the child gives definitions for words that the examiner reads aloud. Vocabulary is designed to measure a child's word knowledge and verbal concept formation. It also measures a child's fund of knowledge, learning ability, long-term memory, and degree of language development. Other abilities that may be used by the child during this task include auditory perception and comprehension, verbal conceptualisation, abstract thinking, and verbal expression.
Comprehension	The Comprehension subtest requires the child to answer questions based on their understanding of general principles and social situations. It measures verbal reasoning and conceptualisation, verbal comprehension and expression, the ability to evaluate and use past experience, and the ability to demonstrate practical information. It also involves knowledge of conventional standards of behaviour, social judgment and maturity, and common sense.
Information *	The Information subtest involves the child answering verbally presented questions that address a broad range of general knowledge topics. It is designed to measure a child's ability to acquire, retain, and retrieve general factual knowledge. It involves crystallised intelligence, long-term memory, and the ability to retain and retrieve information from school and the environment. Other skills that may be used by the child include auditory perception and comprehension, and verbal expressive ability.
Word Reasoning *	Word Reasoning involves the child identifying the common concept being described by a series of clues. This task measures verbal comprehension, analogical and general reasoning ability, verbal abstraction, domain knowledge, the ability to integrate and synthesize different types of information, and the ability to generate alternative concepts.

PERCEPTUAL REASONING	
Block Design	All items of the Block Design subtest require the child to view a constructed model or a picture in the Stimulus Book, and use red-and-white blocks to re-create the design within a specified time limit. This subtest measures the child's ability to analyse and synthesise abstract visual stimuli. It also involves nonverbal concept formation, visual perception and organisation, simultaneous processing, visual-motor coordination, learning, and the ability to separate figure and ground in visual stimuli. The subtest also involves visual observation and matching abilities for younger children, as well as the ability to integrate visual and motor processes.
Picture Concepts	Picture Concepts involves the child being presented with two or three rows of pictures and then choosing one picture in each row to form a group with a common characteristic. This subtest measures abstract, categorical reasoning ability. Items are sequenced to reflect increasing demands on abstract reasoning ability.
Matrix Reasoning	The child views an incomplete matrix and selects the missing portion from 5 response options on the Matrix Reasoning test. It measures fluid intelligence, visual information processing ability, and abstract reasoning skill.
Picture Completion *	Picture Completion requires the child to view a picture and point or name the important part that is missing from the picture, within a specified time limit. It measures visual perception and organisation, concentration, and visual recognition of essential details of objects.
WORKING MEMORY	
Digit Span	The Digit Span subtest is composed of two parts: Digit Span Forward and Digit Span Backward. Digit Span Forward requires Greg to repeat numbers in the same order as read aloud by the examiner, and the Digit Span Backward requires the child to repeat the numbers in the reverse order of that presented by the examiner. This subtest measures auditory short-term memory, sequencing skills, attention and concentration. The Digit Span Forward task involves rote learning and memory, attention, encoding, and auditory processing. Digit Span Backward involves working memory, transformation of information, mental manipulation, and visuospatial imaging. The shift from Digit Span Forward to Digit Span Backward requires cognitive flexibility and alertness.
Letter-Number Sequencing	Letter-Number sequencing requires the child to read a sequence of numbers and letters and recall the numbers in ascending order and the letters in alphabetical order. The task requires sequencing, mental manipulation, attention, short-term auditory memory, visuospatial imaging, and processing speed.
Arithmetic *	The child mentally solves a series of orally presented Arithmetic problems within a specified time limit on the Arithmetic subtest. It involves mental manipulation, concentration, attention, short-term and long-term memory, numerical reasoning ability, and mental alertness. It also involves sequencing, fluid reasoning, and logical reasoning.
PROCESSING SPEED	
Coding	The Coding subtest involved Greg copying symbols that are paired with simple geometric shapes or numbers. Using a key, Greg drew each symbol in its corresponding shape or box within a specified time limit. In addition to processing speed, the subtest measures short-term memory, visual and sequential processing, learning ability, cognitive flexibility, attention, and motivation.
Symbol Search	Greg was required to scan a search group and indicate whether the target symbol(s) matches any of the symbols in the search group within a specified time limit on the Symbol Search subtest. In addition to processing speed, the Symbol Search subtest also involves short-term visual memory, visual-motor coordination, cognitive flexibility, visual discrimination, and concentration. It also taps auditory comprehension, perceptual organisation, and planning and learning ability.
*Cancellation *	On the Cancellation subtest, Greg was required to scan both a random and structured arrangement of pictures and mark target pictures within a specified time limit. This subtest measures processing speed, visual selective attention, vigilance, and visual neglect.

* denotes supplementary subtest which may not be administered unless deemed necessary

The **Verbal Comprehension Index (VCI)** incorporates the 3 subtests of Similarities, Vocabulary, and Comprehension and is designed to measure verbal abilities utilising reasoning, comprehension, and concept formation.

The **Perceptual Reasoning Index (PRI)** comprises the 3 subtests of Block Design, Picture Concepts, and Matrix Reasoning and is designed to measure perceptual reasoning and perceptual organisation.

The **Working Memory Index (WMI)** measures Greg's ability to sustain attention, concentrate, and exert mental control. Mental control is the ability to attend to and hold information in conscious awareness whilst performing some operation or manipulation with it, and producing the correct result. Good mental control may facilitate the processing of complex information and ease the learning of new material.

The **Processing Speed Index (PSI)** is an indication of the rapidity with which Greg can perform mental and graphomotor processing without making errors. Good speed of information processing may free cognitive resources for the processing of more complex information and ease new learning.

The **Full Scale (FSIQ)** refers to Greg's performance across all 10 of the core subtests of the WISC-IV and is generally considered the best estimate of general cognitive ability unless there is marked variability among the Index Composite Scores (ie 18+ difference between the Indexes).

Verbal Comprehension weaknesses can cause difficulty learning in the classroom and performing to ability in exams by:

- Trouble understanding verbal directions and/or instructions. This will be more so with complex language, or when multiple steps are included in an instruction.
- Increased difficulty completing exams that require a large written output (i.e. essays, long answer questions).
- Being seen as ‘poor listeners’. These children can appear to be easily distracted and inattentive at times, especially when faced with high verbal task demands.
- Difficulty with ‘word based Mathematics problems’ –generally these children will have adequate Mathematics abilities but the child will find it difficult to demonstrate this when the Mathematics questions is buried in text.
- Being stronger at Mathematics, and science, where they can ‘show’ what they know in ways that are not heavily language based.
- Improved learning from charts, visual materials, diagrams, videos, or hands-on learning demonstrations.
- Difficulty in terms of reading comprehension – they may need to re-read a given text in order to fully understand the meaning.
- Difficulty in understanding abstract concepts, particularly when asked to perform tasks that rely heavily on verbal abstract reasoning.
- Difficulty in understanding social conventions (i.e. what should you do if you find a wallet in a store).

Perceptual Reasoning weaknesses can cause difficulty learning in the classroom and performing to ability in exams by:

- Better performance on tasks where there are required to answer orally or provide a written response.
- Trouble understanding Mathematics concepts and completing Mathematics equations. These children may do better at understanding Mathematics problems if they are explained verbally, rather than trying to explain it through the use of Mathematics equations/notation.
- Mathematics difficulties may also be seen in terms of continuously failing to attend to Mathematics signs/symbols which leads to further errors.
- Difficulty with nonverbal reasoning and problem solving
- Struggling in terms of reading maps, understanding diagrams or working on tasks that require the child to draw meaning from complex visual material.
- Social difficulties, given that these children will tend to find it more difficult to read nonverbal cues (i.e. body language, facial expressions). These children may also have difficulties in terms of understanding humour, or sarcasm; they will tend to interpret it literally.
- These children will struggle with the social use of language, even in the context of a complex vocabulary.
- Poor memory for visual information
- Poor graphomotor skills- messy handwriting, difficulty with drawing

Working Memory weaknesses can cause difficulty learning in the classroom and performing to ability in exams by:

- Difficulty absorbing teachers instructions, particularly if they contain more than one step
- Wide ranging difficulties in both Mathematics and reading, both of which are activities that place high demand on working memory ability.
- May show overall lower achievement across classroom activities, due to the impact of working memory weaknesses on efficiency in terms of learning new information. These children appear to be slower than peers in terms of learning new skills.
- Difficulty performing mental Mathematics calculations
- Struggling to copy information from the board, both accurately and quickly
- Frequent errors across tasks that involve the child to recall small amounts of information, while at the same time performing another task.
- Difficulty performing tasks with a number of steps, they may miss out steps or make mistakes in terms of not carefully paying attention to the details.
- Appearing to have a relatively short attention span, they may appear inattentive or distractible.

Processing Speed weaknesses can cause difficulty learning in the classroom and performing to ability in exams by:

- Difficulty processing large amounts of information, or being able to understand long, complex instructions.
- Poorer performance across timed tasks/exams relative to peers. These children need more time to be able to show what they do know.
- Being overall slower to complete tasks in class or for homework
- Being slower at copying information down from the board, or writing down what the teacher is saying.
- Written work is very time consuming, it takes these children a long time to write down what they know.
- Easy to fatigue; these children need to use more cognitive resources to complete the same amount of work as their peers.
- Difficulty following conversations, or keeping track of the plot in books/movies

**WESCHSLER PRESCHOOL AND PRIMARY SCALE OF INTELLIGENCE
– FOURTH EDITION (WPPSI-IV)**

WPPSI-IV Overview:

The Wechsler Preschool and Primary Scale of Intelligence – Fourth Edition (WPPSI–IV) is an innovative measure of cognitive development for pre-schoolers and young children.

This edition also places a strong emphasis on child-friendly, developmentally appropriate features, and includes new processing speed tasks, the addition of working memory subtests and an expanded factor structure.

The WPPSI–IV has been standardised on Australian and New Zealand children aged 2:6–7:7.

WPPSI-IV Subtests:

Table 1: WPPSI-IV Subtest Description

VERBAL COMPREHENSION	
Information	For picture items, the child selects the response option that best answers a question about a general-knowledge topic. For verbal items, the child answers questions about a broad range of general-knowledge topics.
Similarities	For picture items, the child selects the response option that is from the same category as two other depicted objects. For verbal items, the child is read two words that represent common objects or concepts and describes how they are similar. Ages 4:0-7:7 only
*Vocabulary	For picture items, the child names the depicted object. For verbal items, the child defines words that are read aloud. Ages 4:0-7:7 only
*Comprehension *	For picture items, the child selects the response option that represents the best response to a general principle or social situation. For verbal items, the child answers questions based on his or her understanding of general principles and social situations. Ages 4:0-7:7 only
VISUAL SPATIAL	
Block Design	Working within a specified time limit, the child views a model and/or a picture and uses one or two-colour blocks to re-create the design.
Object Assembly	Working within a specified time limit, the child assembles the pieces of a puzzle to create a representation of an identified object.
FLUID REASONING	
Matrix Reasoning	The child views an incomplete matrix and selects the response option that completes the matrix. Ages 4:0-7:7 only
Picture Concepts	The child views two or three rows of pictures and selects one picture from each row to form a group with a common characteristic. Ages 4:0-7:7 only
WORKING MEMORY	
Picture Memory	The child views a stimulus page of one or more pictures for a specified time and then selects the pictures from options on a response page.
Zoo Locations	The child views one or more animal cards placed on a zoo layout for a specified time and then places each card in the previously viewed locations.
PROCESSING SPEED	
Bug Search	Working within a specified time limit, the child marks the bug in the search group that matches the target bug. Ages 4:0-7:7 only
Cancellation	Working within a specified time limit, the child scans two arrangements of objects (one random, one structured) and marks target objects. Ages 4:0-7:7 only
Animal Coding	Working within a specified time limit and using a key, the child marks shapes that correspond to pictured animals. Ages 4:0-7:7 only
VOCABULARY ACQUISITION	
Receptive Vocabulary	The child selects the response option that best represents the word the examiner reads aloud.
Picture Naming	The child names depicted objects.

* denotes supplementary subtest which may not be administered unless deemed necessary

PRIMARY INDEXES

The **Verbal Comprehension Index** incorporates the 2 subtests of Information and Similarities and is a measure of knowledge acquired from a child's environment, verbal concept formation and verbal reasoning.

The **Visual Spatial Index** comprises the 2 subtests of Block Design and Object Assembly and is a measure of visual spatial processing, integration and synthesis of part-whole relationships, attentiveness to visual detail, nonverbal concept formation and visual-motor integration.

The **Fluid Reasoning Index** comprises the 2 subtests of Matrix Reasoning and Picture Concepts and is a measure of fluid and inductive reasoning, broad visual intelligence, simultaneous processing, conceptual thinking and classification ability.

The **Working Memory Index** comprises the 2 subtests of Picture Memory and Zoo Locations and is a measure of visual working memory, visual-spatial memory, and the ability to resist proactive interference. Working memory involves attention, concentration, mental control and reasoning.

The **Processing Speed Index** comprises the 2 subtests of Bug Search and Cancellation and is a measure of the child's ability to quickly and correctly scan or discriminate simple visual information. The PSI also measures short-term visual memory, visual-motor coordination, cognitive flexibility, visual discrimination, concentration and rate of test taking.

The **Full Scale (FSIQ)** refers to Greg's performance across 6 of the core subtests of the WPPSI-IV (Information, Similarities, Block Design, Matrix Reasoning, Picture Memory and Bug Search) and is the best estimate of his general cognitive ability.

ANCILLARY INDEXES

The **Vocabulary Acquisition Index (VAI)** comprises 2 subtests of Receptive Vocabulary and Picture Naming.

The **Nonverbal Index (NVI)** comprises 5 subtests of Block Design, Matrix Reasoning, Bug Search, Picture Memory, and Picture concepts. It is used as a measure of general intellectual functioning that minimises language demands for children with special clinical needs.

The **General Ability Index (GAI)** comprises 4 subtests of Block Design, Information, Matrix Reasoning, and Similarities. It provides an estimate of general intelligence that is less sensitive to the influence of working memory and processing speed difficulties than FSIQ.

The **Cognitive Proficiency Index (CPI)** comprises 4 subtests of Bug Search, Picture Memory, Cancellation, and Zoo Location. It is used as a measure of reasoning ability and cognitive proficiency.

Verbal Comprehension weaknesses can cause difficulty learning in the classroom and performing to ability in exams by:

- Trouble understanding verbal directions and/or instructions. This will be more so with complex language, or when multiple steps are included in an instruction.
- Increased difficulty completing exams that require a large written output (i.e. essays, long answer questions).
- Being seen as ‘poor listeners’. These children can appear to be easily distracted and inattentive at times, especially when faced with high verbal task demands.
- Difficulty with ‘word based maths problems’ –generally these children will have adequate maths abilities but the child will find it difficult to demonstrate this when the maths questions is buried in text.
- Being stronger at maths, and science, where they can ‘show’ what they know in ways that are not heavily language based.
- Improved learning from charts, visual materials, diagrams, videos, or hands-on learning demonstrations.
- Difficulty in terms of reading comprehension – they may need to re-read a given text in order to fully understand the meaning.
- Difficulty in understanding abstract concepts, particularly when asked to perform tasks that rely heavily on verbal abstract reasoning.
- Difficulty in understanding social conventions (i.e. what should you do if you find a wallet in a store).

Visual Spatial weaknesses can cause difficulty learning in the classroom and performing to ability in exams by:

- Struggling in terms of reading maps, understanding diagrams or working on tasks that require the child to draw meaning from complex visual material.
- The student may experience difficulty finding his place when copying from the board or a book. Such difficulty might slow rate of task completion.
- The student may experience difficulty telling time and understanding temporal relationships.
- The student may experience difficulty forming a visual representation of a concept in his mind (e.g., change of solar position with latitude).
- The student may experience difficulty with visual memory for symbols.
- Social difficulties, given that these children will tend to find it more difficult to read nonverbal cues (i.e. body language, facial expressions, personal space). These children may also have difficulties in terms of understanding humour, or sarcasm; they will tend to interpret it literally.
- These children will struggle with the social use of language, even in the context of a complex vocabulary.
- Poor graphomotor skills- messy handwriting, difficulty with drawing.

Fluid Reasoning weaknesses can cause difficulty learning in the classroom and performing to ability in exams by:

- Difficulty solving problems, applying logical reasoning skills, and understanding complicated concepts.
- Difficulty identifying patterns or identifying what comes next in a series.
- Difficulty categorising or grouping objects.
- Difficulty hypothesising.
- Difficulty identifying the main idea of a story, drawing inferences, predicting “What do you think would happen if....”.
- Developing a theme and creating passages that illustrate relationships between ideas.
- Less effective strategies for task completion and rigid cognitive style.
- Difficulties with any academic content that requires forming and recognising concepts, identifying and perceiving relationships, “problem solving”, deriving solutions to new or novel problems (mental flexibility), extending knowledge through critical thinking.

Working Memory weaknesses can cause difficulty learning in the classroom and performing to ability in exams by:

- Difficulty absorbing teachers instructions, particularly if they contain more than one step.
- Wide ranging difficulties in both maths and reading, both of which are activities that place high demand on working memory ability.
- May show overall lower achievement across classroom activities, due to the impact of working memory weaknesses on efficiency in terms of learning new information. These children appear to be slower than peers in terms of learning new skills.
- Difficulty performing mental maths calculations.
- Struggling to copy information from the board, both accurately and quickly.
- Frequent errors across tasks that involve the child to recall small amounts of information, while at the same time performing another task.
- Difficulty performing tasks with a number of steps, they may miss out steps or make mistakes in terms of not carefully paying attention to the details.
- Appearing to have a relatively short attention span, they may appear inattentive or distractible.

Processing Speed weaknesses can cause difficulty learning in the classroom and performing to ability in exams by:

- Difficulty processing large amounts of information, or being able to understand long, complex instructions.
- Poorer performance across timed tasks/exams relative to peers. These children need more time to be able to show what they do know.
- Being overall slower to complete tasks in class or for homework.
- Being slower at copying information down from the board, or writing down what the teacher is saying.
- Written work is very time consuming, it takes these children a long time to write down what they know.
- Easy to fatigue; these children need to use more cognitive resources to complete the same amount of work as their peers.
- Difficulty following conversations, or keeping track of the plot in books/movies.

GRAY ORAL READING TESTS – FIFTH EDITION (GORT-5)

GORT-5 Overview:

The Gray Oral Reading Tests – Fifth Edition (GORT-5) is an individually administered measure of oral reading ability.

The GORT-5 is a norm-referenced, reliable test that yields valid results for oral reading rate, accuracy, fluency and comprehension, for individuals' age 6 years 0 months (6-0) through 23 years 11 months (23-11). The GORT-5 has two parallel forms (A and B), each of which contains 16 separate stories. Five comprehension questions follow each story.

The GORT-5 has four major purposes:

1. To help identify those students who are significantly behind their peers in oral reading and determine the degree of the problem.
2. To discover oral reading strengths and weaknesses within individual students.
3. To monitor students' progress in special intervention programs.
4. To be used in research studying reading in school-aged students.

GORT-5 Scales:

Rate	The Rate score is derived from the amount of time in seconds taken by a student to read a story aloud.
Accuracy	The Accuracy score is derived from the number of words the student pronounces correctly when reading the passage.
Fluency	The Fluency score is a combination of the student's Rate and Accuracy Scores.
Comprehension	The Comprehension score is the number of questions about the stories that the student answers correctly. The open-ended format ensures that the items are passage dependent.
Oral Reading Index (ORI)	The Oral Reading Index is a composite score formed by combining students' Fluency (i.e. Rate and Accuracy) and Comprehension scaled scores.

GORT-5 Score Interpretations:

Rate, Accuracy, Fluency and Comprehension are reported as scaled scores, percentiles, grade equivalent, age equivalents, and a qualitative descriptive term.

Scaled scores have a mean of 10 and a standard deviation of 3.

The Oral Reading Index is reported as a standard score based on a distribution having a mean of 100 and a standard deviation of 15.

THE HANDWRITING SPEED TEST

The Handwriting Speed Test is a standardised assessment of a child's speed of handwriting.

The authors provide the following category cut-offs as a measure of handwriting speed ability.

<i>Scaled Score</i>	<i>Category</i>
17-19	Superior Performance
14-16	Above Average Handwriting Speed
7-13	Average
4-6	Handwriting Speed Impaired
1-3	Handwriting Speed Significantly Impaired

**WECHSLER INDIVIDUAL ACHIEVEMENT TEST
– SECOND EDITION – AUSTRALIAN (WIAT-II-AUST)**

WIAT-II Overview:

The WIAT-II Australian is a comprehensive yet flexible tool designed to assess academic achievement in children and adults.

The assessment is a rich source of information about an individual's achievement skills, learning disability diagnosis, special education placement, curriculum planning, and clinical appraisal.

The WIAT-II Australian has been normed versus the Australian population, has been adapted to Australian Language, and takes from 30 to 90 minutes to administer.

WIAT-II Subtests:

Table 1: WIAT-II Subtest Descriptions

READING	
Word Reading	Depending on the student's age or grade, he or she identifies the letters of the alphabet, beginning and ending sounds of words, and rhyming words, or reads as quickly as possible from a list of words.
Reading Comprehension	The student reads sentences and short passages and then answers questions about the main idea, specific details, or the order of events. He or she is also asked to make inferences, draw conclusions, or define unfamiliar words by using context clues.
Pseudoword Decoding	The student uses their phonetic knowledge to sound nonsense or unfamiliar words.
MATHEMATICS	
Numerical Operations	The student solves a word or stated problem requiring addition, subtraction, multiplication, and division using whole numbers, fractions, and decimals.
Mathematics Reasoning	The student solves a word or stated problem requiring single or multiple steps related to time, money, measurement, geometry, probability, and reading and interpreting graphs.
WRITTEN LANGUAGE	
Spelling	The student spells a target word based on its meaning as it is used in a sentence.
Written Expression	The student writes words, sentences and either a paragraph or short essay in response to a topic. Writing is evaluated on organization, vocabulary, theme development, and mechanics such as spelling and punctuation.
ORAL LANGUAGE	
Listening Comprehension	The student listens to a word or sentence and matches it to a picture or looks at a picture and responds with the corresponding word.
Oral Expression	The student lists words that match a topic, repeats a sentence, tells a story based on a series of pictured events, or describes the steps required to complete a task.

* Not all subtests administered

**CLINICAL EVALUATIONS OF LANGUAGE FUNDAMENTALS
– FOURTH EDITION SCREENING TEST (CELF-4-SCREENING TEST)**

CELF-4 Overview:

The CELF-4 Screening Test is an individually administered clinical tool designed to screen students ages 5 years 0 months through 21 years 11 months for language disorders. Specifically, this test is designed to assist in the identification of students who may need in-depth assessment of their language abilities. It is not designed to identify specific strengths or weaknesses in language, nor the degree of impairment of language abilities; neither is it designed to provide a diagnosis of language disability.

There are 47 items in the CELF-4 Screening Test. Items 1 through 28 are administered to students ages 5-8 years and consist of four different language tasks. Items 14 through 47 are administered to students ages 9-21 years and consist of five different language tasks.

Table 1: CELF-4 Screening Test Criterion Scores

Ages 5-8		Ages 9-21	
Age	Criterion Score	Age	Criterion Score
5:0-5:5	10	9:0-9:11	17
5:6-5:11	11	10:0-10:11	18
6:0-6:5	12	11:0-11:11	19
6:6-6:11	14	12:0-12:11	22
7:0-7:11	16	13:0-13:11	22
8:0-8:11	28	14:0-14:11	23
-	-	15:0-15:11	23
-	-	16:0-21:11	23

To determine whether a student should be referred for further language testing, the student's **Total Score** is compared to the appropriate age **Criterion Score**.

A score *At or Above* the **Criterion Score** for a student's age indicates that the student probably does not need further language testing. A student who scores *Below* the **Criterion Score** for his or her age may have a language disorder and should be referred for diagnostic testing.

COMPREHENSIVE TEST OF PHONOLOGICAL PROCESSING-SECOND EDITION (CTOPP)

CTOPP-II Overview:

The CTOPP-II is an individually administered assessment battery that measures the aspects of phonological awareness, phonological memory, and rapid naming.

A deficit in one or more of these kinds of phonological processing abilities is viewed as the most common cause of learning disabilities in general, and of reading disabilities in particular.

The CTOPP-II can be used for individuals aged 5 years 0 months to 24 years 11 months.

CTOPP-II Subtests:

Table 1: CTOPP-II Subtests

Elision (EL)	This 34-item subtest measures the extent to which an individual can say a word, then say what is left after dropping out designated sounds.
Blending Words (BW)	This 33-item subtest measures an individual's ability to combine sounds to form words.
Phoneme Isolation (PI)	This 32-item subtest measures the extent to which an individual can isolate different phonemes within individual words.
Memory for Digits (MD)	This 28-item subtest measures the extent to which an individual can repeat a series of numbers ranging in length from two to eight digits.
Nonword Repetition (NR)	This 30-item subtest measures an individual's ability to repeat nonwords that range in length from 3 to 15 seconds.
Rapid Digit Naming (RD)	This 36-item subtest measures the speed with which an individual can name the numbers on two pages.
Rapid Letter Naming (RL)	This 36-item subtest measures the speed with which an individual can name the letters on two pages.

The six subtests from the CTOPP-II are combined to form three Composites that provide information about the three key areas of phonological processing: Phonological Awareness, Phonological Memory and Rapid Naming.

Table 2: CTOPP-II Composites

Phonological Awareness (PACS)	Measures an individual's phonological awareness – awareness of and access to the phonological structure of oral language.
Phonological Memory (PMCS)	Measures the examinee's ability to code information phonologically for temporary storage in working memory or short-term memory.
Rapid Naming (RNCS)	Measures the examinee's efficient retrieval or phonological information from long-term or permanent memory, as well as the examinee's ability to execute a sequence of operations quickly and repeatedly.

A deficit in **Phonological Awareness** is viewed as the hallmark of reading disability or dyslexia. Poor phonological awareness is associated with poor reading for both individuals whose poor reading levels are discrepant from their IQs and for individuals whose poor reading levels are consistent with their IQs.

A deficit in **Phonological Memory** does not inevitably lead to poor reading of familiar material but is more likely to impair decoding of new words, particularly words that are long enough to decode bit by bit, as a means of storing intermediate sounds. It is likely to impair both listening and reading comprehension for more complex sentences

Individuals who score poorly in **Rapid Naming** commonly have problems with reading fluency.

ABAS-II Overview

The Adaptive Behaviour Assessment System – Second Edition provides a comprehensive, norm-referenced assessment of adaptive skills for individuals ages birth to 89 years. The ABAS-II may be used to assess an individual's adaptive skills for diagnosis and classification of disabilities and disorders, identification of strengths and limitations, and to document and monitor an individual's progress over time. The comprehensive range of specific adaptive skills and broad adaptive domains measured by the ABAS-II correspond to the specifications identified by the American Association of Mental Retardation (AAMR; 1992, 2002b) and the Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition Text Revision (DSM-IV-TR; American Psychiatric Association, 2000).

The ABAS-II consists of 5 rating forms, which can be completed independently by a respondent or may be read aloud to a respondent who has limited reading skills. Each rating form is easy to complete and score, requiring approximately 20 minutes to complete and 5-10 minutes to hand score.

Respondents read and respond to all items and rate the extent to which the individual performs the adaptive skills when needed. The rating scale for the items allows respondents to indicate if the individual is able to independently perform an activity and, if so, how frequent he or she performs the activity when it is needed.; **0** (*Is not able*), **1** (*Never or Almost Never When Needed*), **2** (*Sometimes When Needed*), or **3** (*Always or Almost Always When Needed*).

Although it is possible to assess the adaptive skills of an individual with a single rating form, the use of multiple rating forms is recommended to provide a comprehensive assessment across a variety of settings.

Significant limitations in adaptive behaviour are defined as performance at least 2 Standard Deviations below the mean on (a) the Conceptual, Social or Practical Domain, or (b) an overall score on a standardised measure that assesses these three adaptive domains (e.g. GAC).

Skill Areas for Teacher/Daycare Provider and Parent/Primary Caregiver Forms

Communication	Speech, language, and listening skills needed for communication with other people, including vocabulary, responding to questions, conversation skills, nonverbal communication skills etc
Community Use	Skills needed for functioning and appropriate behaviour in the community, including getting around in the community, expression of interest in activities outside the home, recognition of different facilities, etc
Functional Pre-Academics	Basic pre-academics skills that form the foundations for reading, writing, mathematics and other skills needed for daily, independent functioning, including letter recognition, counting, drawing simple shapes etc
School/Home Living	Skills needed for basic care of a home or living setting or a school or classroom setting, including cleaning, straightening, helping adults with household tasks, taking care of personal possessions etc
Health and Safety	Skills needed for protection of health and to respond to illness and injury, including following safety rules, using medicines, showing caution, keeping out of physical danger etc
Leisure	Skills needed for engaging in and planning leisure and recreational activities, including playing with others, playing with toys, engaging in recreation at home, following rules in games etc
Self-Care	Skills needed for personal care including eating, dressing, bathing, toileting, grooming, hygiene etc
Self-Direction	Skills needed for independence, responsibility and self-control, including making choices about food and clothing, starting and completing tasks, following a daily routine, following directions etc
Social	Skills needed to interact socially and get along with other people, including expressing affection, having friends, showing and recognising emotions, assisting others, using manners etc
Motor	Basic fine and gross motor skills needed for locomotion, manipulation of the environment and the development of more complex activities such as sports, including sitting, pulling up to a standing position, walking, fine motor control, kicking etc

Skill Areas for Teacher, Parent and Adult Forms

Communication	Speech, language, and listening skills needed for communication with other people, including vocabulary, responding to questions, conversation skills etc
Community Use	Skills needed for functioning in the community, including use of community resources, shopping skills, getting around in the community etc
Functional Academics	Basic reading, writing, mathematics and other academic skills needed for daily, independent functioning, including telling time, measurement, writing notes and letters etc
School/Home Living	Skills needed for basic care of a home or living setting (or for the Teacher Form, school and classroom setting), including cleaning, straightening, property maintenance and repairs, food preparation, performing chores etc
Health and Safety	Skills needed for protection of health and to respond to illness and injury, including following safety rules, using medicines, showing caution etc
Leisure	Skills needed for engaging in and planning leisure and recreational activities, including playing with others, engaging in recreation at home, following rules in games etc
Self-Care	Skills needed for personal care including eating, dressing, bathing, toileting, grooming, hygiene etc
Self-Direction	Skills needed for independence, responsibility and self-control, including starting and completing tasks, keeping a schedule, following time limits, following directions, making choices etc
Social	Skills needed to interact socially and get along with other people, including having friends, showing and recognising emotions, assisting others, using manners etc
Work	Skills needed for successful functioning and holding a part or full-time job in a work setting, including completing work tasks, working with supervisors, and following a work schedule

Adaptive Behaviour Rater Forms:

(1) Parent/Primary Caregiver Form (Ages 0-5)

The Parent/Primary Caregiver Form is a comprehensive, diagnostic measure of the adaptive skills that have primary relevance for the functioning of infants, toddlers and pre-schoolers in the home and other settings, and can be completed by parents or other primary care providers. The Parent/Primary caregiver Form is used for children ages birth-5 years, and includes 241 items, with 22 to 27 items per skill area.

(2) Parent Form (Ages 5-21)

The Parent Form is a comprehensive, diagnostic measure of the adaptive skills that have primary relevance for children's functioning in the home and community, and can be completed by parents or other primary care providers. The Parent Form is used for children in grades Kindergarten (K) through 12 or ages 5-21 years. The form extends through age 21 to include special education students and other students who continue to be served through a secondary school setting. This form includes 232 items, with 21 to 25 items per skill area.

(3) Teacher/Daycare Provider Form (Ages 2-5)

The Teacher/Daycare Provider Form is a comprehensive, diagnostic measure of the adaptive skills that have primary relevance for toddler's and preschooler's functioning in the daycare centre, home daycare, preschool or school setting. Teachers, teacher's aides, daycare instructors, or other daycare or childcare providers can be complete this form. The Teacher/Daycare Provider Form is used for children ages 2-5 years and includes 216 items, with 21 to 27 items per skill area.

(4) Teacher Form (Ages 5-21)

The Teacher Form is a comprehensive, diagnostic measure of the adaptive skills that have primary relevance for children's functioning in a school setting and can be completed by teacher's or teacher's aides. The Teacher Form is used for children in grades K through 12 or ages 5-21 years. The form extends through age 21 to include special education students and other students who continue to be served through a secondary school setting. This form includes 193 items, with 15 to 22 items per skill area.

Composite Score Scales

The **Conceptual Domain Composite** score is derived from the sum of scaled scores from the *Communication*, *Functional Academics* and *Self-Direction* Skill Areas. Conceptual skills include receptive and expressive language, reading and writing, money concepts and self-direction.

The **Social Domain Composite** score is derived from the sum of scaled scores from the *Social* and *Leisure* Skill Areas. Social skills include interpersonal relationships, responsibility, self-esteem, gullibility, naiveté, following rules, obeying laws and avoiding victimisation.

The **Practical Domain Composite** score is derived from the sum of scaled scores from the *Self-Care*, *Home/School Living*, *Community Use*, *Health and Safety* and *Work* Skill Areas. Practical skills include basic maintenance activities of daily living (e.g., eating, mobility, toileting, dressing), instrumental activities of daily living (e.g., meal preparation, housekeeping, transportation, taking medications, money management, telephone use) together with occupational skills and maintenance of safe environments.

The **General Ability Composite** (GAC) score is derived from the sum of scaled scores from seven, nine or ten skill areas, depending on the age of the individual and the type of rating form. The GAC represents a comprehensive and global estimate of an individual's adaptive functioning. The GAC describes the degree to which an individual's adaptive skills generally compare to the adaptive skills of other individual's within the same age group.

AUTISM SPECTRUM RATING SCALES (ASRS)

ASRS Overview:

The Autism Spectrum Rating Scales (ASRS) is a multi-informant (Parent, and Teacher) assessment of Autism Spectrum Disorder in children and adolescents between 6 and 18 years of age.

The checklists take into account aspects of the individual's home, school, and social settings to provide a focused and thorough assessment of Autism Spectrum Disorder and the co-morbid problems most commonly associated with it in children and adolescents.

ASRS Subscales:

ASRS Parent and Teacher Report Subtest Descriptions

ASRS TOTAL SCORE	Measures the extent to which the individual's behavioural characteristics are similar to the behaviours of youth diagnosed with Autism Spectrum Disorder.
ASRS SCALES	
Social/Communication	Measures the extent to which the individual uses verbal and non-verbal communication appropriately to initiate, engage in, and maintain social contact. An elevated score indicates the individual has trouble using non-verbal and verbal language appropriately to initiate, participate in, and retain social interactions
Unusual Behaviours	Measures the youth's level of tolerance for changes in routine, engagement in apparently purposeless and stereotypical behaviours, and overreaction to certain sensory experiences. An elevated score indicates the individual has difficulty accepting changes in routine, overacts to particular sensory experiences, and participates in purposeless, stereotypical behaviours.
Self-Regulation	Measures how well the individual controls his behaviour and thoughts, maintains focus, and resists distraction. An elevated score indicates the individual is argumentative, has difficulties with attention, and/or deficits in impulse/motor control.
DSM-5 SCALE	Measures how closely the individual's symptoms match the DSM-5 criteria for Autism Spectrum Disorder.
TREATMENT SCALES	
Peer Socialisation	Measures the individual's willingness and capacity to successfully engage in activities that develop and maintain relationships with other youth. An elevated score indicates a decreased willingness or capacity to effectively engage in activities that cultivate and preserve relationships with other children.
Adult Socialisation	Measures the individual's willingness and capacity to successfully engage in activities that develop and maintain relationships with adults. An elevated score indicates a decreased willingness or capacity to effectively engage in activities that cultivate and preserve relationships with adults.
Social/Emotional Reciprocity	Measures the individual's ability to provide an appropriate emotional response to another person in a social situation. An elevated score indicates that the individual has difficulty providing an appropriate emotional response to another person in a specific social situation.
Atypical Language	Measures the individual ability to utilize spoken communication in

	a structured and conventional way. Elevated scores indicate that verbal communication may be unconventional, unstructured, or repetitive.
Stereotypy	Measures whether the individual engages in apparently purposeless and repetitive behaviours. Elevated score may indicate that they engage in repetitive or ritualistic movements, utterances, or body posture.
Behavioural Rigidity	Measures how well the individual tolerates changes in his environment, routines, activities, or behaviours. Elevated scores indicate that the individual would prefer for environments to remain unchanged. Consequently, there is a limited ability tolerating changes in behaviour, activities, or routine.
Sensory Sensitivity	Measures the level of tolerance for certain experiences sensed through touch, sound, vision, smell, or taste. May have under or over stimulated sight, hearing, touch, smell, and/or touch. Consequently may be over sensitive or under sensitive to temperature, clothing, light, and/or noise.
Attention	Measures whether the individual is able to appropriately focus attention on one thing while ignoring other things Elevated scores indicate that the individual may appear disorganised or have difficulty focusing on things whilst ignoring external stimuli.

ASRS Interpretive Guidelines:

Interpretive Guidelines for ASRS T-Scores and Percentiles

T-Score	Percentile	Interpretive Guidelines
<40	<15	Low Score
40-59	16-83	Average Score
60-64	84-92	Slightly Elevated Score
65-70	93-97	Elevated Score
>70	98-99.99	Very Elevated Score

**BECK YOUTH INVENTORIES OF EMOTIONAL AND SOCIAL IMPAIRMENT
– SECOND EDITION (BYI-II)**

BYI-II Overview:

The BYI-II (Beck: BYI-II: 2005) is a reliable and valid self-report instrument that contains 5 subscales pertaining to self-concept, anxiety, depression, anger, and disruptive behaviour.

The inventories are intended for use with children and adolescents between the ages of 7 and 18 years.

CAPP Outline:

The CAPP comprises 126 items and utilises three separate screening forms; the Self-report Form (SRF: 126 items), Parent-report Form (PRF: 126 items), and Teacher-report Form (TRF: 126 items) for the simultaneous screening of 14 of the most prevalent disorders in children and adolescents (see next page).

The CAPP comprises screening criteria that closely resemble the diagnostic criteria of the *Diagnostic and Statistical Manual of Mental Disorders–Fifth Edition* (DSM-5: American Psychiatric Association: APA, 2013).

The CAPP is appropriate for the screening of behaviour of children and adolescents between the ages of 2 and 17 years, however, only the Parent-report and Teacher-report Forms are administered for children aged below 10 years due to the reading level requirements of the Self-report Form.

All items of the CAPP require responses to be made on a six-point scale pertaining to the perceived frequency of the behaviour (ie., Never, Rarely, Sometimes, Regularly, Often, or Very Often).

When calculating disorder screening scores, the items are coded as follows: Never = 0, Rarely = 0, Sometimes = 0, Regularly = 1, Often = 1, and Very Often = 1. These values were chosen because although many people with and without disorders may exhibit similar behaviours, it is the frequency of the behaviour that determines whether it is of clinical significance.

A small number of exceptions to these scoring rules apply where some of the behaviours (e.g., fighting with a weapon, stealing) are considered to be of sufficient severity that 'Sometimes' is also awarded a score of 1.

Therefore, the summation of the items within each disorder produces a screening score for that disorder, which if exceeding the screening cut off score, designates that the individual has been awarded a *positive screen* for that disorder.

In order to ensure its validity and reliability, the first version of the *p_{psych}profiler* was subjected to a series of rigorous psychometric analyses over a number of years. This process has involved validation against a large mainstream sample (n>1000) as well as clinical calibration against individuals with formal diagnoses. These analyses found the *p_{psych}profiler* to be a highly reliable and valid screening instrument.

The CAPP is primarily administered in order to provide an objective indication of whether the individual exhibits behaviours characteristic of a suspected disorder, possible comorbid disorders, and issues pertaining to differential diagnosis.

The *p_{psych}profiler* has been the most widely used Australian psychiatric / psychological / educational global screening instrument since 2004.

For further information regarding the CAPP, please visit www.psychprofiler.com or contact Dr Shane Langsford on (08) 9388 8044.

Please note that any indication of a positive screen on the CAPP does not constitute a formal diagnosis. A positive screen merely indicates that the individual has met sufficient criteria for a disorder to warrant further investigation.

Disorders included in the CAPP:

Anxiety Disorders:

- ★ Generalised Anxiety Disorder
- ★ Separation Anxiety Disorder

Attention-Deficit/Hyperactivity Disorder:

- ★ Attention-Deficit/Hyperactivity Disorder

Autism Spectrum Disorder:

- ★ Autism Spectrum Disorder

Communication Disorders:

- ★ Language Disorder
- ★ Speech Sound Disorder

Depressive Disorders:

- ★ Persistent Depressive Disorder

Disruptive, Impulse-Control, & Conduct Disorders:

- ★ Conduct Disorder
- ★ Oppositional Defiant Disorder

Feeding and Eating Disorders:

- ★ Anorexia Nervosa
- ★ Bulimia Nervosa

Obsessive-Compulsive and Related Disorders:

- ★ Obsessive-Compulsive Disorder

Specific Learning Disorders:

- ★ Specific Learning Disorder – Reading, Mathematics, and Written Expression

Trauma and Stressor-Related Disorders:

- ★ Posttraumatic Stress Disorder

Please note that any indication of a positive screen on the CAPP does not constitute a formal diagnosis. A positive screen merely indicates that the individual has met sufficient criteria for a disorder to warrant further investigation.

Please refer to the CAPP Report(s) for the individual behaviours which were responsible for the positive screens elicited.

CONNERS' 3

Conners' 3 Overview:

The Conners 3 is a multi-informant (Self, Parent, and Teacher) assessment of Attention Deficit/Hyperactivity Disorder in children and adolescents between 6 and 18 years of age.

The checklists take into account aspects of the individual's home, school, and social settings to provide a focused and thorough assessment of Attention Deficit/Hyperactivity Disorder and the co-morbid problems most commonly associated with it in children and adolescents.

Parents and teachers can rate youth from ages 6 to 18 years. Self-reports can be completed by youth aged 8 to 18 years.

Conners' Subscales:

Conners' 3 Self-Report Subscale Descriptions

A: Family Relations	May feel that their parents fail to notice them or show them love. May feel that at home they are being constantly criticised and/or punished.
B: Aggression	Are likely to be physically and verbally aggressive, may show tendencies that are destructive and demonstrate poor control over their anger/aggression. May bully others, be argumentative, and break rules.
C: Inattention	Have poor concentration, attention and difficulty focusing their mind on work. Often make careless mistakes, have difficulty starting and completing tasks, and tend to be easily bored.
D: Learning Problems	Tend to struggle academically. May have difficulty learning and/or remembering new concepts and need more help and explanation.
E: Hyperactivity/Impulsivity	Have difficulty sitting still for very long, feel restless and impulsive. May be easily excited and talk too much.
F: DSM-5 Inattentive	High scores indicate an above average correspondence with the DSM-5 diagnostic criteria for Inattentive type ADHD
G: DSM-5 Hyperactive-Impulsive	High scores indicate an above average correspondence with the DSM-5 diagnostic criteria for Hyperactive-Impulsive type ADHD
H: DSM-5 Conduct Disorder	High scores indicate an above average correspondence to DSM-5 criteria for Conduct Disorder
I: DSM-5 Oppositional Defiant Disorder	High scores indicate an above average correspondence to the DSM-5 criteria for Oppositional Defiant Disorder
J: Conners 3 ADHD Index	Identifies children/ adolescents "at risk" for ADHD

An additional 8 screening items for anxiety, depression, and critical behaviour questions are also included in the Conners' Self Report Scale.

Conners' Parent and Teacher Report Subtest Descriptions

A: Aggression	Are likely to be physically and verbally aggressive, may show tendencies that are destructive and demonstrate poor control over their anger/aggression. May bully others, be argumentative, and break rules.
B: Inattention	Have poor concentration, attention and difficulty focusing their mind on work. Often make careless mistakes, have difficulty starting and completing tasks, and tend to be easily bored.
C: Hyperactivity/Impulsivity	Have difficulty sitting still for very long, feel restless and impulsive. May be easily excited and talk too much.
D: Peer Relations	May have poor social skills, limited social connections and difficulty with friendships. Appears to be unaccepted by their peers.
E: Learning Problems¹	Tend to struggle academically. May have difficulty learning and/or remembering new concepts and need more help and explanation.
F: Executive Functioning¹	Have poor planning, organisational and prioritising skills. Have difficulty starting or finishing tasks.
G: DSM-5 ADHD Inattentive	High scores indicate an above average correspondence with the DSM-5 diagnostic criteria for Inattentive type ADHD
H: DSM-5 ADHD Hyperactive-Impulsive	High scores indicate an above average correspondence with the DSM-5 diagnostic criteria for Hyperactive-Impulsive type ADHD
I: DSM-5 Conduct Disorder	High scores indicate an above average correspondence to DSM-5 criteria for Conduct Disorder.
J: DSM-5 Oppositional Defiant Disorder	High scores indicate an above average correspondence to DSM-5 criteria for Oppositional Defiant Disorder.
K: Conners 3 GI Restless-Impulsive	A high score on this index indicates a strong tendency toward hyperactivity as well as inattentiveness, both components of ADHD.
L: Conners 3 GI Emotional Lability	A high score on this index indicates a strong tendency for pronounced emotional reaction, such as crying, getting angry, or experiencing frequent and sudden mood swings
M: Conners 3 GI Total	This index presents a global view of the Restless-Impulsivity and Emotional Lability indices, and can also be used as an indicator of overall psychopathology.
N: Conners 3 ADHD Index	Identifies children/ adolescents "at risk" for ADHD

¹Learning Problems and Executive Functioning are subscales of Learning Problems/Executive Functioning on the Conners' 3-T.

Conners' 3 Interpretive Guidelines:

The authors of the Conners' 3 Rating Scales (Conners' 3) state that *T*-Scores greater than 60 are usually taken to indicate a **clinically significant problem**.

Interpretive Guidelines for Conners' T-Scores and Percentiles

T-Score	Percentile	Interpretive Guidelines
<30	<2	Markedly Atypical (Low Scores are Good: Not a Concern)
30-34	2-5	Moderately Atypical (Low Scores are Good: Not a Concern)
35-39	6-15	Mildly Atypical (Low Scores are Good: Not a Concern)
40-44	16-26	Slightly Atypical (Low Scores are Good: Not a Concern)
45-55	27-73	Average (Typical Score: Should Not Raise a Concern)
56-60	74-85	Slightly Atypical (Borderline: Should Raise a Concern)
61-65	86-94	Mildly Atypical (Possibly Significant Problem)
66-70	95-98	Moderately Atypical (Indicates Significant Problem)
>70	>98	Markedly Atypical (Indicates Significant Problem)

Furthermore, the greater number of subscales that show clinically relevant elevation (i.e *T*-Scores above 60), the greater likelihood that the Conners 3 scores indicate a moderate to severe problem.

High scores on the ADHD Index are considered by the checklist authors to be useful for differentiating **clinical ADHD** individuals from **non-clinical** individuals. Please note, that the ADHD Index score reported is a probability % figure, not a *T*-score like the other Indexes.

DEVELOPMENTAL COORDINATION DISORDER QUESTIONNAIRE (DCDQ'07)

DCDQ'07 Overview:

The DCDQ'07 (Wilson & Crawford, 2007) is a reliable and valid parent-report 15-item instrument that contains 3 subscales pertaining to motor control, fine motor and handwriting, and general coordination. Parents can rate children and adolescents from ages 5 to 15 years of age.

Wilson, B.N., Crawford, S.G., Green, D., Roberts, G., Aylott, A., & Kaplan, B. (2009). Psychometric Properties of the Revised Developmental Coordination Disorder Questionnaire. Physical & Occupational Therapy in Pediatrics, 29(2):182-202.

DCDQ'07 Subscales:

DCDO'07 Subscale Descriptions

A: Control During Movement	May feel that their parents fail to notice them or show them love. May feel that at home they are being constantly criticised and/or punished.
B: Fine Motor and Handwriting	Are likely to be physically and verbally aggressive, may show tendencies that are destructive and demonstrate poor control over their anger/aggression. May bully others, be argumentative, and break rules.
C: General Coordination	Have poor concentration, attention and difficulty focusing their mind on work. Often make careless mistakes, have difficulty starting and completing tasks, and tend to be easily bored.

SOCIO-EMOTIONAL QUESTIONNAIRE (SEQ)

SEQ Overview:

The Socio-Emotional Questionnaire (SEQ: Langsford, 2011) is a 69-item self-report instrument for measuring Anxiety and Depression in individuals aged 15 years and older.

Individuals are asked to indicate their response to each statement that best describes the way they have been feeling during the past four weeks.

The results provide an indication of the likelihood of Anxiety and/or Depression, and also the frequency and severity of the respective symptomology.

Please note: The SEQ is presently a partially validated instrument. Although the results are considered to be accurate, they are intended as a guide only and require further validation by an appropriate professional.

Section A: Anxiety:

This section of the Socio-Emotional Questionnaire contains 34 anxiety related items responded to on a 4-point Likert scale ranging from 0 “*Never or Rarely*” to 3 “*Very Often*”, therefore, the maximum total score for an individual is 102.

Furthermore, two supplementary yes/no questions pertaining to the caveats provided in the DSM-5 are also included. These questions relate to the length of symptoms, and the adverse affect of the symptoms on the individuals overall functioning.

The author provide the following category cut-offs as a measure of severity of anxiety:

<i>Score</i>	<i>Category</i>
0-14	No Anxiety
15-24	Mild Anxiety
25-39	Moderate Anxiety
40+	Severe Anxiety

Section B: Depression:

This section of the SEQ contains 35 depression related items also responded to on a 4-point Likert scale ranging from 0 “*Never or Rarely*” to 3 “*Very Often*”, therefore, the maximum total score for an individual is 105.

Furthermore, two supplementary yes/no questions pertaining to the caveats provided in DSM-5 are also included. These questions relate to the length of symptoms, and the adverse affect of the symptoms on the individuals overall functioning.

The author provide the following category cut-offs as a measure of severity of depression:

<i>Score</i>	<i>Category</i>
0-14	No Depression
15-24	Mild Depression
25-39	Moderate Depression
40+	Severe Depression