

PEABODY DEVELOPMENTAL MOTOR SCALES, SECOND EDITION (PDMS-2) COMPLETE KIT	2
BBRS-2: BURK'S BEHAVIOR RATING SCALES — SECOND EDITION	3
GILLIAM ASPERGER DISORDER SCALE (GADS)	4
CRS-R: CONNERS' RATING SCALES — REVISED, LONG VERSION	4
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER TEST (ADHDT)	5
<i>BENDER VISUAL-MOTOR GESTALT TEST, SECOND EDITION (BENDER– GESTALT II)</i>	5
ADAPTIVE BEHAVIOR ASSESSMENT SYSTEM™-SECOND EDITION (ABAS™- SECOND EDITION)	6
DEVEREUX BEHAVIOR RATING SCALE—SCHOOL FORM	6
<i>INDEPENDENT LIVING SCALES™ (ILS™)</i>	7
WISC-IV <i>INTEGRATED</i>	7
WESHSLER PRESCHOOL AND PRIMARY SCALE OF INTELLIGENCE —THIRD EDITION (WPPSI™-III)	7
<i>WECHSLER ABBREVIATED SCALE OF INTELLIGENCE™ (WASI™)</i>	8
WIAT-II	8
PEABODY PICTURE VOCABULARY TEST PPVT-4	8
<i>KAUFMAN BRIEF INTELLIGENCE TEST (K-BIT)</i>	9
KAUFMAN TEST OF EDUCATIONAL ABILITY	10
KEYMATH-3	11
PEABODY INDIVIDUAL ACHIEVEMENT TEST-REVISED	11
BOT 2	12
KABC-II: KAUFMAN ASSESSMENT BATTERY FOR CHILDREN, SECOND EDITION	13
GOLDMAN-FRISTOE TEST OF ARTICULATION	15
VINELAND II	16
MEASURE OF SOCIAL-EMOTIONAL SKILLS IN EARLY CHILDHOOD	18
THE CHILDREN'S SELF-REPORT AND PROJECTIVE INVENTORY (CSRPI)	19
RATING SCALE TO DETERMINE ASPERGER SYNDROME IN CHILDREN	20
LISTENING COMPREHENSION (LC) SCALE	21
ORAL EXPRESSION (OE) SCALE	21

Peabody Developmental Motor Scales, Second Edition (PDMS-2) Complete Kit

PDMS-2 (Peabody Developmental Motor Scales — Second Edition) Complete Kit

The PDMS-2 is an early childhood motor development program that provides (in one package) both in-depth assessment and training or remediation of gross and fine motor skills. The assessment is composed of six subtests that measure interrelated motor abilities that develop early in life. It is designed to assess the motor skills of children from birth through 5 years of age. Reliability and validity have been determined empirically. The normative sample consisted of 2,003 persons residing in 46 states. The PDMS-2 can be used by occupational therapists, physical therapists, diagnosticians, early intervention specialists, adapted physical education teachers, psychologists, and others who are interested in examining the motor abilities of young children.

Subtests:

Reflexes: This 8-item subtest measures a child's ability to automatically react to environmental events. Because reflexes typically become integrated by the time a child is 12 months old, this subtest is only given to children birth through 11 months.

Stationary: This 30-item subtest measures a child's ability to sustain control of his or her body within its center of gravity and retain equilibrium.

Locomotion: This 89-item subtest measures a child's ability to move from one place to another. The actions measured include crawling, walking, running, hopping, and jumping forward.

Object Manipulation: This 24-item subtest measures a child's ability to manipulate balls. Examples of the actions measured include catching, throwing, and kicking. Because these skills are not apparent until a child has reached the age of 11 months, this subtest is only given to children ages 12 months and older.

Grasping: This 26-item subtest measures a child's ability to use his or her hands. It begins with the ability to hold an object with one hand and progresses up to actions involving the controlled use of the fingers of both hands.

Visual-Motor Integration: This 72-item subtest measures a child's ability to use his or her visual perceptual skills to perform complex eye-hand coordination tasks such as reaching and grasping for an object, building with blocks, and copying designs.

Composites:

Fine Motor Quotient: This composite is a combination of the results of the subtests that measure the use of the small muscle systems: Grasping (all ages), Visual-Motor Integration (all ages).

Gross Motor Quotient: This composite is a combination of the results of the subtests that measure the use of the large muscle systems:

- Reflexes (birth-11 months only)
- Stationary (all ages)
- Locomotion (all ages)
- Object Manipulation (12 months and older)

Total Motor Quotient: This composite is formed by a combination of the results of the gross and fine motor subtests. Because of this, it is the best estimate of overall motor abilities.

BBRS-2: Burk's Behavior Rating Scales — Second Edition

Ages: *Preschool through Grade 12*

Testing Time: *10 to 15 minutes*

Administration: *Parent and/or teacher rating scale*

This second edition of the *Burks Behavior Rating Scales (BBRS)* helps you diagnose and treat children with behavior problems. Administered and scored in minutes, these scales identify the nature and severity of pathological symptoms in children from pre-kindergarten through 12th grade (ages 4 through 18 years). This revision features updated norms, simpler and more efficient administration and scoring, and fewer scales for easier interpretation. All changes in this edition respect the strengths of the original BBRS and take into account the input of the many school psychologists who continue to use this assessment for effective and economical evaluation of disruptive and troubled children.

The *BBRS-2* is available in two forms: the Parent form and the Teacher form. The test questions are the same for both groups, but each group has distinct test norms. Parent and Teacher Profile Sheets used for diagnostic purposes are included on their respective forms. The use of multiple raters in the Autoscore™ Forms helps reduce bias and provides a more comprehensive understanding of the child's behavior problems.

The *BBRS-2* includes 100 items, each describing a behavior infrequently observed in nonreferred children. A parent or teacher simply indicates, on a 5-point response scale, how often behavior is seen in the child being evaluated.

The *BBRS-2* produces seven scale scores:

1. Disruptive Behavior
2. Attention and Impulse Control Problems
3. Emotional Problems
4. Social Withdrawal
5. Ability Deficits
6. Physical Deficits
7. Weak Self-Confidence

BBRS-2 scores can be used to:

1. Pinpoint personality areas that require further evaluation or treatment
2. Identify behaviors that may interfere with school functioning
3. Identify children who will (or will not) benefit from special education
4. Provide parents with information that is concrete, specific, and easy to understand

Features:

- Quick administration and scoring (careful reduction of items to 100)
- Easy to score and interpret—7 new, statistically robust scales replace the 19 scales used in the original
- Two new scales to test response validity: I-scale for inconsistent responding; F-scale for possible overstatement of problem behavior
- The use of multiple raters in this edition reduces bias and increases understanding of the child's behavior problems
- An extended age range—up to grade 12
- New norms representative of the U.S. population in regard to region, gender, ethnicity, and parent education level (SES)

Normative data is based on a nationally representative sample of 2,864 individuals, including separate samplings of teachers and parents. The *BBRS-2* was validated on a clinical sample of 860 individuals; demonstrated strong internal consistency, retest reliability, and content validity; and was validated against widely used concurrent measures.

Gilliam Asperger Disorder Scale (GADS)

Ages: 3-0 through 22-0

Testing Time: 5 to 10 minutes

Administration: Individual

The *Gilliam Asperger Disorder Scale* is a norm referenced test designed to evaluate children with unique behavioral problems who may have Asperger's Disorder. Based on the most current and relevant definitions and diagnostic criteria of Asperger's Disorder, the GADS is useful for contributing valuable information toward the identification of children who have this disorder. Easily completed by a parent and professional who knows the child, the GADS provides documentation about the essential behavior characteristics of Asperger's Disorder necessary for diagnosis. It can be used with confidence in the assessment process, documenting behavioral progress, targeting goals for IEPs, and for research purposes. The validity of the GADS was demonstrated by (a) confirming that the items of the test are directly related to the definitions of Asperger's Disorder; (b) the subscales are strongly related to each other and the overall diagnosis of Asperger's Disorder; and (c) the GADS scores discriminate persons with Asperger's Disorder from persons with autism and other behavioral disorders. It is the only test of its kind with this type of discriminative ability. The GADS has the following characteristics:

- Thirty-two clearly stated items divided into four subscales describe specific, observable, and measurable behaviors.
- Eight additional items are included for parents to contribute data about their child's development during the first 3 years of life.
- Items are based on the most current definitions of Asperger's Disorder.
- The test was normed on 371 representative subjects with Asperger's Disorder from 27 states, the District of Columbia, Canada, and Australia.
- The scale can be completed by parents and professionals at school and home.
- Both validity and reliability of the instrument clearly support its stated purposes.
- Behaviors are rated using objective, frequency-based ratings.
- The scale is easily completed by teachers, parents, and others who have knowledge of the subject's behavior or the greatest opportunity to observe him or her.
- Standard scores and percentiles are provided.
- A table is provided for determining the likelihood that a subject has Asperger's Disorder.
- A list of books, journals, media, Internet sites, and organizations concerned about Asperger's Disorder are provided to give teachers, parents, and others information about Asperger's Disorder.

CRS-R: Conners' Rating Scales — Revised, Long Version

(8535)

Ages: 3 through 17 years

Testing Time: 15 to 20 minutes

Administration: Individual

The revised *Conners' Rating Scales* (CRS-R) is the result of 30 years of research on childhood and adolescent psychopathology and problem behavior. This revision adds a number of enhancements to a set of measures that has long been the standard instrument for the measurement of attention-deficit/hyperactivity disorder (ADHD) in children and adolescents. The language has been updated with items that are simpler and clearer. Items have also been added that match the symptoms of ADHD outlined in the DSM-IV. The release of these revised forms and new technical manual represents a major development in the multimodal assessment of psychopathology and problem behaviors in children and adolescents. The Conners' Rating Scales-Revised evaluates problem behaviors as reported by the teacher or parents (or alternative caregivers). Norms are available for children and adolescents ages 3 to 17 years on the parent and teacher rating forms. Norms are based on more than 11,000 ratings. Separate norms are available for boys and girls.

A number of new scales have been developed for the CRS-R. Both instruments (parent and teacher) contain scales created through factor analyses to assess a broad range of significant problem behaviors. In addition, both instruments contain scales that correspond with symptoms used in the DSM-IV as criteria for ADHD; they also contain a new empirically created index for assessing children and adolescents at risk for a diagnosis of ADHD. The widely used Conners Global Index for parent or teacher ratings is also included in the long version of the parent and teacher forms.

Attention-Deficit/Hyperactivity Disorder Test (ADHDT)

Ages: 2 through 23

Testing Time: 5 to 10 minutes

Administration: Individual

The *Attention-Deficit/Hyperactivity Disorder Test* (ADHDT) is an effective instrument for identifying and evaluating attention-deficit disorders in persons ages 3 to 23. Designed for use in schools and clinics, the test is easily completed by teachers, parents, and others who are knowledgeable about the referred individual. Based on the diagnostic criteria for Attention-Deficit/Hyperactivity Disorder of the DSM-IV, the ADHDT contains 36 items that describe characteristic behaviors of persons with Attention-Deficit/Hyperactivity Disorder. These items comprise three subtests representing the core symptoms necessary for the diagnosis of ADHD: hyperactivity, impulsivity, and inattention. The test is useful for screening and clinical assessment in schools, clinics, and private practices and also can be used for evaluating treatment strategies and in research projects.

Normed in 1993 and 1994 on a representative national sample of more than 1,200 persons who were diagnosed with attention-deficit disorders, these results constitute the most current norms available. Demographics of the standardization sample are reported in the manual by age, gender, geographic location, race, ethnicity, and socioeconomic status. Separate norms are available for males and females. Studies of internal consistency and test-retest reliability produced high (.90+) coefficients. Additional studies confirmed the test's content, construct, and criterion-related validity. Concurrent validity was established by correlating the ADHDT with other tests including the Conners' Rating Scales, the Attention Deficit Disorders Evaluation Scale, and the ADD-H Comprehensive Teacher's Rating Scale. The results of these studies attest to the ADHDT's utility and effectiveness in the evaluation of ADHD. Extensive evidence of the statistical properties of the test is reported in the test manual.

Bender Visual-Motor Gestalt Test, Second Edition (Bender-Gestalt II)

Includes:

- Seven new items
- New Recall procedure (visuo-motor memory)
- Supplemental tests of simple motor and perceptual ability
- New norms for Copy and Recall procedures

Simple Design and Administration

This test consists of a series of durable template cards, each displaying a unique figure. The examinee is asked to draw each figure as he/she observes it.

- Provides interpretive information about an individual's development and neuropsychological functioning
- Reveals the maturation level of visuo-motor perceptions, which is associated with language ability and various functions of intelligence
- Ideal for use as a first measure in an extended psychological battery or as a screener for neuropsychological impairment

- Comprehensive testing observations include physical demeanor, drawing t

A complete assessment of adaptive skills functioning

Adaptive Behavior Assessment System™-Second Edition (ABAS™-Second Edition)

is the only instrument, ages birth to five years, to:

- Incorporate current American Association of Intellectual Disabilities (AAID) guidelines for evaluating the three general areas of adaptive behavior (Conceptual, Social, Practical)
- Assess all 10 specific adaptive skills areas specified in the DSM-IV

Uses

- Determine how individual is responding to daily demands
- Develop treatment and training goals
- Determine eligibility for services and Social Security benefits
- Assess individuals with Intellectual Disability (ID), learning difficulties, ADD/ADHD, or other impairments
- Assess capability of adults to live independently

Use this fast and versatile tool for identifying behaviors that may indicate severe emotional disturbances in children and adolescents.

Devereux Behavior Rating Scale—School Form

is based on federal criteria and can be used by educators, psychologists, guidance counselors, and other assessment professionals.

Use this instrument to:

- Evaluate the existence of behaviors indicating severe emotional disturbance
- Provide normative comparisons of behaviors
- Compare results across informants (e.g., teachers, parents)
- Assess an individual in a variety of settings
- Provide information for treatment planning
- Evaluate treatment effectiveness as a pre/post measure.

The 40-item scale is especially effective used in conjunction with other findings to monitor and evaluate progress during educational interventions, or to determine whether a seriously emotionally disturbed child or ado

Independent Living Scales™ (ILS™)

is an individually administered assessment of the degree to which adults are capable of caring for themselves and their property.

The ILS is composed of five scales: Memory/Orientation, Managing Money, Managing Home and Transportation, Health and Safety, and Social Adjustment. The performance-based results from the 68 ILS items are more objective and reliable than third-party observations or examinees' self-reports.

Normative data are provided for the different scales so the various areas of competence can be identified and compared. Cut scores are provided as a means of establishing criterion validity with adults 65 and older who are living independent

... Unleash the Diagnostic Power of WISC-IV and Unlock the Potential of the Child

For the best possible assessment of a child's capabilities plus the information necessary for successful intervention planning, you need to go beyond the intellectual score.

WISC-IV Integrated

You can go beyond the process scores and determine if underlying processing problems are affecting the WISC-IV core test results by administering any of the 16-optional subtests.

The WISC®-IV *Integrated* includes an extended array of 16 subtests to complement the core test components of WISC-IV, the most widely used clinical instrument for measuring cognitive ability in children.

Wechsler Preschool and Primary Scale of Intelligence – Third Edition (WPPSI™-III)

Totally Restructured Based on User Input and Expert Panel Review to Build a Better Assessment from Start to Finish

The improvements we've made to the *Wechsler Preschool and Primary Scale of Intelligence™-Third Edition (WPPSI™-III)* are the result of research gathered from customers, expert advisory panels, professionals in the field, and children who have been involved in the testing process. Consequently, WPPSI™-III features shorter, more game-like activities that hold the attention of children as young as 2-1/2 years. Simplified instructions and scoring procedures enhance the ease of administration for examiners. Both children and examiners benefit from the thoughtful, carefully constructed revisions implemented to build a highly respected, reliable test that completely reflects what customers and other professionals told us they wanted for WPPSI™-III.

Wechsler Abbreviated Scale of Intelligence™ (WASI™).

Wechsler Abbreviated™ meets the demand for a quick, reliable measure of intelligence in clinical, educational, and research settings. *Wechsler Abbreviated* is nationally standardized, yields the three traditional Verbal, Performance, Full Scale IQ scores, and is linked to the *Wechsler Intelligence Scale for Children®—Third Edition (WISC–III®)*, and the *Wechsler Adult Intelligence Scale®—Third Edition (WAIS®–III)*. *Wechsler Abbreviated* pr

WIAT-II

WIAT®–II is a Rich and Reliable Source of Information About an Individual’s Academic Skills and Problem-Solving Abilities that Can Be Used to Guide Appropriate Intervention

It is a comprehensive yet flexible measurement tool useful for achievement skills assessment, learning disability diagnosis, special education placement, curriculum planning, and clinical appraisal for preschool children through adults. New norms also allow for the evaluation of and academic planning for college students with disabilities.

Maximum Clinical Utility

WIAT–II is the only achievement battery empirically linked with the Wechsler Intelligence Scale for Children®—Fourth Edition (WISC–IV®), the Wechsler Preschool and Primary Scale of Intelligence™— Third Edition (WPPSI–III®), and the Wechsler Adult Intelligence Scale®—Third Edition (WAIS®–III), the most widely used intellectual ability tests. These relationships provide valid di

Peabody Picture Vocabulary Test PPVT–4

We are pleased to bring you the fourth edition of the renowned Peabody Picture Vocabulary Test (PPVT–4). With the release of this edition, we continue the tradition of providing outstanding vocabulary assessment that has been unsurpassed for nearly a half century. Quick, easy, and reliable as ever, the PPVT–4 assists you in your key role of fostering growth in language and literacy.

Ages: The PPVT-4 can be used with individuals aged 2 years 6 months through 90 years and older.

Administration Time: The PPVT–4 takes about 10 to 15 minutes to administer, although testing time varies case by case.

A brief, individually administered measure of verbal and nonverbal cognitive ability.

Ages: 4 through 90

Administration Time: approximately 20 minutes

Scores/Interpretation: Crystallized (Verbal), Fluid (Nonverbal), IQ Composite: Standard scores (M = 100, SD = 15) and percentile ranks by age<

Authors: *Alan S. Kaufman & Nadeen L. Kaufman*

Benefits

- Features Crystallized (Verbal) Scale
- Measures verbal and nonverbal intelligence quickly
- Is easy to administer and score
- Use for a variety of purposes
- Provides valid and reliable results
- Features high-quality testing materials at a reasonable cost

Kaufman Brief Intelligence Test (K-BIT)

Professionals depend on the *Kaufman Brief Intelligence Test (K-BIT)* to measure both verbal and nonverbal ability. The second edition, also developed by leading cognitive ability experts Alan and Nadeen Kaufman, gives you the same practical and affordable test with enhanced benefits.

KBIT-2 provides:

- Improved Crystallized (Verbal) Scale—includes receptive and expressive vocabulary items that do not require reading or spelling
- Attractive test items—offers new, full-color items that are specially designed to appeal to children and reluctant examinees
- Conormed with the brief achievement test, [KTEA-II Brief Form](#), for ages 26 to 90

Like its predecessor, KBIT-2 can be used in a variety of situations. With KBIT-2, you can:

- Obtain a quick estimate of intelligence
- Estimate an individual's verbal versus nonverbal intelligence
- Re-evaluate the intellectual status of a child or adult who previously received thorough cognitive assessment
- Screen to identify students who may benefit from enrichment or gifted programs
- Identify high-risk children through large-scale screening who require a more comprehensive evaluation
- Obtain a quick estimate of the intellectual ability of adults in institutional settings, such as prisons, group homes, rehabilitation clinics, or mental health centers

KBIT-2 measures two distinct cognitive abilities through two scales—Crystallized and Fluid.

- Crystallized (Verbal) Scale contains two item types: Verbal Knowledge and Riddles
- Fluid (Nonverbal) Scale is a Matrices subtest

Although the KBIT-2 Crystallized (Verbal) Scale must be administered in English, correct responses in other languages are given credit. The KBIT-2 provides correct Spanish language responses on the record form for the Riddles subtest, making scoring easier and more accurate.

KBIT-2 continues to provide:

- High reliability and validity
- Cultural fairness reflected in norming procedures and item selection
- Attractive, easy to use materials
- Scores provided on a familiar scale where mean = 100 and standard deviation = 15
- Independently established norms based on a national standardization sample selected to match U.S. census data

tests, as well as presentations, product training, and special offers in your area. [more](#)

Kaufman Test of Educational Ability

The KTEA-II is an individually administered battery that gives you a flexible, thorough assessment of the key academic skills in reading, math, written language, and oral language.

Ages: 4-6 through 25 (Comprehensive Form); 4-6 through 90+ (Brief Form)

Administration Time: Comprehensive Form—(PreK-K) 30 minutes; (Grades 1-2) 50 minutes; (Grades 3+) 80 minutes; Brief Form—(4-6 to 90) 15-45 minutes

Scores/Interpretation: Age- and grade-based standard scores (M=100, SD=15), age and grade equivalents, percentile ranks, normal curve equivalents (NCEs), and stanines

The KeyMath–3 Diagnostic Assessment (KeyMath-3 DA) is a comprehensive, norm-referenced measure of essential mathematical concepts and skills. Like previous versions of the widely used KeyMath assessments this addition to the KeyMath family is untimed and individually administered. However, the KeyMath–3 DA represents a substantial revision in concept and design, including:

- updated content that extends through factoring and solving algebraic expressions
- new subtests
- alignment with national math curriculum standards
- updated norms and new interpretive reports
- link to the *KeyMath-3 Essential Resources* companion instructional program.

The items are grouped into 10 subtests that represent three general math content areas

- Basic Concepts (conceptual knowledge)
- Operations (computational skills)
- Applications (problem solving)

KeyMath–3

KeyMath–3 DA content covers the full spectrum of math concepts and skills that are typically taught in kindergarten through ninth grade and can be used with individuals aged 4½ through 21 years who are functioning at these instructional levels. It is available in two parallel forms, designated as Form A and Form B, each of which contains 372 full-color test items.

Each area is further divided into subtests (see Table 1 below), with the content of each subtest spanning kindergarten through eighth- or ninth-grade math curricula. The five basic concepts subtests parallel the five content standards of the National Council of Teachers of Mathematics (NCTM). Much like the NCTM Focal Points, the content of the basic concepts subtests represents a carefully selected set of concepts and skills at each grade level that form the foundation for mathematics learning and connections across subtests. In addition, the KeyMath–3 assessment places more emphasis on math communication, connections, and reasoning than does the KeyMath Revised version (published in 1988).

Peabody Individual Achievement Test-Revised

Peabody Individual Achievement Test-Revised-Normative Update (PIAT-R/NU) is an efficient individual measure of academic achievement. Reading, mathematics, and spelling are assessed in a simple, nonthreatening format that requires only a pointing response for most items. This multiple-choice format makes the PIAT-R ideal for assessing low functioning individuals or those with limited expressive abilities.

Offers six subtests

With PIAT-R/NU, only those items within the student's range of difficulty are administered. The subtests measure:

- General Information—100 verbal items assess general knowledge.
- Reading Recognition—100 items measure recognition of printed letters and the ability to read words aloud.
- Reading Comprehension—82 items measure reading comprehension. The student chooses one of four pictures that best illustrates a sentence.
- Written Expression—assesses written language skills for two levels. Level I, for K-1, tests pre-writing skills. Level II, Grades 2-12, requires the student to write a story about a picture.
- Mathematics—100 multiple choice items test knowledge and application of math concepts and facts.
- Spelling—100 multiple choice items measure recognition of correct word spelling.

PIAT-R also provides a Written Language Composite, obtained by combining scores on the Spelling and Written Expression subtests, and a Total Reading score, a combination of scores from the Reading Recognition and Reading Comprehension subtests for overall indexes for written expression and reading achievement.

BOT 2.

Provides a comprehensive picture of motor development An individually administered measure of gross and fine motor skills BOT 2.

Ages: 4 through 21

Administration Time: Complete Battery—45-60 minutes; S

- Most widely used motor proficiency test
- New easel administration format
- Improved manipulatives, including a wider, more durable balance beam
- Game-like tasks that capture and hold students' interest
- Not verbally complex
- Norms based on current U.S. Census data

For over 25 years, professionals have relied on the *Bruininks-Oseretsky Test of Motor Proficiency* as a premier instrument for measuring gross and fine motor skills. Now, the second edition of this trusted test offers substantial improvements that help make testing easier and more efficient. BOT-2 features new test items and activities, improved equipment, easier administration, and an expanded age range to 21.

Valuable feedback from customers and a thorough review of research provided important direction in revising the Test. The results: BOT-2 is especially well-suited for physical therapists, occupational therapists, adaptive physical education teachers, special education professionals, and others who need a reliable motor skills assessment.

BOT-2 assesses the motor proficiency of all students, ranging from those who are normally developing to those with moderate motor-skill deficits. It can also be used for developing and evaluating motor training programs.

Children enjoy the variety and appeal of the test items. BOT-2 items provide a full range of interesting tasks that measure gross and fine motor skills—maintaining balance while standing on one leg, bouncing a ball, and cutting out a circle are just a few examples.

BOT-2 features a completely new administration easel with an easy-to-use layout that gives examiners access to all the information they need on a single page. The easel also provides suggestions to guide examiners in explaining the tasks. For the examinee, large, clear pictures of the tasks being completed help provide a better understanding of the test items, especially for children who have language, cognition, or attention problems.

Eight subtests assess:

- **Fine Motor Precision**—7 items (e.g., cutting out a circle, connecting dots)
- **Fine Motor Integration**—8 items (e.g., copying a star, copying a square)
- **Manual Dexterity**—5 items (e.g., transferring pennies, sorting cards, stringing blocks)
- **Bilateral Coordination**—7 items (e.g., tapping foot and finger, jumping jacks)
- **Balance**—9 items (e.g., walking forward on a line, standing on one leg on a balance beam)

- **Running Speed and Agility**—5 items (e.g., shuttle run, one-legged side hop)
- **Upper-Limb Coordination**—7 items (e.g., throwing a ball at a target, catching a tossed ball)
- **Strength**—5 items (e.g., standing long jump, sit-ups)

Composite Scores

BOT-2 covers a broad array of fine and gross motor skills, providing composite scores in four motor areas and one comprehensive measure of overall motor proficiency. These composites are:

- Fine Manual Control
- Manual Coordination
- Body Coordination
- Strength and Agility
- Total Motor Composite

Interpretation

- Normative interpretation of subtest and composite scores
- Profile analysis to evaluate an individual's strengths and weaknesses
- Clinical validity studies on high-functioning autism/Asperger's Disorder, developmental coordination disorder, and mild-to moderate mental retardation

KABC-II: Kaufman Assessment Battery for Children, Second Edition

KABC-II: Kaufman Assessment Battery for Children, Second Edition

A culturally fair ability test for all the children you serve

An individually administered measure of cognitive ability.

Ages: 3–18

Average Administration Time: 25 to 55 minutes (core battery, Luria model), 35 to 70 minutes (core battery, CHC model)

Scores/ Interpretation: Age-based standard scores, age equivalents, and percentile ranks

Authors: Alan S. Kaufman & Nadeen L. Kaufman

A range of scales and subtests gives you a detailed picture of cognitive ability

KABC-II scales and their subtests include:

Simultaneous/*Gv*

- Triangles
- Face Recognition
- Pattern Reasoning (ages 5 and 6)
- Block Counting
- Story Completion (ages 5 and 6)
- Conceptual Thinking
- Rover
- Gestalt Closure

Sequential/ *Gsm*

- Word Order
- Number Recall
- Hand Movements

Planning/*Gf*

- Pattern Reasoning (ages 7–18)
- Story Completion (ages 7–18)

Learning/*Gf*

- Atlantis
- Atlantis Delayed
- Rebus
- Rebus Delayed

Knowledge/*Gc* included in the CHC model only

- Riddles
- Expressive Vocabulary
- Verbal Knowledge

Helps answer the referral question

The KABC-II helps you get the information you need to answer questions such as, "Why is this student not performing like other children?" and "What can we do to help?" The KABC-II approach provides insights into how a child receives and processes information, helping you pinpoint cognitive strengths and weaknesses. Additionally, fully normed and validated supplemental subtests are offered to allow hypothesis testing. A

Goldman-Fristoe Test of Articulation

A systematic measure of articulation of consonant sounds for children and young adults.

Ages: 2-0 through 21-11

Administration Time: 5 to 15 minutes for Sounds-in-Words Section, varied for other two sections

View an online demonstration of GFTA-2, KLPA-2, and ASSIST software. [more](#)

The second edition of the Goldman-Fristoe Test of Articulation gives you updated norms and expanded features, and it remains accurate and easy to administer.

The test provides information about a child's articulation ability by sampling both spontaneous and imitative sound production. Examinees respond to picture plates and verbal cues from the examiner with single-word answers that demonstrate common speech sounds. Additional sections provide further measures of speech production.

Use this test to measure articulation of consonant sounds, determine types of mis-articulation, and compare individual performance to national, gender-differentiated norms.

- New items have been added to sample more speech sounds—39 consonant sounds and clusters can now be tested with the Goldman-Fristoe 2. Some objectionable or culturally inappropriate items (e.g., gun, Christmas tree) have been removed.
- All artwork has been redrawn and reviewed for cultural bias and fairness.
- The age range for the Goldman-Fristoe 2 has been expanded to include ages 2 through 21. Age-based standard scores include separate normative information for females and males.
- Normative tables are based on a national sample of 2,350 examinees stratified to match the most recent U.S. Census data on gender, race/ethnicity, region, and SES as determined by mother's education level.

Goldman-Fristoe 2 retains the best features of the original test

The second edition keeps the features that made the original Goldman-Fristoe Test of Articulation efficient and easy to use.

- User-friendly color-coding for recording initial-medial-final sounds
- Multiple testing of speech sounds within a word or plate for efficient test administration
- Broad sampling of the consonant sounds and clusters used in Standard American English
- Opportunity to sample both spontaneous and imitated production of speech sounds
- The duck is cuter than ever!

Supplemental Developmental Norms Booklet

Organizations find the Supplemental Developmental Norms Booklet included in the kit advantageous. With it they can use the norms—based on developmental data—to set their own cutoff criteria for intervention services qualification.

Easy to administer

Sounds-in-Words uses colorful, entertaining pictures to prompt responses that sample the major speech sounds in the initial, medial, and final positions. Suggested cues have been added for the examiner to help elicit spontaneous responses by the examinee.

Additional sections provide a fuller sampling of the examinee's ability to produce speech sounds and to reproduce sounds when modeled by the examiner.

With streamlined test administration, the Goldman-Fristoe 2 is an efficient way to obtain a representative sample of an examinee's articulation ability.

Three sections sample a wide range of articulation skills

- Sounds-in-Words Section uses pictures to elicit articulation of the major speech sounds when the examinee is prompted by a visual and/or verbal cue.
- Sounds-in-Sentences Section assesses spontaneous sound production used in connected speech. The examinee is asked to retell a short story based on a picture cue. Target speech sounds are sampled within the context of simple sentences.
- Stimulability Section measures the examinee's ability to correctly produce a previously misarticulated sound when asked to watch and listen to the examiner's production of the sound. The examinee repeats the word or phrase modeled by the examiner.

Vineland II

A measure of personal and social skills from birth to adulthood.

Ages: Survey Interview Form, Parent/Caregiver Rating Form, Expanded Interview Form—0 through 90; Teacher Rating Form—3 through 21-11

Administration Time: Survey Interview and Parent/Caregiver Rating Forms 20-60 minutes

Scores/Interpretation: Domain and Adaptive Behavior Composite—Standard scores (M = 100, SD = 15), percentile ranks, adaptive levels, age equivalents; Subdomain—V-scale score (M = 15, SD = 3), Adaptive levels, age equivalents; Survey Interview, Parent/Caregiver Rating Form, Expanded Interview Form—V-scale score, maladaptive levels for the optional Maladaptive Behavior Index

Authors: *Sara S. Sparrow, Domenic V. Cicchetti & David A. Balla*

Benefits

- Addresses today's special needs populations, such as individuals with mental retardation, autism spectrum disorder, and ADHD
- Updated with new norms, expanded age range, and improved items
- Useful for diagnosis, qualification for special programs, progress reporting, program and treatment planning, and research
- Respected semistructured interview format focuses discussion and gathers in-depth information

The standard for measuring self-sufficiency

Since the beginning, *Vineland Adaptive Behavior Scales* has been a leading measure of personal and social skills needed for everyday living. Psychologists and other professionals continue to depend on it to identify individuals who have mental retardation, developmental delays, autism spectrum disorders, and other impairments. Not only does *Vineland* aid in diagnosis, but it gives you valuable information for developing educational and treatment plans. Put it all together and you're in a stronger position to help your clients lead more fulfilling, independent lives. Now, this trusted test has gotten even better.

Domains & Index	Subdomain
Communication	Receptive Expressive Written
Daily Living Skills	Personal Domestic Community
Socialization	Interpersonal Relationships Play and Leisure Time Coping Skills
Motor Skills	Fine Gross
Maladaptive Behavior Index (Optional)	Internalizing Externalizing Other

New, impressive features

Vineland-II offers all the features you know and expect from *Vineland*. Yet, authors Drs. Sara Sparrow and Domenic Cicchetti took the test another step further. They built a more flexible edition, while refining and updating its content.

- **New norms** based on current U.S. census data
- **Expanded age range** encompasses birth to age 90 (Survey Interview, Expanded Interview, Parent/Caregiver Rating Form) and 3 to 21-11 (Teacher Rating Form)
- **Updated content** reflects tasks and daily living skills that are attuned to current societal expectations
- **Increased coverage** of early childhood adaptive behavior improves classification of moderate to profound mental retardation
- **More complete coverage** of adult adaptive behavior improves detection of decline in older adults
- **Semistructured interview format** now lists items by subdomain, making test administration easier
- **New Parent/Caregiver Rating Form** gives you another choice, a simple rating scale, for obtaining the basic information you receive from the semistructured interview

Covers the full spectrum of adaptive behavior

All *Vineland-II* forms aid in diagnosing and classifying mental retardation and other disorders, such as autism, Asperger Syndrome, and developmental delays. As with the current Vineland, the content and scales of *Vineland-II* were organized within a three domain structure: Communication, Daily Living, and Socialization. This structure corresponds to the three broad Domains of adaptive functioning recognized by the American Association of Mental Retardation (AAMR, 2002): Conceptual, Practical, and Social. In addition, *Vineland-II* offers a Motor Skills Domain and an optional Maladaptive Behavior Index to provide more in-depth information about your clients.

Multipurpose Vineland-II

In whatever setting you work—education, social services, health care, criminal justice, or the military—like its predecessor, *Vineland-II* helps you perform a variety of tasks:

- Support diagnosis of mental retardation, autism, and developmental delays
- Determine eligibility or qualification for special services
- Plan rehabilitation or intervention programs
- Track and report progress

Many applications

With *Vineland-II* you can measure adaptive behavior of individuals with:

- Mental retardation
- Autism spectrum disorders (ASDs)
- ADHD
- Post-traumatic brain injury
- Hearing impairment
- Dementia/Alzheimer's disease

Measure of Social-Emotional Skills in Early Childhood

Ages: Birth through 5:11

Administration Time: 15-25 minutes

Scores/Interpretation: Standard scores ($M = 100$, $SD = 15$), percentile ranks, stanines, age equivalents

User Qualification: Level 3; Vineland SEEC test users should have a Ph.D. in psychology or be a certified or licensed school psychologist or social worker

Authors: Sara S. Sparrow, Domenic V. Cicchetti & David A. Balla

The Vineland Social-Emotional Early Childhood Scales (SEEC), based on the popular Vineland Adaptive Behavior Scales, fills your need for an early childhood measure of social-emotional development. The three scales—Interpersonal Relationships, Play and Leisure Time, and Coping

Skills—and the Social-Emotional Composite assess usual social-emotional functioning in children from birth through 5:11.

Because the SEEC Scales identify strengths and weaknesses in specific areas of social-emotional behavior, you can use test results to plan a program and select activities best suited to a child's needs. Or, you can use the scales to monitor progress and evaluate the child's success after completing a program.

Benefits and Features

- Offers Vineland quality in a specialized assessment.
- Can be used alone or in conjunction with the [Mullen Scales of Early Learning](#) for a more complete assessment of a young child's development.
- As with all Vineland products, data is collected through an interview with the parent or caregiver.

The Children's Self-Report and Projective Inventory (CSRPI)

Ages: 5-12

Administration Time: 90 minutes

Obtain a clearer view of a child's thoughts and concerns

The Children's Self-Report and Projective Inventory (CSRPI) is a kit of clinical tools developed specifically to provide information about the social-emotional functioning of children. The kit includes verbal projective tasks, nonverbal projective tasks, and verbal self-reports. Because the CSRPI is interpreted clinically rather than psychometrically, the clinician may use the components selectively according to the needs of each case. These results can be used for evaluation, treatment planning, therapy, training, or research.

Flexible and comprehensive

The CSRPI offers self-report and projective components for more specific, confident results. Flexible and easy to use, it not only engages the reluctant child, it's suitable for a wide range of children with emotional and behavioral difficulties, ADHD, and learning disabilities. CSRPI also works well with behavior rating scales. It is the perfect complement to parent or teacher reports of external behaviors.

Components

- Verbal projective tasks: Sentence Completion Projective Story Cards
- Nonverbal projective tasks: Color How You Feel and Color How Others Make You Feel
- Draw a Child in the Rain Kinetic Family Drawing
- Verbal self-report: Critical Items Perceived Competence

Rating scale to determine Asperger Syndrome in children

Administration Time: 10 to 15 minutes

Ages: 5 through 18

Authors: Brenda Myles, Stacey Bock & Richard Simpson

The Asperger Syndrome Diagnostic Scale (ASDS) is a quick, easy-to-use rating scale that can help you determine whether a child has Asperger Syndrome. Anyone who knows the child or youth well can complete this scale. Parents, teachers, siblings, paraeducators, speech & language pathologists, psychologists, psychiatrists, and other professionals can answer the 50 yes/no items in 10 to 15 minutes. Designed to identify Asperger Syndrome in children ages 5 through 18, this instrument provides an AS Quotient that tells the likelihood that an individual has Asperger Syndrome.

The 50 items that comprise the ASDS were drawn from five specific areas of behavior:

- cognitive
- maladaptive
- language
- social
- sensorimotor

Diagnosis of Asperger Syndrome is difficult

Diagnosis of Asperger Syndrome is difficult because the characteristics of the disorder often resemble those of autism, behavior disorders, attention-deficit/hyperactive disorder and learning disabilities. The ASDS serves an important function by quickly allowing you to determine whether a child or adolescent is likely to have Asperger Syndrome.

Symptomatic of Asperger Syndrome

All items included in the ASDS represent behaviors that are symptomatic of Asperger Syndrome and all are summed to produce the total score. The scores from the five subtests present the examiner with information of clinical interest regarding an individual's performance in comparison to that of others with Asperger Syndrome. The total score has strong diagnostic value in identifying individuals with Asperger Syndrome and is the only score to be used when determining the likelihood of Asperger Syndrome. This contributes greatly to ease of administration and cuts down on otherwise time-consuming testing procedures.

Quickly Administered and Scored

Listening Comprehension (LC) and Oral Expression (OE) Scales. An individually administered assessment of receptive and expressive language for children and young adults.

Ages: 3-0 through 21-11

- Gain a wealth of information about an individual's expressive and receptive language knowledge processing in a short time

- Useful information that helps in the IEP process
- Conormed LC/OE Scales and WE Scale gives you a broad-based record of growth for ages 5-21

Listening Comprehension (LC) Scale

The Listening Comprehension Scale is a measure of receptive language. Using a convenient easel, the examiner reads a verbal stimulus aloud. The examinee responds by indicating a picture on the examinee's side of the easel. Correct responses are indicated on the examiner's side of the easel and on the record form.

Oral Expression (OE) Scale

The examinee answers a question, completes a sentence, or generates one or more sentences in response to a visual/verbal stimulus. Common correct and incorrect responses are included on the record form.

Ages: 2-0 through 21-11

The second edition of the Goldman-Fristoe Test of Articulation gives you updated norms and expanded features, and it remains accurate and easy to administer.

The test provides information about a child's articulation ability by sampling both spontaneous and imitative sound production. Examinees respond to picture plates and verbal cues from the examiner with single-word answers that demonstrate common speech sounds. Additional sections provide further measures of speech production.

Use this test to measure articulation of consonant sounds, determine types of misarticulation, and compare individual performance to national, gender-differentiated norms.

- New items have been added to sample more speech sounds—39 consonant sounds and clusters can now be tested with the Goldman-Fristoe 2. Some objectionable or culturally inappropriate items (e.g., gun, Christmas tree) have been removed.
- All artwork has been redrawn and reviewed for cultural bias and fairness.
- The age range for the Goldman-Fristoe 2 has been expanded to include ages 2 through 21. Age-based standard scores include separate normative information for females and males.
- Normative tables are based on a national sample of 2,350 examinees stratified to match the most recent U.S. Census data on gender, race/ethnicity, region, and SES as determined by mother's education level.