

# TLC Trial Form PSYCH2.03 Psychometric Assessment for Older Children

Center ID:	_____ - _____
Study ID:	T _____ - _____
Visit Code:	_____
Date of visit	_____/_____/_____

**INSTRUCTIONS:** This form is used to record the results of psychometric testing for children 42 months of age and older. Psychometric tests covered by this form are the Wechsler Preschool and Primary Scale of Intelligence (Revised) and the General Development Scale of the Child Development Inventory.

## ADULT CAREGIVER PRESENT

1. **Gender**  Male  Female
2. **Relationship to subject**  Parent  
 Legal guardian  
 Grandparent  
 Aunt or uncle  
 Sibling  
 Other adult caregiver  
Specify: \_\_\_\_\_

## CHILD S INFORMATION

3. **Time of Assessment** \_\_\_\_\_ : \_\_\_\_\_  AM  PM
4. **Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mm/dd/yy
5. **Chronological Age** \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days
6. **Handedness**  Left  Right  Not Established

## CURRENT MEDICATIONS

The following question should be asked directly of the adult caregiver accompanying the child to today's visit.

7. Has this child taken any medicine today?  No  Yes
- IF YES: What medicine(s) did she or he take?
8. **Antihistamine and/or decongestant**  No  Yes
9. **Cough syrup** (non-narcotic)  No  Yes
10. **Antibiotic**  No  Yes
11. **Anticonvulsant**  No  Yes
12. **Medication for behavioral disorder** (e.g., Ritalin)  No  Yes, specify \_\_\_\_\_
13. **Other medication**  No  Yes, specify \_\_\_\_\_

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## WECHSLER PRESCHOOL AND PRIMARY SCALE OF INTELLIGENCE

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### PERFORMANCE SCORES

		RAW	SCALE
14.	<b>Performance Subtest Scores</b>		
	14.a. <b>Object Assembly Scores</b>	_____	_____
	14.b. <b>Geometric Design Scores</b>	_____	_____
	14.c. <b>Block Design Scores</b>	_____	_____
	14.d. <b>Mazes Scores</b>	_____	_____
	14.e. <b>Picture Completion Scores</b>	_____	_____
15.	<b>Performance Scale Score</b>	_____	_____ <i>Points</i>
16.	<b>Performance I.Q.</b>	_____	_____ <i>Points</i>

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### VERBAL SCORES

		RAW	SCALE
17.	<b>Verbal Subtest Scores</b>		
	17.a. <b>Information Score</b>	_____	_____
	17.b. <b>Comprehension Score</b>	_____	_____
	17.c. <b>Arithmetic Score</b>	_____	_____
	17.d. <b>Vocabulary Score</b>	_____	_____
	17.e. <b>Similarities Score</b>	_____	_____
18.	<b>Verbal Scale Score</b>	_____	_____ <i>Points</i>
19.	<b>Verbal I.Q.</b>	_____	_____ <i>Points</i>

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### FULL SCALE SCORES

20.	<b>Total Scale Score</b>	_____	_____ <i>Points</i>
21.	<b>Full Scale I.Q.</b>	_____	_____ <i>Points</i>

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### EVALUATION OF TEST VALIDITY

22. In the best judgment of the TLC psychometrician, how well did this examination assess this child's current level of intellectual attainment?
- <sub>0</sub> Not completed  
 <sub>1</sub> Poor  
 <sub>2</sub> Fair  
 <sub>3</sub> Good  
 <sub>4</sub> Excellent

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IF THE RESPONSE TO QUESTION 22 WAS FAIR , POOR , OR NOT COMPLETED , indicate the reason(s) below.

- 23. **Ill** ( )<sub>0</sub> No ( )<sub>1</sub> Yes, specify \_\_\_\_\_
- 24. **Hungry** ( )<sub>0</sub> No ( )<sub>1</sub> Yes
- 25. **Uncooperative** ( )<sub>0</sub> No ( )<sub>1</sub> Yes
- 26. **Inattentive** ( )<sub>0</sub> No ( )<sub>1</sub> Yes
- 27. **Temper tantrum** ( )<sub>0</sub> No ( )<sub>1</sub> Yes
- 28. **Sleepy** ( )<sub>0</sub> No ( )<sub>1</sub> Yes
- 29. **Could not complete items** ( )<sub>0</sub> No ( )<sub>1</sub> Yes
- 30. **Environmental disturbance** ( )<sub>0</sub> No ( )<sub>1</sub> Yes  
*(e.g., noise or power failure)*
- 31. **Other reason for non-completion** ( )<sub>0</sub> No ( )<sub>1</sub> Yes, specify \_\_\_\_\_

## CHILD DEVELOPMENT INVENTORY

### GENERAL DEVELOPMENT SCALE

- 32. **Social Scale Total** \_\_\_\_\_
- 33. **Self Help Scale Total** \_\_\_\_\_
- 34. **Gross Motor Scale Total** \_\_\_\_\_
- 35. **Fine Motor Scale Total** \_\_\_\_\_
- 36. **Expressive Language Scale Total** \_\_\_\_\_
- 37. **Language Comprehension Scale Total** \_\_\_\_\_
- 38. **Letters Scale Total** \_\_\_\_\_
- 39. **Numbers Scale Total** \_\_\_\_\_
- 40. **GENERAL DEVELOPMENT SCALE TOTAL** \_\_\_\_\_
- 41. Did the caregiver complete the CDI independently?  
  
( )<sub>0</sub> No ( )<sub>1</sub> Yes

42. **TLC Psychometrician** \_\_\_\_\_ \_\_\_\_\_  
*Signature* *TLC Code*

### COMMENTS