

TLC Trial Form PSYCH2QA.01

Review of Tapes of Psychometric Assessment for Older Children

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

INSTRUCTIONS: This form is a version of TLC Form PSYCH2 and is designed for use in the reviewing of quality assurance tapes. The tape reviewer should score the test along with the examiner on the tape. Please review and return the tape and this form to Amy Bernstein at: Data Coordinating Center, TLC Trial, Harvard School of Public Health, 1639 Tremont Street, Boston, MA 02120, within 2 weeks of receipt.

1.	TLC Tape Reviewer	_____	_____ - _____
		<i>Signature</i>	<i>TLC Code</i>
2.	Date of Tape Review	____/____/____	<i>mm/dd/yy</i>
3.	Date of Child's Birth	____/____/____	<i>mm/dd/yy</i>
4.	Chronological Age	____ Years	____ Months
			____ Days

WECHSLER PRESCHOOL AND PRIMARY SCALE OF INTELLIGENCE

PERFORMANCE SCORES

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

VERBAL SCORES

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

FULL SCALE SCORES

11.	Total Scale Score	_____	<i>Points</i>
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12. **Full Scale I.Q.** _____ Points

EVALUATION OF TEST VALIDITY

13. In the best judgment of the TLC psychometrician, how well did this examination assess this child's current level of intellectual attainment?

- ()₀ Not completed
- ()₁ Poor
- ()₂ Fair
- ()₃ Good
- ()₄ Excellent

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

- | | | | |
|-----|---|---------------------|-------------------------------------|
| 14. | Ill | () ₀ No | () ₁ Yes, specify _____ |
| 15. | Hungry | () ₀ No | () ₁ Yes |
| 16. | Uncooperative | () ₀ No | () ₁ Yes |
| 17. | Inattentive | () ₀ No | () ₁ Yes |
| 18. | Temper tantrum | () ₀ No | () ₁ Yes |
| 19. | Sleepy | () ₀ No | () ₁ Yes |
| 20. | Could not complete items | () ₀ No | () ₁ Yes |
| 21. | Environmental disturbance
<small>(e.g., noise or power failure)</small> | () ₀ No | () ₁ Yes |
| 22. | Other reason for non-completion | () ₀ No | () ₁ Yes, specify _____ |

COMMENTS