Tools for Assessment

The selection of instruments (tests) to be administered to a child must be appropriate for the purpose of the evaluation and must take into consideration the child’s age and any special handicaps such as sensory deficits, physical or motor impairments, or speech disorders. Tests should also be culturally appropriate or at least be free of cultural bias.

Other factors of importance in selecting tests for individual examination are determined by the attributes of the tests. Among those to be considered in choosing one test in preference to another are:

- **Validity**
  How well does the test measure what it is said to measure?

- **Reliability**
  How consistently are the test results reproduced when the same individual is re-tested? When the test is broken up via the split-half method and compared with itself, is it internally consistent?

- **Standardization**
  The test norms should be derived from a representative sample of the population to whom the test is to be applied.

- **Objectivity**
  An objective test involves specific responses to specific requests or situations. A standard set of directions is followed for administering and scoring the test. Any departures from these prescribed procedures must be reported.

*(Note: No single test score is conclusive; professionals look for several sources of data to support conclusions they draw from the tests.)*

Brief Descriptions of Some Commonly Used Assessment Tools

The following list of assessment tools is in no way intended to be complete. It does, however, give some examples of the types of instruments that may be used. The CASA/GAL volunteer is not expected to have an expert’s knowledge of the use of assessment instruments. However, some familiarity with the types of instruments being used may help guide research and further discovery on behalf of the child.
Developmental Scales

Denver Developmental Screening Test (1 month–6 years)
Quick assessment of personal, social, fine motor, adaptive, language, and gross motor development.

Gesell Developmental Schedules (2 ½ years–6 years)
Thirteen tests assessing wide range of developmental factors in preschoolers. Assesses behavior and emotional and physical development. Used for screening, early intervention, or diagnosis.

Bayley Scales of Infant Development (2 months–30 months)
Two-scale test for infant mental and motor development and a behavior rating. Assesses early mental and psychomotor development. Used in the diagnosis of normal versus retarded development.

Intelligence Tests

Wechsler Intelligence Scale for Children–Revised (WISC-III) (5 years–15 years)
Twelve subtests divided into two major divisions yielding a verbal IQ, performance IQ, and full scale IQ for children tested individually. Provides verbal and nonverbal scales.

Wechsler Preschool & Primary Scale of Intelligence (WPPSI-II) (2 years–6 ½ years)
Ten standardized subtests divided into verbal and nonverbal scales to assess cognitive and reasoning abilities. Scores converted to deviation quotient comparing subject to age peers.

Stanford-Binet Intelligence Scale (SB-IV) (2 years–Adult)
Measures overall cognitive abilities. Emphasis at lower ages on sensorimotor performance; at school age and above, highly dependent on verbal skills. Verbal and nonverbal tests assess verbal reasoning, abstract/visual reasoning, quantitative comprehension, and short-term memory. Can be used to substantiate scores from group tests, to provide more comprehensive assessment, and when a subject has physical, language, or personality disorders that prevent group testing. Results can help identify subjects who would benefit from specialized learning environments.

Leiter International Performance Scale (2 years–18 years)
Multiple-item nonverbal task assessment of intelligence. Individual performance scale. Covers range of functions, non-timed, nonverbal, assumed to be culture-free. Useful for children with speech or language difficulties.

Wechsler Adult Intelligence Scale–Revised (WAIS-R) (16 years–Adult)
Eleven subtests yielding verbal IQ, performance IQ, and full scale IQ. Verbal and nonverbal scales. Popular and well-standardized test but considered not useful for exceedingly superior or for retarded.
Vocabulary

PPVT
Point to response nonverbal multiple-choice selection of picture associated to word spoken by examiner. Measures receptive vocabulary for Standard American English, estimates verbal ability, and assesses academic aptitude. Also used with English as a Second Language (ESL) students, mentally retarded, and gifted students. Vulnerable to deficit in visual/perceptual functions. Scores converted to mental ages, deviation IQ.

Full Range PVT
Similar to Peabody. Assesses individual intelligence when scores are converted to mental age and tables are available for comparable Wechsler Verbal IQ. May be used in testing special populations such as physically handicapped, uncooperative, aphasic, or very young subjects.

Perceptual- or Visual-Motor Integration Tests

Bender Visual-Motor Gestalt Test (3 years–Adult)

Illinois Test of Psycholinguistic Abilities (ITPA) (2 years–10 years)
Ten subtests evaluate child’s cognitive and perceptual abilities in communication, auditory, psycholinguistic process of visual reception, levels of organization, sequential memory, association of symbols, ordering recall, discrimination and conceptualization of similarity, and closure.

Frostig Developmental Test of Visual Perception (pre-kindergarten)
Forty-one-item paper-pencil test assessing eye-motor coordination, figure-ground, form constancy, discrimination of position in space, and reproduction of spatial relationships. Evaluates children referred for learning difficulties or neurological handicaps.

Goodenough-Harris Drawing Test (3 years–15 years)
Assesses mental ability through nonverbal technique and drawing tasks. Revisualization, ability to reproduce representation of human figures. Developmental age scores. Also used as projective device.

Benton Revised Visual Retention Test (8 years–Adult)
Measures visual memory. Utilizes ten cards depicting one or more geometric forms exposed ten seconds. Assesses revisualization, spatial perception, and perceptual-motor reproductions. Scored for number correct and number of errors. Used as supplement to visual mental examinations.

Memory for Designs (Graham-Kendall) Test (8 ½ years–Adult)
Assesses revisualization and visual-motor coordination. Fifteen cards with simple geometric figures, each exposed five seconds, to be reproduced. Used to
differentiate between functional behavior disorders and those associated with brain injury.

Auditory Processing Tests

Illinois Test of Psycholinguistic Abilities (ITPA) (2 years–10 years)

Goldman-Friscoe-Woodcock Test of Auditory Discrimination (4 years–Adult)
Diagnoses an individual’s ability to hear clearly under increasingly difficult listening conditions. Twelve subtests measure auditory election, attention, discrimination, memory, and sound-symbol skills. Intersensory integration is involved in multiple-choice response to pictures associated with recorded words. Used for instructional planning.

Kinesthesia & Tactile Perception

Southern California Sensory Integration Tests (4 years–10 years)
Measures an individual’s ability to see, touch, and move in a coordinated manner. Seventeen-item paper-pencil and task assessment tests measuring visual, tactile, and kinesthetic perception, and different types of motor development. Used to identify the degree and type of disorder often associated with learning and emotional programs, minimal brain dysfunction, and cerebral palsy.

Reitan-Indiana Neuropsychological Battery for Children (5 years–Adult)

Motor Tests

Southern California Sensory Integration Test (4 years–10 years)
Five of six subtests require imitation of patterned movements, body positions, or response to verbal requests.

Southern California Motor Accuracy Tests (4 years–8 years)
Measures degree of accuracy in drawing a pencil line over a printed line. Used in diagnosis of perceptual-motor dysfunction in atypical children. Used in clinical evaluations.

Lincoln Oseretsky Motor Development Scale (6 years–14 years)
Measures motor development. Tests fine and gross motor skills. Used to supplement information obtained from other techniques concerning intellectual, social, emotional, and physical development.
Purdue Perceptional Motor Survey (6 years–10 years)
Range of postural, motor, body image, and form perception measures.

Frostig Developmental Test of Visual Perception (3 years–10 years)
Eye-motor coordination subtests measure skill of visually guided movements.

Bayley Scales of Infant Development, Motor Scale (2 months–30 months)
Assesses developmental levels of motor patterns, including prehension and locomotion.

Academic Skills & School Achievement

STANDARDIZED TESTS GIVEN BY SCHOOLS:
All measure reading, math, and writing skills.
- Iowa Test of Basic Skills (ITBS)
- Washington Assessment of Student Learning (WASL)

TESTS GIVEN BY SPECIALISTS:

Woodcock-Johnson Psychoeducational Battery (W-JPEB)
Twenty-seven-test battery. Evaluates individual cognitive ability, scholastic achievement, and interest level. Used to diagnose learning disabilities for instructional planning, vocational rehabilitation, and counseling.

Wide-Range Achievement Test–Revised (WRAT-R)
Three paper-pencil subtests, which measure basic educational skills of word recognition, spelling, and arithmetic. Identifies individual learning difficulties. Used for educational placement, measuring school achievement, vocational assessment, and job placement and training.

Peabody Individual Achievement Test (PIAT)
Four-hundred-item test of mathematics, reading, comprehension, and general information. Provides an overview of individual scholastic attainment. Used to screen for areas of weakness requiring more detailed diagnostic testing.

Adaptive Behavior Scales

Vineland Social Maturity Scale–Revised
One-hundred-seventeen-item interview covering eight categories of self-help in general, eating, dressing, communication, self-direction, socialization, and locomotion. Measures successive stages of social competence and adaptive behavior. Used to measure individual differences, which may be significant in cases of mental deficiencies and emotional disturbances, in order to plan therapy or individual education.
Woodcock-Johnson Scales of Independent Behavior (SIB) (2 years–Adult)
Assesses functional behavior, self-help skills, and communication skills. Usually used with developmentally delayed individuals.

A.A.M.D. Adaptive Behavior Scale (3 years–6 years)
Assesses social and daily living skills of children whose adaptive behavior indicates possible mental retardation, emotional disturbance, or other learning handicaps. Used for screening and instructional planning.

Personality & Social/Emotional Functioning
A variety of tests can be used to examine various personality or emotional hypotheses about children. These tests include the following:

The Achenbach Child Behavior Checklist (CBCL) (2 years–16 years)
Assesses behavioral problems and competencies of children and adolescents. Evaluates child behavioral problems from subject’s perspective with Youth Self-Report (for ages 8–11 years), from parent’s point of view with Child Behavior Checklist, and from teacher’s perspective on classroom behavior with Teacher Report Form. Direct Observation Form used by experienced observer to rate on basis of a series of at least six ten-minute observation periods.

Behavioral Assessment Scale for Children (BASC) (2 ½ years–18 years)
Assesses the range of behavior for typically developing children in order to look for areas of psychological damage.

Minnesota Multiphasic Personality Inventory–Adolescent Version (MMPI-A) (Adolescents–Adults)
One-hundred-fifty-item true/false test of ten clinical variables or factors. Assesses individual personality. Used for clinical diagnosis and research on psychopathology.

Children’s Depression Inventory (8 years–13 years)
Twenty-seven-item pencil-paper inventory measuring overt symptoms of child depression such as sadness, anhedonia, suicidal ideation, and sleep and appetite disturbance. Assesses severity of depression in children and adolescents. Also used to measure progress during treatment.

Various Projective Tests
TAT, CAT, Robert’s Apperception Test for Children, Piers-Harris Children’s Self-Concept Scale, Sentence Completion Test

Used with caution, as they are not standardized. They can be helpful when used with other sources and by a trained clinician.