DEVELOPING A DEEPER UNDERSTANDING OF ASSESSMENT: FROM THEORY TO PRACTICE

A Practicum Report
Submitted to the
Faculty of Education
In Partial Fulfillment of the Requirements
for the Degree of Master of Education
in
Educational Psychology

University of Regina

by
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April 2018

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ABSTRACT

This practicum report is written as a self-reflective summation of experiences based on my Master of Education (MEd) in Educational Psychology (EPSY) practicum with Educational Psychologist, Joan Helmsing, MEd. This practicum took place in Regina, Saskatchewan from May 2017 to August 2017. In this report, I will describe the learning goals that Mrs. Helmsing and I established. The main goal of this practicum was to gain practical and supervised experience in providing psychological services to clients with a focus on psycho-educational assessments. More specifically, I completed my practicum to increase my competence in conducting psycho-educational assessments, to acquire a deeper understanding of the Cattell-Horn-Carroll Theory, and to apply the theory, knowledge, and skills that I learned in my graduate coursework. Topics included in this report are: establishing and maintaining rapport throughout the process of psycho-educational assessment; behavioural observations; administration, scoring, and interpretation of the Woodcock Johnson IV assessment system, the Integrated Visual Auditory Continuous Performance Test, and various rating scales and forms; writing reports with recommendations; and delivering the findings of the assessment in post-conferences.

Key words: psycho-educational assessment, practicum, practicum report, Cattell-Horn-Carroll Theory
ACKNOWLEDGEMENTS

I would like to acknowledge and extend sincere gratitude to Joan Helmsing, Registered Psychologist, for agreeing to be my professional associate for this practicum. I was blessed to have her share her depth and breadth of knowledge about psycho-educational assessments. As well, she supported and encouraged me throughout the time we spent together. I very much appreciated the time and effort Mrs. Helmsing took to ensure that I developed competence in the psycho-educational assessment process and deepened my understanding of the CHC Theory. Mrs. Helmsing’s passion and dedication to helping her clients was truly inspiring to me.

Thank you to Dr. Ron Martin, my supervisor in the Faculty of Education at the University of Regina. I have truly enjoyed each and every class I took from Dr. Martin throughout my graduate studies. He is a brilliant man who had the ability to present course materials in an interesting manner and to engage us all with his witty personality. His passion for his work and genuine empathy for his students is clearly evident.

I also want to acknowledge Louise Burridge, Dr. Angela Snowshoe, and Dr. Donna Patterson for not only teaching me, but also inspiring me during my MEd program at the University of Regina.

Finally, I want to acknowledge Ken Reimer for his help in editing this practicum report and many other papers throughout my graduate studies. I am grateful for his time and effort. As well, I want to thank my colleagues and friends, Kali Bortis and Amy Lawson, for their ongoing encouragement throughout this practicum and for finding time to edit this paper.
DEDICATION

First, I would like to express sincere gratitude to my family for their support, patience, and understanding while I pursued this personal and professional goal. I am especially thankful to my husband, Chris, for his encouragement and love. Without him, I would not have been able to achieve this goal. Thank you to my children Ethan, Araina, and Amayah for their understanding and unwavering love.

Next, I would like to thank my friends and colleagues for their words of encouragement, support and patience during this educational journey.

Finally, I want to thank God for his love and guidance. He had a plan and orchestrated everything in order for me to complete my MEd courses and make this practicum happen. My faith in Him is what got me through all the challenges that I have encountered pursuing my MEd. I am excited to see what He has in store for my life journey once I attain my Master Degree in Educational Psychology.

“For I know the plans I have for you, declares the Lord, plans for welfare and not for evil, to give you a future and a hope” (Jeremiah 29:11)
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<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ADHD</td>
<td>Attention Deficit Hyper-Activity Disorder</td>
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<td>AE</td>
<td>Age Equivalent</td>
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<td>CHC</td>
<td>Cattell-Horn-Carroll</td>
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<tr>
<td>EPSY</td>
<td>Educational Psychology</td>
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<td>GE</td>
<td>Grade Equivalent</td>
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<td>IPM</td>
<td>Information Processing Model</td>
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<tr>
<td>IVA-CPT</td>
<td>Integrated Visual and Auditory Continuous Performance Test</td>
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<tr>
<td>LRT</td>
<td>Learning Resource Teacher</td>
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<tr>
<td>MEd</td>
<td>Master of Education</td>
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<tr>
<td>RPI</td>
<td>Relative Proficiency Index</td>
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<td>SS</td>
<td>Standard Score</td>
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<td>WJ IV</td>
<td>Woodcock-Johnson Assessment System (Fourth Edition)</td>
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<td>WJ IV OL</td>
<td>Woodcock-Johnson IV Test of Oral Language</td>
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<td>WJ IV COG</td>
<td>Woodcock Johnson IV Tests of Cognitive Abilities</td>
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<td>WJ IV ACH</td>
<td>Woodcock Johnson IV Tests of Achievement</td>
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INTRODUCTION

Throughout my childhood and school years, I always wanted to be an elementary school teacher, and I felt a sense of desire to work with those in need. Following my high school education, I began my undergraduate degree in psychology and later transferred into the Faculty of Education. Throughout this application process, one of my aspirations as a teacher was that I would have the opportunity to teach in different communities within Regina, particularly inner-city community schools. At the time, I had learned about the growing number of Indigenous students within many school communities, and I thought about how this would affect my role as a teacher within community schools. As a non-Aboriginal person, I understood that my identity and experiences would likely be very different from the experiences of many students within inner-city communities. With this in mind, I decided to pursue a Bachelor of (Indian) Education Degree from the First Nations University of Regina (formerly Saskatchewan Indian Federated College) in order to learn more about Indigenous peoples and their beliefs, tradition and worldviews. I felt this decision could prepare me personally and professionally for my future career. Since graduating with a BEd in 1997, I have had the opportunity to work in several schools within the Edmonton and Regina Public School divisions, with the majority of my teaching positions at community schools. Throughout these teaching experiences, many of my students’ families were in crisis and struggling with addiction, abuse, poverty, and neglect. I saw the adverse emotional effect of troubled family situations on children and how this affected their ability to learn every day. I observed that most of the students’ behavioural problems were rooted in emotional issues stemming from their challenging home environments. This observation led me to seek out ways to respond effectively to their needs and to provide support for students who are faced with difficult
and sometimes traumatic circumstances. As a teacher, I feel there is very little I can do to improve the home life of my students; however, I can provide experiences that might equip them with the knowledge and skills necessary to rise above the challenges they face. The students that I have worked with over the years have taught me that education is not merely about teaching the curriculum, but also about fostering lifelong skills that can help my students to be resilient and live a healthy, happy and positive life.

My desire to build a capacity to respond to the emotional needs of students is what led me to pursue a Master’s Degree in Educational Psychology at the University of Regina in 2011. I truly believe that unless we are able to meet the emotional needs of our students, we will have great difficulty teaching them the established curriculum.

Initially, I began my Master’s Degree in Educational Psychology within the course route. After completing approximately three-quarters of the required courses, I decided to switch to the practicum route. A practicum was appealing to me because I wanted an experiential-based program that would enable me to take the knowledge I gained through course work and apply it in a practical setting. When I completed my undergraduate degree in Education, my internship was very valuable in my professional development. Along these lines, I felt a practicum in the counselling field would allow me to develop my skills in helping my students work through the many challenges they might encounter and to enable them to have success in the classroom. Although I loved teaching, I also wanted the opportunity to become a Registered Psychologist with the College of Psychologists, and the practicum route would fulfill the requirements necessary for me to do this.
My goal when beginning the process of securing a practicum position was to gain experience in both counseling and assessment. I felt that this combination of experience would allow me to effectively support the students I teach; however, I was not able to secure a practicum position in a setting that offered both counselling and assessment. In May 2017, I began working with Joan Helmsing, a Registered Psychologist, who specializes solely in assessments. I was initially disappointed that I would not have the opportunity to gain counselling experience in my practicum placement, yet working with Mrs. Helmsing was far more enlightening than I could have ever anticipated. I truly feel blessed to have had the opportunity to work with such an experienced, knowledgeable, and passionate psychologist. The knowledge and experience I gained has given me a deeper understanding of how children learn and the environmental factors that may impact their cognitive abilities. This practicum experience has been invaluable for both my personal and professional growth. The experience I gained in working with Mrs. Helmsing confirmed my passion for helping children and their families. It provided me with insights and knowledge that I can bring back to the classroom and share with my fellow teachers. In addition, I gained understanding and knowledge to help support the health and wellness of my own children.

PRACTICUM SETTING

The practicum setting was primarily at Mrs. Helmsing’s private practice located in her home in Regina, Saskatchewan. Most of the time was spent working with Mrs. Helmsing and our clients at her dining room table. Mrs. Helmsing intentionally chose to have her private practice located in her home in order to provide an environment where clients could feel comfortable and relaxed. Mrs. Helmsing is a Registered Psychologist
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in Saskatchewan and the Northwest Territories. She has been doing assessments with children, adolescents, and adults for forty years both privately and for school divisions in Saskatchewan and the Northwest Territories. She is skilled in the use of the Woodcock-Johnson test batteries. Her MEd thesis work focused on the Woodcock-Johnson ’77. She was trained by the authors for each of the three later editions of the WJ and was the assessment-trainer in Canada from 1989 to 2015.

My practicum began in May 2017 and ended in August 2017. It consisted of 180 hours of direct and indirect service. While I was teaching full time, Mrs. Helmsing and I met on evenings and weekends, then during holidays in July and August we mainly met during the day. Throughout this practicum, I worked independently to complete required tasks, conduct research, and read related materials.

PRACTICUM OBJECTIVES

Prior to embarking on my practicum experience, Mrs. Helmsing and I set goals (a) to increase my knowledge of the Cattell-Horn-Carroll Theory and the Information Processing Model; (b) to learn to administer the Woodcock-Johnson IV (Cognitive, Achievement, and Oral Language) and the Integrated Visual and Auditory Continuous Performance Test; (c) to learn to interpret the various formal and informal forms and rating scales employed by Mrs. Helmsing in her practice; (d) to gain practical and supervised experience in administering psycho-educational assessments to children, youth, and adults; (f) to increase my competency and confidence in conducting assessments, report-writing, and post-conferencing; (g) to be able to apply theory, knowledge, and skills gained through graduate coursework; and (h) to be supervised and
to receive feedback from Mrs. Helmsing, and to use this feedback to reflect and improve upon my practice.

PRACTICUM ROLES AND RESPONSIBILITIES

My practicum roles and responsibilities included four distinct and progressive phases that allowed Mrs. Helmsing to gradually release increasing levels of responsibility to me. The four phases included experiencing a psycho-educational assessment, increasing my knowledge base about the assessment process, observing Mrs. Helmsing conduct psycho-educational assessments, and independently conducting psycho-educational assessments.

In the first phase of my practicum, I took on the role of examinee as Mrs. Helmsing conducted a full psycho-educational assessment with me. In this role, I had the opportunity to experience what it was like to go through the process of a psycho-educational assessment as a client. This was an excellent opportunity for me to become familiar with the assessment process and develop an understanding of what a client experiences. Through this process, I gained insight into how my strengths and weaknesses impact my learning and my life in general.

The second phase of my practicum allowed me to increase my knowledge base regarding the information that Mrs. Helmsing believes is necessary to be an effective educational psychologist. Mrs. Helmsing provided me with a binder she uses when leading training workshops on the use of the Woodcock-Johnson. This binder included the following information: the Cattell-Horn-Carroll Theory; the Information Processing Model; and the Woodcock Johnson IV battery of tests, including detailed information about the tests’ administration, scoring, interpretation, and recommendations for
programming. I also did my own research on these topics to gain a deeper understanding. During this phase of my practicum I worked independently, but I also met with Mrs. Helmsing to discuss what I was learning and to solidify my understanding. There were moments during this phase where I felt overwhelmed by the amount of information I had to learn in such a short period of time; however, Mrs. Helmsing provided me with a supportive and encouraging environment which put me at ease. She was always eager to answer any questions or clarify information to ensure I understood what I was learning.

During the third phase of my practicum experience, I observed Mrs. Helmsing administer psycho-educational assessments with an adult, a teen, and a preschool-aged client. As Mrs. Helmsing administered the tests I recorded observations I thought I would assist me in preparation for the next phase of my practicum where I would be administering the tests myself. Once the testing portion was completed, we worked through the scoring and interpretation of the results together, and then I observed Mrs. Helmsing post-conference with an adult client and the parents of the teen and preschool clients.

In the final phase of my practicum, I applied all of the skills and knowledge I gained through coursework and practicum experience to collaborate with Mrs. Helmsing and independently conduct psycho-educational assessments. I worked with three adult clients and three adolescent clients.

THE CATTELL-HORN-CARROLL THEORY

The Cattell-Horn-Carroll (CHC) theory is the most current, comprehensive, and empirically validated theory of the structure of human cognitive abilities. It helps us to understand how a person learns. It is widely used as the foundation for selecting,
organizing, and interpreting tests of intelligence and cognitive abilities (Alfonso, Flanagan, & Radwan, 2005). Mrs. Helmsing uses this as her lens for conceptualizing why a student’s academic level of performance is weak and/or why behavioural issues are occurring. I was first introduced to the CHC theory during graduate studies, but I had a very limited understanding of what it was. Mrs. Helmsing provided me with information that allowed me to develop a deeper understanding of this theory.

The CHC theory classifies human cognitive abilities into three levels: general intelligence ($g$), broad cognitive abilities, and narrow cognitive abilities. According to the CHC theory, each of these abilities combine to form general ability, or intelligence. Appendix A provides a table listing the broad cognitive abilities of the CHC model and a brief description of each ability (Mather & Wendling, 2014b).

I found the CHC theory to be very helpful as it may be used by teachers and psychologists to conceptualize academic and/or behavioural issues among students and clients. Research by Keith and Reynolds (2010) supports the CHC theory as a valid foundation on which to build intelligence tests and highlights its usefulness for analyzing assessment results. Due to the utility of this theory, I now believe that more time could be spent reviewing this theory in educational psychology graduate programs. Moreover, I believe a better understanding of the CHC theory may be very useful in school settings as it would likely benefit all teachers and students. Results of a study done in Australia by James, Jacobs, and Roodenburg (2015) indicated the presence of a theory-practice gap and supports the need for a stronger emphasis to be placed on using the CHC model in the field of cognitive assessments. This study found that only half of the psychologists surveyed reported using the CHC theory in practice, and only a quarter of participants
indicated a high level of familiarity with the model. A study by Sotelo-Dynega and Dixon (2014) drew similar conclusions from the results of an exploratory survey conducted with school psychologists in United States. The survey results indicated that the majority of participants may not be comprehensively applying the CHC theory to their test selection methods and interpretive practices, even though they claim to be using CHC theory as their primary theoretical framework. Sotelo-Dynega and Dixon (2014) suggest that a tremendous need exists to bridge the gap between theory and practice, particularly in regard to the application of the CHC theory. Bridging this gap can be achieved through increased training and professional development for school psychologists and other educational agencies.

INFORMATION PROCESSING MODEL

Along with the CHC theory, Mrs. Helmsing thought it was important for me to learn about the Information Processing Model (IPM) developed by Richard Woodcock (Mather & Woodcock, 2001). The IPM is a framework used to describe and explain the manner in which a person processes information. Appendix B provides a diagram of the IPM. This model was previously part of the Woodcock-Johnson (WJ) battery of tests, but it is not included in the current WJ IV. Mrs. Helmsing, however, feels this model helps one to understand how people learn and she continues to use it in her practice. The IPM moves from lower to higher processes. It incorporates the relative proficiency index (RPI), the most powerful score on the WJ IV. The RPI provides information about the client’s proficiency or mastery in each area. Levels include: reflexive, automatic or independent (95/90), thinking or instructional (90/90), and reasoning or frustration (75/90). The information processing loop in the IPM moves from input to output. Input
would be conscious awareness or physical stimuli (e.g., the individual is shown the word *cat*). The second level depends on the individual’s ability to read the word. If they know the word automatically, the process goes from stimuli to conscious awareness through executive control to acquired knowledge and then to cognitive performance and the individual reads the word fluently. If the individual needs to blend the sounds to read the word, the process goes from stimuli to conscious awareness through executive control to stores of acquired knowledge and back to conscious awareness and the individual asks the question: “What does *c* sound like?” The individual then goes from conscious awareness to auditory processing and/or long-term retrieval banks and then to cognitive performance with the answer: “*c* sounds like *k*.” The same procedure is followed for sounding out the letters *a* and *t*. The individual would then read the word smoothly. If the individual does not know the sound-symbol relationships, the process is much more complicated, and the individual would then require supports such as an alphabet chart for reference. The information process loop begins with the stimuli to conscious awareness through to executive control to stores of acquired knowledge, back to conscious awareness through fluid reasoning with the question: “How do I read this word?” The individual then checks the alphabet chart and sees that *cat* starts with *c* and says the sound *k*. The same process is followed with *a* and *t*, however, if the process of finding the *c*, *a*, and *t* takes longer than seven seconds, the individual must start again because short-term memory only allows us to hold information, on average, for two to seven seconds. If the individual has to retrace their steps too many times they will reflexively shut down. If they have previously been traumatized from a learning event, they will be more likely to shut down.
Processing speed is also an important factor. It dictates how quickly the information goes from conscious awareness through executive control to acquired knowledge to cognitive abilities to cognitive performance. The IPM is three-dimensional, and understanding the complexity of this process illustrates the frustration some individuals have with new learning.

Because all thoughts have a feeling attached to them, the most important part of the IPM is the facilitator-inhibitor group housed in the executive control component of the IPM diagram. The facilitator-inhibitor group causes at least eighty per cent of all learning problems. It is broken down into three areas (a) executive control (i.e., attention, interest/self-motivation, cognitive style/temperament, emotional state); (b) organic (i.e., involving the individual’s vision/hearing, health/medication); and (c) situational/cultural (i.e., involving contexts relevant to home, school, work, etc.). Since the facilitator-inhibitor group is so significant, it is important to use behavioural checklists to gain information about a client, document clinical observations during the assessment, and to practice effective listening skills.

THE WOODCOCK-JOHNSON ASSESSMENT SYSTEM

The Woodcock-Johnson Assessment System, Fourth Edition (WJ IV) is organized into the following three test batteries: the Woodcock-Johnson IV Tests of Cognitive Abilities (WJ IV COG), the Woodcock-Johnson IV Tests of Oral Language (WJ IV OL), and the Woodcock-Johnson IV Tests of Achievement (WJ IV ACH). The three batteries can be used independently or in any combination. Together, these batteries provide a comprehensive set of individually administered, independent, complementary, and norm-referenced tests for measuring patterns of strengths and weaknesses among cognitive
abilities, oral language abilities, and academic achievement. These tests can be used for many reasons, including planning educational and individual programs, diagnosing learning disabilities, as well as researching and assessing the growth of an individual (Schrank, McGrew, & Mather, 2014)

Mrs. Helmsing believes the WJ IV is superior to other test batteries because it provides a number of features not typically found in other assessment tools. A literature review by Abu-Hamour et al. (2012) confirms Mrs. Helmsing’s position by concluding that the unique features of the WJ make it a “reliable and valid assessment tool of both cognitive and achievement among children and adults” (p. 671). During my graduate studies at the University of Regina, the majority of my experience was with the Wechsler tests. After using both the Wechsler and Woodcock-Johnson, I agree that the WJ IV is the superior testing instrument. See Appendix C for more information about the unique features that make the WJ such a powerful test battery.

The WJ IV Tests of Cognitive Abilities (WJ IV COG) consists of twenty tests for measuring GIA, Gf-Gc, BIA, 7 CHC factors and 6 narrow ability clusters. The seven CHC factors measure as follows: comprehension knowledge (Gc), fluid reasoning (Gf), short-term working memory (Gwm), cognitive processing speed (Gs), auditory processing (Ga), long-term retrieval (Gr), and visual processing (Gv). The WJ IV COG also generates three scholastic aptitude clusters including reading, math, and written language for comparison with WJ IV ACH cluster scores (Mather & Wendling, 2014b).

The Tests of Oral Language (WJ IV OL) is now a separate battery of tests in the WJ IV. Previously, oral language tests were scattered within the WJ III test batteries. Mather and Wendling (2014c) propose that “The importance of oral language cannot be
overstated. It is the primary means for interacting with others, serves as the primary tool for learning, and is the foundation for academic success” (p. 63). The WJ IV OL includes nine English language tests and three Spanish language tests measuring six English language clusters and three Spanish language clusters.

The WJ IV Tests of Achievement (WJ IV ACH) includes twenty tests for measuring four broad academic domains including reading, mathematics, written language, and academic knowledge, and six cross-domain clusters (Mather & Wendling, 2014a).

INTEGRATED VISUAL AND AUDITORY CONTINUOUS PERFORMANCE TEST

The Integrated Visual and Auditory Continuous Performance Test (IVA-CPT) is a standardized computer test used to assist in the assessment, diagnosis, and monitoring of individuals with ADHD. It can be used with individuals from ages 6 to 90+ years of age. The test takes approximately 15 minutes for administration and includes a warm-up period, a practice period, the main test, and a cool-down period. The IVA-CPT provides a visual and auditory measure of prudence, consistency, stamina, vigilance, focus and speed, hyperactivity, modality dominance, modality readiness, comprehension, persistence, sensory-motor, and sustained visual and auditory attention (Tinius, 2002).

Mrs. Helmsing uses the IVA-CPT in conjunction with various behavioural rating scales completed by the client, parents and/or teacher. The WJ IV scores and observations are also used to contribute to the overall assessment of an individual with behavioural difficulties. As well, the IVA-CPT can be used in a test-retest analysis for monitoring the effectiveness of medication. Before Mrs. Helmsing will support a diagnosis of ADHD, she re-administers the IVA-CPT while the client is on prescription
medication. If the scores improve, the diagnosis can be supported. Further reassessment occurs and medication is adjusted until all the scores of the IVA-CPT are in the average range.

Initially, I was skeptical regarding the validity and reliability of the IVA-CPT. Consequently, I conducted research and discovered numerous studies supporting the IVA-CPT as a valid and reliable testing method for identifying ADHD. A study by Kim et al. (2015) produced results that coincide with the results of previous studies and support the validity of the IVA-CPT. Kim et al. (2015) suggest that the IVA-CPT is an appropriate testing method for ADHD due to the objective information it provides in comparison to the subjective information collected through symptoms reported in the patient’s medical history and early development. Furthermore, Kim et al. (2015) propose the IVA-CPT is advantageous because it is noninvasive, takes a short time to administer, and is inexpensive.

RATING SCALES AND FORMS

During this practicum, I was introduced to a variety of standardized and informal rating scales and forms used to gather information about clients when conducting assessments. These forms and rating scales provide background information as well as information about behavioural, social, and emotional functioning. The data gathered contribute valuable insight into the facilitator-inhibitor group within the IPM.

If the client is 18 years-old or younger, parents and teachers complete the rating scales. There are rating scales available for clients aged 6 to 18 years to complete. Clients over age 18 complete their own rating scales and forms.

Mrs. Helmsing used the following standardized rating scales and forms.
• Self-image Profile for Adults (SIP-AD)
• Keirsey Temperament Sorter (KTS)
• Adolescent/Adult Sensory Profile (AASP), Sensory Profile Teacher Questionnaire (SPTQ), Sensory Profile Caregiver Questionnaire (SPCQ)
• Larson Anger Questionnaire
• Beck Depression Inventory 2nd Edition (BDI-II)
• Beck Anxiety Inventory (BAI)
• Beck Youth Inventories 2nd Edition (BYI-II)
• BarOn Emotional Quotient Inventory: Youth Version (BarOn EQ-I:YV)
• Wender Utah Rating Scale (WURS)
• Copeland Symptom Checklist for Attention Deficit Disorders
• Work Performance Rating Scale (WPRS)
• Bipolar Spectrum Disorder Questionnaire (BSDQ)
• Woodcock Interpretation and Instructional Interventions Program: Reason for Referral, Teacher Checklist, Parent Checklist, Adolescent/Adult Self-Report (WIIIP)
• Academic Performance Rating Scale (APRS)
• Gillian Autism Rating Scale 2nd Edition (GARS-II)
• Scales of Independent Behavior-Revised (SIB-R)
• Clark-Beck Obsessive-Compulsive Inventory (CBOCI)

Mrs. Helmsing developed several non-standardized forms from a variety of academic information sources in order to gather additional pertinent information about client behaviour. She explained that ADHD and bipolar disorder have a similar presentation in children, so it is important to differentiate between the two, so the client can be referred to the appropriate professional for diagnosis and treatment. A standardized form is currently not available to screen for bipolar disorder in children, so Mrs. Helmsing developed one based on her research. To further her knowledge and understanding, she has taken courses in the analysis of children’s drawings and adults’ handwriting. She asked clients under the age of 9 to draw a picture of themselves and one of their family and then analyses them to gather additional information. For example, Mrs. Helmsing suggested the family member that the child draws first is the one
whom they see as having the most power in their family. Mrs. Helmsing used the following non-standardized rating scales and forms.

- How I Feel
- Sentence Completion
- Bipolar Checklist for Children
- Draw a Person
- Draw a Family

I encountered a number of clients and parents of clients who had difficulty completing and returning the forms during this practicum. I have also experienced this same problem as a classroom teacher when giving forms to parents from the educational psychologist. Mrs. Helmsing and I discussed some of the reasons why this may occur. We determined that poor reading skills, feeling overwhelmed, a lack of interest, busy lifestyles, apprehension regarding the disclosure of personal information, attention issues (within the client or the client’s parents), and potential learning difficulties are some of the reasons why completing and returning the forms may be challenging.

Since we know ADHD has a genetic link, it was not surprising that the parent of my client with ADHD found the forms challenging and subsequently asked for help. I met with this parent to help her complete the forms. During the meeting, she told me she felt overwhelmed by the number of forms, had trouble focusing, and had difficulty comprehending some of the questions. She also disclosed that she had a hard time getting her son to complete his forms. These experiences have taught me to be cognizant of the challenges clients and/or their parents may encounter when completing the forms. In order to alleviate some of the challenges, I think it would be a good idea to offer the option for clients and their parents to work through the forms with me.
REFERRAL PROCESS

Mrs. Helmsing has a private practice and is contacted by agencies, by parents of a child, or by adult clients who have behavioural and/or learning concerns and require assessment. She may also receive a referral from a teacher, audiologist, psychologist, medical doctor, optometrist, and/or speech and language pathologist. As well, Mrs. Helmsing assesses students for school divisions in southern Saskatchewan and the Northwest Territories.

ASSESSMENT PROCESS

During my practicum experience, I had the opportunity to observe and conduct behavioural and psycho-educational assessments. A behavioural assessment screens for attention deficit hyperactivity disorder (ADHD), bi-polar personality disorder (BPPD), repressed anger, depression, anxiety, autism spectrum disorder (ASD), low self-concept, sensory issues, emotional intelligence, interpersonal and intrapersonal skills, stress management skills, adaptability skills, personality and learning style. A psycho-educational assessment includes the behavioural assessment, as well as the measurement of cognitive strengths and weaknesses, academic levels, and the potential presence of an academic learning disability.

Bell (2002) describes psycho-educational assessment as a process that “provides estimates of the client’s intellectual, or cognitive abilities and educational achievement levels” (p. 24). Through this assessment process, areas of strength and weakness in clients may be identified, providing a deeper understanding of their educational needs and underlying mental health or behavioural issues that can interfere with learning.
The process for all assessments begins by gaining informed consent from the client and parents of children and adolescents, gathering background information, administering of tests, scoring and interpreting the results, developing recommendations and writing a report, and concludes with a meeting with the client and/or caregiver(s) to discuss the results and recommendations. A copy of the informed consent forms that were used during this practicum can be found in Appendix D. Establishing and maintaining rapport, as well as, documenting pertinent observations throughout the assessment are extremely important to the success of an assessment.

ESTABLISHING AND MAINTAINING RAPPORT

Establishing and maintaining rapport is essential to the success of a psycho-educational assessment. According to Sattler (2014), “rapport is based on mutual confidence, respect, and acceptance” (p. 173). Kranzler and Floyd (2013) propose that the goal for fostering rapport is to build a relationship where the client feels comfortable enough to share information and stays motivated throughout the assessment. When establishing rapport, Bracken (as cited in Kranzler & Floyd, 2013) suggests that is it important to consider the client’s age and “find the appropriate balance between being approachable (fun, interesting, and humorous) and being more formal and businesslike” (p. 38). Kranzler and Floyd (2013) suggest administering some low-stress, paper-and-pencil tasks and gathering general information orally with the client in order to build rapport and screen for potential problems that may undermine the validity of the test scores. Mrs. Helmsing began each client assessment session by orally administering the How I Feel and Sentence Completion forms to gather some general information about the
client. A copy of these forms can be found in Appendix E. When assessing children, she also had them draw a picture of themselves and another picture of their family.

I was very impressed with the manner in which Mrs. Helmsing established rapport and made connections with clients of all ages from preschool to adults. When I observed Mrs. Helmsing, I noticed she utilized many of the key points of facilitating rapport that Sattler (2014) suggests, such as: giving the client her undivided attention; speaking slowly and clearly in a calm, matter-of-fact, friendly, and accepting manner; using a warm and expressive tone; maintaining a natural, relaxed, and attentive posture; timing questions and comments appropriately; maintaining appropriate eye contact; and listening to the client openly and nonjudgmentally (p. 173). I noticed she was able to make clients who initially appeared reluctant or uneasy feel relaxed. At the beginning of the assessment, Mrs. Helmsing explained the testing process and purpose of the assessment in a way that clients of all ages understood. We both thought it would be useful to develop a ‘script’ for me to have for future reference.

Throughout the assessment process, Mrs. Helmsing also kept clients engaged and motivated through continuous conversation, explaining the purpose of the tests, and asking questions and giving feedback about behaviours and strategies she observed. When assessing young children, she used a sticker booklet that contained a set of numbers to track progress during the assessment. Each time a form or test was completed, the child put a sticker over a number. This sticker booklet created positive reinforcement and also told the child and Mrs. Helmsing how many more tasks needed to be completed. Using this booklet appeared to reduce the stress level for the child and kept the assessment running smoothly.
When it was my turn to assess clients, implementing the above key points enabled me to quickly establish rapport from initial contact and maintain rapport throughout the testing session. I found the *How I Feel* and *Sentence Completion* activities particularly useful in gaining the client’s trust and making them feel comfortable.

Mrs. Helmsing provided the appropriate forms and rating scales to the client and/or parents the day of the assessment in order to gather background information. If the client was attending elementary or high school, teacher forms were given to the parent, if they want the school to be involved in the assessment. Parents either completed their forms while the child was being assessed or they took them home and mailed them back in the self-addressed, stamped envelope that was provided. If the parents did not live together, both parents filled out the forms separately. Mrs. Helmsing chose not give these forms out prior to meeting the clients because she wants to form her own opinion about the client without any prior knowledge or judgements.

**OBSERVATIONS**

Behavioural observations make a vital contribution to a psycho-educational assessment and they are an important tool for understanding the client as a unique individual. Sattler (2014) recommends documenting observations in objective, clear, and detailed terms (p. 289). Observations recorded should describe rather than judge or interpret the client’s behaviour. To ensure accuracy, it is essential for the examiner to record their observations throughout the assessment and not rely on memory (Sattler, 2014).

The WJ IV provides a “Test Session Observation Checklist” on the front cover of the Test Record Form of each of the three batteries that is used to record behaviours
observed during the administration of the tests (see Appendix F). According to Mather and Wendling (2014b), “this checklist is a brief, seven-category behavior rating scale intended to systemize and document a number of salient examiner observations” (p. 37). Villarreal (2015) suggests the addition of this checklist “is welcome and may encourage examiners to be more thoughtful about collecting observation data throughout testing” (p. 397).

Developing effective observation skills requires training and practice (Sattler, 2014). I was able to learn a great deal about making quality observations and how to subsequently improve my skills in this area based on the feedback I received from Mrs. Helmsing. In my opinion, she has highly developed observation skills which she has perfected over her forty years of conducting assessments and attending courses on this topic. In addition to the points included in the WJ IV Qualitative Observation Checklist Mrs. Helmsing suggested it is important to observe and record answers to the following questions:

- Does the client make eye contact?
- Does the client smile?
- Does the client have articulation or other speech issues?
- Does the client initiate conversation?
- Is the client active? If yes, describe in detail.
- Is the client distracted? If yes, describe in detail.
- Does the client appear tense or worried? If yes, describe what this looks like.
- What hand do they primarily use? Do they switch hands?
- How is their body language? Are they closed (arms crossed) or open?
- What strategies does the client use when problem solving (e.g. auditorizing, subvocalizing, visualizing, kinesthetic/tactile)?
- Is the client an analytic or global thinker?
- Does the client answer before the directions are given?
- Does the client forget the directions (and need to be repeated)?
- Does the client display any atypical behaviours (e.g. age appropriate, ticks)?
• Is the client able to self-regulate when presented with challenging tasks?

Additionally, Mrs. Helmsing pointed out the need to record the errors the examinee makes in each test because these errors may provide the examiner with information that will be advantageous when interpreting the data.

When I started administering the WJ IV tests, I found it challenging to record observations because I was still becoming familiar with the test instructions and the process of recording feedback from the client. After completing the assessment, Mrs. Helmsing provided me with observations she had recorded about the client’s behaviours during the assessment. I was surprised at how much information about the client I had missed.

ADMINISTRATION AND SCORING

After background information was collected and rapport was established, Mrs. Helmsing usually began her assessment by using the IVA-CPT and then she administered selected tests from the WJ IV OL, and the WJ IV ACH, and most of the WJ IV COG tests.

When using the IVA-CPT, the client is directed by the computer program to click on the mouse when they see or hear a number one and to ignore the twos. I had the opportunity to observe the administration of the IVA-CPT with eight clients between the ages of 6 and 43 as part of the psycho-educational assessment process. I also observed the subsequent re-assessment testing appointment using the IVA-CPT to monitor the effectiveness of medication with 4 of the 8 clients.

Before I administered the test batteries with clients, Mrs. Helmsing administered
the tests to me, then I observed her administer them to a client and then I took the batteries home to familiarize myself with them. I took a significant amount of time going through the manuals and easel Test Books. Since the WJ IV can be administered in any order, and not all tests need to be administered, I prepared an outline listing the selected tests and the order of administration Mrs. Helmsing uses. Using the outline kept me on track and made the administration process run smoothly. A copy of this outline can be found in Appendix G. Once I was familiar with the WJ IV, I practiced administering the tests with a volunteer examinee. During my graduate course work in assessment, Dr. Snowshoe stressed that since graduate students are not registered psychologists, they are not qualified to provide volunteer examinees with any information about their performance on the tests. I kept this in mind and made sure I did not reveal any information to my volunteer examinee.

In order to preserve the reliability and validity of the tests, I diligently followed the standardized procedures and I was conscientious about reading the instructions verbatim. The easel format, use of clear language, and different-coloured fonts in the WJ IV Test Books, enabled me to read the instructions verbatim and administer the tests with relative ease. The easel Test Books are in a ringed-binder format which allows for reorganization of tests to suit the specific needs of the client and to facilitate efficiency of test administration. The Test Record booklets are user-friendly and have built-in “Scoring Tables” that provide immediate estimates of age and grade levels which allows the examiner to decide if additional tests need to be administered.

Overall, I found administering the WJ IV tests to be a smooth process. The tests take an average of about five minutes each to complete, although they took longer while I
was becoming familiar with the WJ IV. The easel format is consistent for all tests, making the testing process familiar for both the client and the examiner. The audio recordings provided for auditory, oral language, and short-term memory tasks helped to ensure a standardized presentation.

Scoring the WJ IV begins with adding up the raw scores for each test. It is essential that great care be taken when adding up the raw scores. Mrs. Helmsing had me double check my addition ensure accuracy. Raw scores and testing observations, derived from the Test Observation Checklist, are entered into the WJ IV Online Scoring and Reporting System to obtain various reports (Schrank & Dailey, 2014). There are eight different reports available to the examiner, but Mrs. Helmsing used only three of them for interpretation. The three reports that we used were; the Score Report based on age norms, the Standard Score/Percentile Profile Report based on age norms, and the Age/Grade Profile Report based on grade norms.

**INTERPRETATION OF ASSESSMENT RESULTS**

According to the *Guidelines for the Practice of Professional Psychology in Schools within Saskatchewan*, “Interpretations should involve consistent findings from information collected from multiple sources” (Saskatchewan Ministry of Education, 2008, p. 12). Mrs. Helmsing and I used the following sources of information for interpretation: WJ IV test scores, observations during assessment, IVA-CPT scores, forms and rating scales, and any additional information provided from discussions with the client and caregivers. Because we gathered all the pieces of information and assembled them to make an accurate picture of the client, I found the process of interpretation was like putting together a jigsaw puzzle.
The WJ IV provides four levels of interpretive information. Level I is criterion-referenced and provides qualitative information. It includes information from rating scales and checklists, observations of behaviour, and the error analysis of each test. This information is useful for instructional planning and for making referrals to other professionals. Level II is norm-referenced and provides age-grade-equivalent scores which are available on the Record Form immediately after scoring each test. This information allows the examiner to decide if more tests need to be given in a particular area. Level III is criterion-referenced and provides the RPI and both age- and grade developmental-level bands ranging from frustration to instructional to independent. This is the most powerful information provided by the WJ IV because it gives the examiner the client’s mastery level in each test and cluster. For more information about the RPI scores see Appendix J. Level IV is norm-referenced and provides standard scores, percentile ranks, intra-ability variations, and ability/achievement comparisons. This information is used for diagnosing academic learning disabilities. A summary of these levels can be found in Appendix K.

“Using the complete WJ IV assessment system (WJ IV OL, WJ IV COG, WJ IV ACH) can help an examiner consider the relationships among oral language, cognitive abilities, and achievement” (Mather & Wendling, p. 64, 2014c). One of the major advantages for using the WJ IV over any other form of assessment is that it is a procedure for norm-based evaluation regarding the presence and significance of strengths and weaknesses among an individual’s cognitive, linguistic, and achievement abilities (Mather & Wendling, 2014a). These procedures include intra-ability variation models
and ability/achievement comparison models which allow the examiner to be more specific in a diagnosis and more accurate in making recommendations.

Intra-ability variation models allow for comparison of performance among skills and abilities. According to Mather and Wendling (2014a), “The WJ IV intra-ability variations are useful for understanding an individual’s strengths and weaknesses, diagnosing and documenting of specific abilities and disabilities, and acquiring the most relevant information for educational and vocational planning” (p. 8). The four types of intra-ability variations in the WJ IV are as follows: intra-cognitive, intra-oral language, intra-achievement, and academic skills/academic fluency/academic application. When analyzing intra-variation scores, – or + .5 to – or + 1.45 are considered relative strengths or weaknesses and scores – or +1.46 or greater are considered significant strengths or weaknesses. On the Score Report, I put an asterisk beside all significant strengths and weaknesses and a check mark beside the relative strengths and weaknesses. This was done so I could see more easily the patterns of strengths and weaknesses in the client’s profile. Mrs. Helmsing and I discussed the significance of the patterns relating to the client’s strengths and weaknesses and then we talked about potential accommodations.

I transferred information from the Score Report and Age/Grade Profile Report (grade norms) to the Standard Score/Percentile Rank Profiles Report. While doing this, I automatically began analyzing the information. The Standard Score/Percentile Rank Profile Report is an excellent visual for gaining a general overview of the client and knowledge of specific strengths and weaknesses in the cognitive, oral language, and achievement areas (see sample in Appendix I). It is also a valuable tool for post-conferencing with clients and parents.
Ability/achievement comparison models allow for a comparison of an individual’s current academic performance to the performance of others of the same age or grade with the same ability score. These comparisons allow the examiner to evaluate the presence and significance of discrepancies between an individual’s current levels of ability and their achievement (Mather & Wendling, 2014a). There are five types of ability/achievement comparisons provided in the WJ IV and they are as follows: Scholastic Aptitude compared to achievement, Gf-Gc compared to achievement, GIA compared to achievement, Academic Knowledge compared to achievement, and Broad Oral Language compared to achievement. Whenever possible, Mrs. Helmsing uses Scholastic Aptitude compared to achievement because this provides an examiner the most valid information for diagnosing an academic learning disability.

When discussing the Standard Score Percentile Profile Report with Mrs. Helmsing, I learned that, if the profile is flat, meaning everything falls in the same range, the client is an efficient learner because they are able to use all their cognitive abilities equally well. A profile that is not flat is referred to as a saw-tooth profile. A saw-tooth profile indicates the client uses some cognitive abilities efficiently and others inefficiently. Interestingly, all the clients we assessed during this practicum had saw-tooth profiles.

Mrs. Helmsing and I also examined the RPIs for all clusters and tests. The RPI is represented as a fraction, with the person’s expected level of success as the numerator and the ninety per cent criterion as the denominator. If a person has ninety per cent mastery of a topic, they have one hundred per cent understanding and can be taught something new. 90/90 is equivalent to a Standard Score (SS) of 100. The goal is to get
to 90/90. For example, an RPI of 60/90 suggests that the person would have only sixty per cent mastery on a task compared to a typical age-or grade-peer performing at ninety per cent mastery. Appendix J contains a chart with more information about the RPI.

We looked at the intra-cognitive and intra-achievement variations, and the scholastic aptitude/achievement comparisons. We then discussed whether an academic learning disability was present. After reviewing all the sources of information available we developed a list of possible recommendations for further investigation and a list of accommodations for classroom and home use.

During our discussions, Mrs. Helmsing and I identified the tests in the WJ IV COG and WJ IV OL that might be indicative of the presence of ADHD. Low scores in the following tests are “red flags” for ADHD: verbal attention (Gwm), story recall (Glr), numbers reversed (Gwm), number-pattern matching (Gs), visual auditory learning (Glr), picture recognition (Gv), pair cancellation (Gs), and rapid picture naming (Glr/s). High scores in the Gs tasks are also “red flags.” This information, along with the IVA-CPT, observations, behavioural rating scales and forms, provides supporting evidence of the presence of ADHD.

One of the high school clients we assessed had just completed Grade 9. His grades were significantly lower than in elementary school, but he was still passing all his classes and, consequently, his teachers were not concerned. When interpreting the results of his assessment, we noticed his fluid reasoning was in the superior range and long-term retrieval, working memory and processing speed were in the low/below average range. I learned that if an individual presenting with ADHD has strong fluid reasoning, the lower level abilities (long-term retrieval and working memory) created by ADHD often do not
affect the individual academically because the fluid reasoning overrides weaker abilities. An individual may not begin to have difficulty until his or her workload becomes too much to manage. Consequently, they may not be diagnosed with ADHD until mid-high school or post-secondary, as with this particular client.

When interpreting the IVA-CPT, standard scores that are below ninety are indicative of ADHD. The IVA-CPT also provides a histogram to compare the examinee’s scores to age peers. The histogram shows all responses to the stimuli and is separated into an auditory and a visual graph. The horizontal line of the graph indicates the time taken in intervals of one hundred milliseconds and along the left side is the number of responses. A vertical line shows the average response time of age peers. If ADHD is not present, the graph will look like a skyscraper overlapping the age peers vertical line. The presence of ADHD is indicated by a flatter graph that spans the horizontal time line (see Appendix H for examples of these histograms). All eight clients we assessed were presenting with ADHD according to the IVA-CPT results.

REPORT WRITING

According to Sattler (2014), “the overall goal of report writing is to use clear and precise language to write a well-integrated and logical report that will be meaningful to readers and relevant to the child and his or her problems” (p. 727). Although Sattler speaks to the client as a child, the same goal applies to clients of all ages. His comment regarding use of clear and precise language resonated with me because, as a classroom teacher, I have read numerous psychological reports and often found them difficult to understand. When I had the opportunity to write reports during the practicum, I kept this
in mind and strived to write reports that would be clearly understood by all target audiences.

Comprehensive psycho-educational reports should be organized into the following sections, as noted by Sattler (pp. 701, 2014):

1. Report Title
2. Identifying Information
3. Assessment Techniques
4. Reason for Referral
5. Background Information
6. Observations During the Assessment
7. Assessment Results
8. Clinical Impressions
9. Recommendations
10. Summary
11. Signature

Sattler (2014) encourages psychologists to use this outline because it can help maintain the logic of a report, allows for more precise writing, and ensures that all pertinent assessment information is included. I found Sattler’s outline to be extremely valuable. Mrs. Helmsing provided me with an outline and sample report that included all of these sections in order to assist me when writing reports independently.

The process of writing psycho-educational assessment reports was a challenging aspect of my practicum experience. Mrs. Helmsing was very supportive as she guided me through the process and she increased my competency and confidence in this area. If I were to pursue becoming registered and specialize in psycho-educational assessments, I would want to improve my report writing skills. The book entitled *Woodcock-Johnson IV: Reports, Recommendations, and Strategies* (Mather & Jaffe, 2016) looked like an informative resource I would likely purchase to broaden my knowledge base.
RECOMMENDATIONS

Developing intervention strategies and recommendations are an essential part of the assessment process because it assists clients in managing their challenges and achieving their full potential. Children require a third party, such as a teacher or parent, to implement these strategies and recommendations; however, a qualitative study by Johnson (2007) explored school psychologists’ and teachers’ perceptions of effective psycho-educational assessment and proposed that “if these third parties do not act on school psychologists’ recommendations in appropriate ways, their recommendations will have little if any positive impact on the children referred” (p. 210). Conclusions from this study suggest recommendations that provide detailed interventions and are easily implemented are most useful to client and their caregivers.

Mrs. Helmsing provided me with a binder containing suggested recommendations and accommodations that she has compiled through the years in her profession. Her recommendations and accommodations were organized into three sections. The first section focused on how teachers can enhance instruction for mainstreamed students by making modifications in the areas of content, conditions for learning, academic behaviours, and criteria. The second section presented recommendations and accommodations specific to each CHC ability area. Since a large number of Mrs. Helmsing’s clients are diagnosed with ADHD, the final section was dedicated to recommendations and accommodations for students with ADHD. This binder was extremely useful to me. In conjunction with my teaching experience and being a mother of children with ADHD I used these suggestions to provide helpful, easy to implement, and highly effective recommendations for both teachers and parents.
I learned that part of a comprehensive psycho-educational assessment is knowing when to refer a client to another professional. Recommendations might include further consultation with a general practitioner, audiologist, optometrist, speech and language pathologist, occupational therapist, psychiatrist, or clinical psychologist.

**POST-CONFERENCING**

Once the report was completed, a meeting, or post-conference, was scheduled with the client and/or parents of clients who were aged 10 and under. Mrs. Helmsing encouraged clients between the ages of 11 and 18 years to accompany their parents to the post-conference. Adult clients may be accompanied by a support person. The purpose of the post-conference was to explain the findings and recommendations for accommodations, and to explain why these are necessary. Once the client and/or client’s parents reviewed the report, revisions and additional information may be added. For school-aged clients, an additional post-conference with school personnel is usually scheduled.

To begin the post-conference, Mrs. Helmsing explained the CHC theory and the RPI. The WJ IV Standard Score Percentile Profile Report was used as a visual aid to facilitate this discussion. She went through the clusters and then the individual test scores for the cognitive, oral language, and achievement. While explaining these scores she talked about the recommendations she made. Then she explained why there was or was not an academic learning disability. Next, the results from the IVA-CPT were presented using the computer-generated profiles, including the histogram. She then directed the post-conference participants to return to the beginning of the written report, and she
summarized the information from the forms and rating scales. Finally, she encouraged questions and invited clarification.

Due to time constraints, I was unable to independently post-conference with clients as we had planned; however, I did observe Mrs. Helmsing post-conference with an adult client, the parents of a 6-year-old, and a 15-year-old and his parents.

When I observed these post-conferences, I was intrigued by the responses of the clients when Mrs. Helmsing explained the results of the testing. They seemed to have many “aha” moments once they understood their strengths and weaknesses. For example, the 15-year-old client expressed relief that he finally felt “understood”, and he wasn’t “unmotivated and lazy” as parents and teachers had communicated to him.

CONCLUSION

This practicum experience has provided me with the opportunity to expand my knowledge and apply my learning about the complex process of facilitating psycho-educational assessments in a practical setting. I feel blessed to have had the opportunity to work so closely with such a passionate, dedicated, and experienced educational psychologist. The breadth of knowledge I gained has greatly influenced my professional and personal life. My competency in the psycho-educational assessment process has increased exponentially. As well, I have gained a deeper understanding of how individuals, including myself, learn and what factors may affect their ability to learn. In particular, I increased my understanding of ADHD and how it may impact learning, behaviour, and an individual’s mental health.

Due to the limited number of hours of this practicum, I was only able to scratch the surface of all there is to know. Other topics I would like to explore further include
ADHD, neuroplasticity, and the effects of mental health on learning. As a result of this practicum, I have gained a new perspective on my career and I have begun considering opportunities for working outside a classroom setting.

I was consistently encouraged by Mrs. Helmsing’s unwavering support and guidance which allowed me to increase my competencies in the psycho-educational assessment process. The use of a gradual release of responsibility, combined with valuable feedback, provided me with the opportunity to become familiar with the process and develop the skills necessary to take the lead in assessments as the practicum progressed. Mrs. Helmsing was passionate about sharing her depth of knowledge about psycho-educational assessment. I appreciated everything she taught me, particularly regarding the unique features and usefulness of the WJ IV.

Through independent learning and discussions with Mrs. Helmsing concerning the CHC Theory and IPM, I gained a clearer understanding of how individuals learn and the facilitator-inhibitors that may affect their ability to learn. ADHD became an area of particular interest for me because the majority of the clients we assessed presented with ADHD characteristics. I also have a personal interest because members of my immediate family have been diagnosed with ADHD. Research suggests seven per cent of the population have ADHD, so as a classroom teacher I have worked with many children with diagnosed and undiagnosed ADHD. From her experience, Mrs. Helmsing estimates that ninety-nine per cent of all her adult clients with an academic learning disability also have ADHD. I learned that ADHD has educational and emotional ramifications. An individual with ADHD often has fluid reasoning ability that is stronger than long-term retrieval and short-term working memory. As well, processing speed is often stronger or
weaker than other cognitive abilities. This profile has the potential to create an academic learning disability and/or anxiety and depression.

The practicum experience with Mrs. Helmsing has been one of the most enlightening and positive professional growth opportunities I have had. Although I entered into this practicum somewhat disappointed that I would not gain experience in the area of counselling, I found that I enjoyed the process of facilitating psycho-educational assessments much more than I anticipated. I believe I have met and exceeded the goals we set out for this practicum. In my position as a classroom teacher, the knowledge and skills I have gained during this practicum will allow me to meet the unique needs of students who are struggling. Although I gained a tremendous amount of knowledge and skill, I recognize there is much more to learn. I understand this is a process and I will continue to learn and grow throughout my career and beyond. As an active life-long learner, I will personally strive to expand my knowledge and experience about many of the topics discussed in the practicum and other areas that peak my interest.

In conclusion, this practicum has led to me to a crossroad in my career. I am now exploring options that may lead me to becoming a Learning Resource Teacher (LRT), a registered psychologist, or an ADHD coach. Ultimately, no matter where my career path takes me, the knowledge and experience I have gained will allow me to make a difference and help people to succeed in school and in life.
REFERENCES


**APPENDICES**

**APPENDIX A**

**SUMMARY OF CATTELL-HORN-CARROLL THEORY**

<table>
<thead>
<tr>
<th>CHC Ability</th>
<th>Definition</th>
</tr>
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<tbody>
<tr>
<td>Comprehension-Knowledge ((Gc))</td>
<td>This can be described as a store or filing cabinet of the breadth and depth of one’s knowledge and ability to communicate and reason with that knowledge. It is significantly related to academic success. May also be referred to as crystallized intelligence or verbal ability. Limits in (Gc) may negatively impact any other area of achievement.</td>
</tr>
<tr>
<td>Fluid Reasoning ((Gf))</td>
<td>Fluid reasoning is the ability to reason and problem solve in novel situations that cannot be performed automatically. Inferencing, conceptualizing, and transforming information are all mental operations that require fluid reasoning ability. Limits in fluid reasoning ability may make it difficult for an individual to generalize and apply prior learning to new situations.</td>
</tr>
<tr>
<td>Short-Term Working Memory ((Gwm))</td>
<td>The ability to apprehend and hold information in immediate awareness and then use that information to achieve a goal. It can be described as a temporary, limited capacity storage system. (Gwm) is significantly related to all academic areas and many other cognitive functions rely on its efficiency. Limits in (Gwm) may severely impact new learning and negatively affect performance on all non-automatic tasks.</td>
</tr>
<tr>
<td>Cognitive Processing Speed ((Gs))</td>
<td>The ability to quickly perform both simple and complex cognitive tasks, especially when high mental efficiency (i.e., attention and focused concentration) is required. Limits to (Gs) can impact an individual’s overall academic performance and individuals may appear unmotivated or lazy.</td>
</tr>
<tr>
<td>Auditory Processing ((Ga))</td>
<td>The ability to discriminate, encode, employ, and synthesize auditory stimuli. Limits in (Ga) can impact acquisition of language and the development of basic reading, writing, and math skills.</td>
</tr>
<tr>
<td>Long-Term Retrieval ((Glr))</td>
<td>The ability to store, consolidate, and retrieve information over periods of time after being displaced for immediate awareness. Involves both the amount of information that can be stored and the rate and fluency by which the information can be retrieved or accessed.</td>
</tr>
<tr>
<td>Visual Processing ((Gv))</td>
<td>The ability to perceive, analyze, discriminate, and synthesize visual stimuli to employ and manipulate images to solve problems.</td>
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APPENDIX C
FEATURES OF THE WOODCOCK-JOHNSON TEST BATTERY

Some of the unique features that make the WJ such a powerful test battery that I learned about from Mrs. Helmsing and through my own independent research are included in the following list.

- The WJ is solely based on the multiple intelligence CHC theory.
- The Rasch Model, a psychometric model for analyzing categorical data, is used to analyze test scores and generate W scores, RPIs, standard scores and percentiles.
- The relative proficiency index (RPI) is exclusive to the WJ and is not available on any other test battery. The RPI is a powerful score because it provides information about mastery levels of each test and cluster.
- The WJ was the first tool developed to specifically identify learning disabilities.
- The WJ provides information for differentiating between an individual with an academic learning disability as opposed to a student who is struggling to learn due to other factors.
- Only one seventh of the WJ Cognitive battery requires English language skills, making it an excellent tool for working EAL students.
- The WJ is normed on persons from ages two to ninety-plus and from kindergarten to grade eighteen, making it consistent, cost effective, and convenient.
- The WJ is composed of a set of individually, randomly standardized tests; therefore, it is not necessary to administer the entire test battery in order, as with other test batteries. This allows the examiner to select specific tests based on the client’s needs and then administer them in any order.
- It includes an auditory processing component which is not found in other intellectual batteries.
- The WJ was the first battery to include a measurement of long-term retrieval. Currently, it is the only battery that has a cluster of tests to provide a strong measurement of long-term retrieval which is believed by Woodcock to be the most important ability to be a successful student.
- The WJ IV uses a sophisticated norming procedure with trained normers. Although the WJ is not normed in Canada, answers from the norm sample were compared to answers provided from students across Canada. Forms A and B of the achievement tests have been Canadianized (e.g. metric rather and imperial system and use of Canadian money).
- The norms for the WJ Cognitive, Oral Language, and Achievement tests are based on data from the same sample of subjects which allows for direct comparisons among and within the subject scores.
The WJ IV provides a $gf-gc$ composite score that can be used in place of the GIA. In individuals with an inconsistent cognitive profile (e.g. ADHD) it allows the lower level cognitive abilities to be eliminated from the overall intellectual score giving a true idea of the person’s overall intellectual level.

The WJ IV provides intra-cognitive and intra-achievement variation tables, as well as scholastic aptitude achievement discrepancy tables.

APPENDIX D
INFORMED CONSENT DOCUMENTS
See the following 6 pages.
Informed Consent for Psycho-educational Assessment for Adults

It is important for graduate students who are seeking advanced training in Educational Psychology (EPSY) to obtain experience working with clients. I am currently working as a practicum student under the supervision of Joan Helmsing, a private practice registered psychologist in Regina, Saskatchewan. The completion of this practicum partially fulfills the University of Regina’s requirements for a Master’s of Education degree in Educational Psychology. Due to this, a written practicum report needs to be completed. Please be assured client names and birthdates will not be recorded in this report.

Prior to the psycho-educational assessment, it is my responsibility to make you aware of my status as a student examiner, to inform you of the nature and purpose of the assessment, and the benefits/limitations of the assessment. Therefore, you are asked to carefully read this consent form and ask any questions you may have.

Purpose and Benefit of Psycho-Educational Assessment

A psycho-educational assessment determines an individual’s cognitive strengths and weaknesses, variations between achievement, cognitive and linguistic abilities, the potential presence of an academic learning disability and/or behavioural disorder, and for suggesting educational and workplace accommodations. A written report will be provided detailing the interpretation of the data collected. This information may be used to access accommodations and other special education services within an academic and/or workplace setting. Programming suggestions and strategies for you, teachers, tutors, and/or employers will be provided. The information may also be used to guide family physicians and other professionals in doing further investigation and making appropriate diagnoses.

Format of Psycho-Educational Assessment

- You will be asked to assist in the assessment process by providing information about your background, including family, medical, and education history. As well, you will be asked to complete a series of behavioural forms and rating scales.
- You will participate in a psycho-educational assessment that will take approximately 3 to 4 hours.
- You will be asked to complete selected tests from the Woodcock-Johnson IV and the Integrated Visual and Auditory Continuous Performance Test.
- Using the information obtained from the tests, rating scales and forms, as well as, observations during the assessment, a written psycho-educational assessment report will be completed and copies will be provided to you. The contents of this report will be explained to you at a meeting following the assessment. You are welcome to bring others to this follow-up meeting.
- The completed forms and test materials will remain the property of the psychologist.
Ability to Withdraw

You can choose not to answer any of the questions contained in the forms and rating scales and you may withdraw from completing the assessment at any time (verbally or in writing).

Limits of Confidentiality

Any information gained from the assessment (including both verbal and written information) is confidential and will not be shared with anyone without your consent. However, there are a few important exceptions to this:

1. If you pose an immediate threat to your life or to that of other individuals, confidentiality may be broken in order to prevent harm.
2. If you become involved in a legal case, the judge has a right to subpoena any information relevant to the legal problem, which could also include this report.
3. If there is concern regarding professional misconduct, it may be necessary to release information from this report to evaluate and address the concern.

Risks of Assessment

There are no anticipated risks associated with the psycho-educational assessment with the exception that under the circumstances above, it may be necessary to break confidentiality.

Copy of Consent & Offer to Answer Questions

- You are entitled to receive a copy of this consent form for your own personal records.
- If you have questions regarding this assessment before, during, or after the assessment, you can contact myself, Shae-Lynne Attwater at xxx-xxx-xxxx or shaeattwater@xxxx.com or my supervisor, Joan Helmsing at xxx-xxx-xxxx or helmsing.xxxx@xxxxx.xxx.

------------------------------------------------------------------------------------------------------------

I certify that I have read, understand, and agree to the conditions stated and listed above and I am aware of guidelines and/or limitations as described to me on this form. Moreover, I acknowledge that I have a copy of this form for my own personal records.

Client Name: ___________________________________________________________

Client Signature: ___________________________________     Date: _______________

Graduate Student Name: ________________________________________________
Graduate Student Signature: __________________________ Date: _______________

Registered Psychologist Name: _____________________________________________

Registered Psychologist Signature: ______________________ Date: ______________
Informed Consent for Psycho-educational Assessment of Children and Adolescents
(to be completed by parents or guardians)

It is important for graduate students who are seeking advanced training in Educational Psychology (EPSY) to obtain experience working with clients. I am currently working as a practicum student under the supervision of Joan Helmsing, a private practice registered psychologist in Regina, Saskatchewan. The completion of this practicum partially fulfills the University of Regina’s requirements for a Master’s of Education degree in Educational Psychology. Due to this, a written practicum report needs to be completed. Please be assured client names and birthdates will not be recorded in this report.

Prior to the psycho-educational assessment, it is my responsibility to make you aware of my status as a student examiner, to inform you of the nature and purpose of the assessment, and the benefits/limitations of the assessment. Therefore, you are asked to carefully read this consent form and ask any questions you may have.

Purpose and Benefit of Psycho-Educational Assessment

A psycho-educational assessment determines an individual’s cognitive strengths and weaknesses, variations between achievement, cognitive and linguistic abilities, the potential presence of an academic learning disability and/or behavioural disorder, and for suggesting home, educational and/or workplace accommodations. A written report will be provided detailing the interpretation of the data collected. This information may be used to access accommodations and other special education services within an academic and/or workplace setting. Programming suggestions for parents, teachers, tutors, and/or employers will be provided. The information may also be used to guide family physicians and other professionals in doing further investigation and making appropriate diagnoses.

Format of Psycho-Educational Assessment

- You will be asked to assist in the assessment process by providing information about your child’s background, including family, medical, and education history. As well, you, your child, and your child’s teacher will be asked to complete a series of behavioural forms and rating scales.
- Your child will participate in a psycho-educational assessment that will take approximately 3 to 4 hours. This will be accomplished in 2 to 3 sessions.
- Your child will be asked to complete selected tests from the Woodcock-Johnson IV and the Integrated Visual and Auditory Continuous Performance Test.
- Using the information obtained from the tests, rating scales and forms, as well as, observations during the assessment, a written psycho-educational assessment report will be completed. The contents of this report will be explained to you at a meeting following the assessment. If appropriate, you are welcome to bring your child to this follow-up meeting. A follow-up meeting with the school may also be provided upon request.
• The completed forms and test materials will remain the property of the psychologist

**Ability to Withdraw**

You or your child can choose not to answer any of the questions contained in the forms and rating scales and you may withdraw your child from completing the assessment at any time (verbally or in writing).

**Limits of Confidentiality**

Any information gained from the assessment (both verbal and written) is confidential and will not be shared with anyone without your consent. However, there are a few important exceptions to this:

4. If your child poses an immediate threat to their life or to that of other individuals, confidentiality may be broken in order to prevent harm.
5. If there is reason to believe that your child is suffering from abuse (physical or sexual), this information must be reported to the Ministry of Social Services.
6. If you or your child become involved in a legal case, the judge has a right to subpoena any information relevant to the legal problem, which could also include this report.
7. If there is concern regarding professional misconduct, it may be necessary to release information from this report to evaluate and address the concern.

**Risks of Assessment**

There are no anticipated risks associated with the psycho-educational assessment with the exception that under the circumstances above, it may be necessary to break confidentiality.

**Copy of Consent & Offer to Answer Questions**

• You are entitled to receive a copy of this consent form for your own personal records.
• If you have questions regarding this assessment before, during, or after the assessment, you can contact myself, Shae-Lynne Attwater at xxx-xxx-xxxx or shaeattwater@xxxx.xxx or my supervisor, Joan Helmsing at xxx-xxx-xxxx or helmsingxxxx.@xxxx.xxx.

I certify that I have read, understand, and agree to the conditions stated and listed above, I am aware of guidelines and/or limitations as described to me on this form and give permission for my child to be assessed. Moreover, I acknowledge that I have a copy of this form for my own personal records.

*In the case of joint custody, BOTH PARENTS must sign this consent form.*
Child’s Name: __________________________________________________________

Child’s Signature (if over 16 years of age): _____________________ Date: _________

Parent/Guardian Name: ___________________________________________________

Parent/Guardian Signature: _______________________________     Date: __________

Parent/Guardian Name: ____________________________________________________

Parent/Guardian Signature: _______________________________     Date: __________

Graduate Student Name: __________________________________________________

Graduate Student Signature: _____________________________     Date: __________

Registered Psychologist Name: _____________________________________________

Registered Psychologist Signature: _________________________     Date: __________
Sentence Completion

Name: _________________________     Date: _______________________

Directions: I’m going to start a sentence. I’d like you to finish it any way you want. For example, if I say “A car is ____”. You might say, “something that costs a lot of money” or “something I’d like to have someday” or “handy to have” or anything else you can think of.

1. My favourite colour is ____________________________

2. My teacher ____________________________

3. At school I usually feel ____________________________

4. I hate it when ____________________________

5. When I wake up I usually ____________________________

6. I am happiest when ____________________________

7. I worry about ____________________________

8. I need ____________________________

9. My life would be better if ____________________________

10. Animals are ____________________________

11. The best thing about me is ____________________________

12. It is wrong to ____________________________

13. The saddest time is when ____________________________

14. If I had a million dollars ____________________________
### HOW I FEEL QUESTIONNAIRE

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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Date:</td>
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<tr>
<td>Birthdate:</td>
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<td>Age:</td>
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<td>School:</td>
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<td>Grade:</td>
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<tr>
<td>A.G.P.:</td>
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<tr>
<td>Handedness:</td>
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<tr>
<td>Watch to see which side the student looks to answer questions they know</td>
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<tr>
<td>Right __ Left __</td>
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<tr>
<td>Hand you write with ____ Foot you kick with ____ Ear you listen on phone with ____ 1st language ____</td>
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<tr>
<td>Do your parents or grandparents speak any other languages? ____ Which ones ____</td>
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<tr>
<td>Do you know how to learn?</td>
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<tr>
<td>Can you figure things?</td>
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<tr>
<td>Do you listen carefully to learn?</td>
<td></td>
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<tr>
<td>Does your teacher help you learn?</td>
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<tr>
<td>Can you learn when you try?</td>
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<tr>
<td>Do you like being in your class?</td>
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<tr>
<td>Do you ever get so interested in your ____ work you want to keep working ____</td>
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<tr>
<td>Do you look forward to coming to school?</td>
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<tr>
<td>If you don’t, what would you rather do?</td>
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<tr>
<td>Are you able to do well in school?</td>
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<tr>
<td>Is schoolwork too easy?</td>
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</tr>
<tr>
<td>Is schoolwork too hard?</td>
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<tr>
<td>What are your favourite subjects?</td>
<td></td>
<td></td>
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<tr>
<td>What subjects do you dislike?</td>
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<tr>
<td>What do you do in your spare time in the classroom?</td>
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<tr>
<td>School is fun when?</td>
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</tr>
<tr>
<td>What do you like to do at home for fun? ____ watch T. v ____ movies ____ listen to music ____ play video games ____ computer games ____ card games ____ board games ____ talk on phone ____ read ____ read to ____ dance ____ take music lessons ____ sports ____ which ones ____ bike ____ scooter ____ quad ____ skateboard ____ trampoline ____ rollerblade ____ participate in organizations ____ which ones ____ Other activities ____</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Do you have more or less than 10 friends? ____ Who is your best friend ____ How long have you known this person ____ How do you know them ____</td>
<td></td>
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<tr>
<td>Who lives at your house with you? (List names and ages of siblings and include pets and their names)</td>
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</tr>
<tr>
<td>What does your mom do? ____ What does your dad do ____ (If a parent does not live with the child, if appropriate, ask how long the parents have been apart and where the non-resident parent lives and how often the child sees them)</td>
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<tr>
<td>Other pertinent information:</td>
<td></td>
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</tbody>
</table>
### WJ IV Qualitative Observations Checklist

#### Test Session Observations Checklist

Check only one category for each item.

**Level of conversational proficiency**
- 1. Very advanced
- 2. Advanced
- 3. Typical for age/grade
- 4. Limited
- 5. Very limited

**Level of cooperation**
- 1. Exceptionally cooperative throughout the examination
- 2. Cooperative (typical for age/grade)
- 3. Uncooperative at times
- 4. Uncooperative throughout the examination

**Level of activity**
- 1. Seemed lethargic
- 2. Typical for age/grade
- 3. Appeared fidgety or restless at times
- 4. Overly active for age/grade, resulted in difficulty attending to tasks

**Attention and concentration**
- 1. Unusually absorbed by the tasks
- 2. Attentive to the tasks (typical for age/grade)
- 3. Distracted often
- 4. Consistently inattentive and distracted

**Self-confidence**
- 1. Appeared confident and self-assured
- 2. Appeared at ease and comfortable (typical for age/grade)
- 3. Appeared tense or worried at times
- 4. Appeared overly anxious

**Care in responding**
- 1. Very slow and hesitant in responding
- 2. Slow and careful in responding
- 3. Prompt but careful in responding (typical for age/grade)
- 4. At times responded too quickly
- 5. Impulsive and careless in responding

**Response to difficult tasks**
- 1. Noticeably increased level of effort for difficult tasks
- 2. Generally persisted with difficult tasks (typical for age/grade)
- 3. Attempted but gave up easily
- 4. Would not try difficult tasks at all

---

### APPENDIX G
### ASSESSMENT OUTLINE

**Assessment Outline**

**Client Name:** ___________________  **Date:** ____________  
**Examiner:**  Shae-Lynne Attwater

1. **WJ IV Tests of Oral Language**  
   - Test 2 Oral Comprehension  
   - Test 4 Rapid Picture Naming  
   - Test 8 Retrieval Fluency

2. **WJ IV Tests of Achievement**  
   - Test 1 Letter-Word Identification  
   - Test 4 Passage Comprehension  
   - Test 9 Sentence Reading Fluency  
   - Test 6 Writing Samples  
   - Test 5 Calculation  
   - Test 2 Applied Problems  
   - Test 10 Math Facts Fluency  
   - Test 3 Spelling  
   - Test 11 Sentence Writing Fluency

3. **WJ IV Tests of Cognitive Abilities**  
   - Test 1A Oral Vocabulary-Synonyms  
   - Test 1B Oral Vocabulary-Antonyms  
   - Test 2 Number Series  
   - Test 3 Verbal Attention  
   - Test 6 Story Recall  
   - Test 7A Visualization-Spatial Relations  
   - Test 7B Visualization-Block Rotation  
   - Test 5A Phonological Processing-Word Access  
   - Test 5B Phonological Processing-Word Fluency (timed)  
   - Test 5C Phonological Processing-Substitution  
   - Test 4 Letter-Pattern Matching (timed)  
   - Test 11 Number-Pattern Matching (timed)  
   - Test 17 Pair Cancellation (timed)  
   - Test 8A General Information-Where  
   - Test 8B General Information-What  
   - Test 9 Concept Formation  
   - Test 10 Number Reversed  
   - Test 12 Nonword Recognition  
   - Test 13 Visual-Auditory Learning  
   - Test 14 Picture Recognition  
   - Test 18 Memory for Words
APPENDIX H
IVA-CPT HISTOGRAMS

Distribution of Response Times

Client with ADHD before meds

AUDITORY

<table>
<thead>
<tr>
<th>Number</th>
<th>Correct Responses</th>
<th>1st Quartile</th>
<th>Mean</th>
<th>3rd Quartile</th>
<th>Standard Deviation</th>
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<tbody>
<tr>
<td>35</td>
<td>123/125</td>
<td>508 ms</td>
<td>662 ms</td>
<td>805 ms</td>
<td>218 ms</td>
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Red Lines Are Mean Reaction Times from Normative Database

VISUAL

<table>
<thead>
<tr>
<th>Number</th>
<th>Correct Responses</th>
<th>1st Quartile</th>
<th>Mean</th>
<th>3rd Quartile</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>122/125</td>
<td>348 ms</td>
<td>427 ms</td>
<td>460 ms</td>
<td>101 ms</td>
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IVA+Plus CPT Test v 4.6 (c) Copyright 2014 BrainTrain, Inc.
Distributed by BrainTrain, 727 Twin Ridge Lane, Richmond VA 23235
Distribution of Response Times

**AUDITORY**

- **Correct Responses** = 125/125
- **1st Quartile** = 407 ms
- **Mean** = 473 ms
- **3rd Quartile** = 516 ms
- **Standard Deviation** = 105 ms

**VISUAL**

- **Correct Responses** = 125/125
- **1st Quartile** = 312 ms
- **Mean** = 364 ms
- **3rd Quartile** = 375 ms
- **Standard Deviation** = 76 ms

Red Lines Are Mean Reaction Times from Normative Database

IVA+Plus CPT Test v 4.6 (c) Copyright 2014 BrainTrain, Inc.
Distributed by BrainTrain, 727 Twin Ridge Lane, Richmond VA 23235
### Fluid Reasoning

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<th>Task</th>
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<th>SS 50</th>
<th>SS 60</th>
<th>SS 70</th>
<th>SS 80</th>
<th>SS 90</th>
<th>SS 100</th>
<th>SS 110</th>
<th>SS 120</th>
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<th>SS 140</th>
<th>SS 150</th>
<th>SS 160</th>
<th>SS 170</th>
<th>SS 180</th>
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<tbody>
<tr>
<td>Number Series</td>
<td>+0.00%</td>
<td>-2.00%</td>
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<td>Concept Formation</td>
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### Short-Term Working Memory

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<th>SS 50</th>
<th>SS 60</th>
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<td>Verbal Attention</td>
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<td>Numbers Reversed</td>
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<tr>
<td>Memory for Words</td>
<td>+1.45%</td>
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### Cognitive Processing Speed

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<tr>
<td>Letter-Pattern Matching</td>
<td>+0.45%</td>
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<td>Number-Complex Matching</td>
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<td>Pair Cancellation</td>
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### Auditory Processing

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<td>Phonological Processing</td>
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<td>Nonword Repetition</td>
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### Long-Term Retrieval

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<td>Story Recall</td>
<td>-0.10%</td>
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</tr>
<tr>
<td>Visual-Auditory Learning</td>
<td>-0.52%</td>
<td></td>
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</tbody>
</table>

### Visual Processing

<table>
<thead>
<tr>
<th>Task</th>
<th>SS 40</th>
<th>SS 50</th>
<th>SS 60</th>
<th>SS 70</th>
<th>SS 80</th>
<th>SS 90</th>
<th>SS 100</th>
<th>SS 110</th>
<th>SS 120</th>
<th>SS 130</th>
<th>SS 140</th>
<th>SS 150</th>
<th>SS 160</th>
<th>SS 170</th>
<th>SS 180</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Localization</td>
<td>+0.21%</td>
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<tr>
<td>Picture Recognition</td>
<td>-1.94%</td>
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</tbody>
</table>

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*Note: AVSS Range*
APPENDIX J
INTERPRETATION OF RELATIVE PROFICIENCY INDEX (RPI)

RELATIVE PROFICIENCY INDEXES (RPI) show the examinee’s level of proficiency (accuracy, speed, or whatever is measured by the test) at the level at which peers are 90% proficient. An RPI of 90/90 would mean that, at the difficulty level at which peers were 90% proficient, the examinee was also 90% proficient. An RPI of 95/90 would indicate that the examinee was 95% proficient at the same level at which peers were only 90% proficient. An RPI of 75/90 would mean that the examinee was only 75% proficient at the same difficulty level at which peers were 90% proficient.

<table>
<thead>
<tr>
<th>RPI</th>
<th>Proficiency with Age- or Grade-Level Tasks</th>
<th>Age- or Grade-Level Tasks will be:</th>
</tr>
</thead>
<tbody>
<tr>
<td>100/90</td>
<td>Very Advanced</td>
<td>Extremely Easy</td>
</tr>
<tr>
<td>98/90 to 100/90</td>
<td>Advanced</td>
<td>Very Easy</td>
</tr>
<tr>
<td>95/90 to 98/90</td>
<td>Average to Advanced</td>
<td>Easy</td>
</tr>
<tr>
<td>82/90 to 95/90</td>
<td>Average</td>
<td>Manageable</td>
</tr>
<tr>
<td>67/90 to 82/90</td>
<td>Limited to Average</td>
<td>Difficult</td>
</tr>
<tr>
<td>24/90 to 67/90</td>
<td>Limited</td>
<td>Very Difficult</td>
</tr>
<tr>
<td>3/90 to 24/90</td>
<td>Very Limited</td>
<td>Extremely Difficult</td>
</tr>
<tr>
<td>0/90 to 3/90</td>
<td>Extremely Limited</td>
<td>Nearly Impossible</td>
</tr>
</tbody>
</table>

## APPENDIX K
WOODCOCK-JOHNSON LEVELS OF INTERPRETIVE INFORMATION

<table>
<thead>
<tr>
<th>Level</th>
<th>Type of Information</th>
<th>Basis</th>
<th>Information and Scores</th>
<th>Uses</th>
</tr>
</thead>
</table>
| 1     | Qualitative (Criterion-Referenced) | Observations during testing and analysis of responses               | Description of subject’s reaction to the test situation                                | • Appreciation of the subject’s behaviour underlining obtained test score  
• Prediction of the subject’s behaviour and reactions in instructional situations  
• Specific skill instructional recommendations |
|       |                              |                                                                      | Performance on finely defined skills at the item content level                         |                                                                      |
| 2     | Level of Development (Norm-Referenced)  | Sum of item scores Age or grade level in the norming sample at which the average is the same as the subject’s score | Raw Score *Rasch Ability Score, Age Equivalent (AE), Grade Equivalent (GE)             | • Reporting a subject’s level of development  
• Basis for describing the implications of developmental strengths and weaknesses  
• Basis for initial recommendations regarding instructional level and materials  
• Placement decisions based on a criterion of significantly advanced or delayed development |
| 3     | Proficiency (Criterion-Referenced)    | Subject’s distance on a Rasch scale from an age or grade reference point | Quality of performance on reference tasks *Rasch Difference Score, Relative Proficiency Index (RPI), CALP Level, Developmental/Instructional Zone | • Proficiency on tasks of average difficulty for peers  
• Developmental level at which typical tasks will be perceived as easy or very difficult by the subject  
• Placement decisions based on criterion of significantly good or poor proficiency |
| 4     | Relative Standing in Group (Norm-Referenced) | Relative position (A transformation of a difference score, such as dividing by the standard deviation of the reference group) | Rank Order *Standard Score (SS), Percentile Ranks (PR), Comparisons | • Communication of a subject’s competitive position among peers  
• Placement decisions based on a criterion of significantly high or low standing |
