

TEST OBSERVATION FORM

For office use only
ID # _____

CHILD'S First Middle Last
FULL NAME

CHILD'S GENDER CHILD'S AGE CHILD'S ETHNIC GROUP OR RACE
 Boy Girl

TODAY'S DATE CHILD'S BIRTHDATE
Mo. ___ Day ___ Year _____ Mo. ___ Day ___ Year _____

Grade or level in school NAME AND ADDRESS OF SCHOOL

Not attending school

PARENTS' USUAL TYPE OF WORK, even if not working now.
(Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)

FATHER'S TYPE OF WORK _____
MOTHER'S TYPE OF WORK _____

THIS FORM FILLED OUT BY: (print your full name)

Your gender: Male Female
Your role: Examiner Observer, not examiner

I. Tests administered during observation period. Check each test administered and write in the overall ability or full scale score, e.g., CAS Full Scale (FS) score, SB5 Full Scale IQ (FSIQ), WISC-IV Full Scale IQ (FSIQ), WJ III COG General Intellectual Ability (GIA), etc.

- | | | |
|---|--|---|
| <input type="checkbox"/> CAS, FS _____ | <input type="checkbox"/> WJ III COG, GIA _____ | <input type="checkbox"/> Other (test names & scores): _____ |
| <input type="checkbox"/> DAS, GCA _____ | <input type="checkbox"/> WAIS-III, FSIQ _____ | _____ |
| <input type="checkbox"/> K-ABC, MPC _____ | <input type="checkbox"/> WISC-IV, FSIQ _____ | _____ |
| <input type="checkbox"/> SB5, FSIQ _____ | <input type="checkbox"/> WPPSI-III, FSIQ _____ | _____ |

II. Total length of testing/observation period in minutes: _____

III. Has the child repeated any grades?
 Don't know No Yes — grades and reasons: _____

IV. Was the child on medication when tested?

Don't know No Yes — describe: _____

V. Does the child meet criteria for a DSM diagnosis?

Don't know No Yes — write in codes and names for up to 6 diagnoses:

- | | | |
|----------|----------|----------|
| 1. _____ | 3. _____ | 5. _____ |
| 2. _____ | 4. _____ | 6. _____ |

VI. Does the child have any illness, physical disability, or mental disability? (Include mental retardation, but do not include a psychiatric diagnosis or learning disability as a mental disability.)

Don't know No Yes — describe: _____

VII. Does the child meet criteria for a special education disability, Section 504 plan, or other service category?

Don't know No Yes — check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> 1. Attention Deficit Disorder (ADD), Attention Deficit/Hyperactivity Disorder (ADHD) | <input type="checkbox"/> 5. Emotional disturbance (ED), emotional/behavioral disorder (EBD) | <input type="checkbox"/> 8. Counseling, guidance, therapy |
| <input type="checkbox"/> 2. Learning disability (LD) | <input type="checkbox"/> 6. Speech or language impairment or delay | <input type="checkbox"/> 9. Chronic health impairment (not ADD or ADHD) |
| <input type="checkbox"/> 3. Mental retardation, developmental delay, learning impaired | <input type="checkbox"/> 7. Gifted, advanced, accelerated, enrichment | <input type="checkbox"/> 10. Other - specify: _____ |
| <input type="checkbox"/> 4. Perceptual-motor disability, physical therapy (PT), occupational therapy (OT) | | _____ |

Observation Notes

Use the space below to record your observations of the child's behavior during the test session. If preferred, you may record notes on the test protocol, and then use the space below to summarize your observations. Immediately after the test session, rate the child's behavior on each item as instructed on pages 3 & 4.

SAMPLE

For each item that describes the child's behavior during the testing or observation period, score:

0 = no occurrence

2 = definite occurrence with mild to moderate intensity/frequency and less than 3 minutes total duration

1 = very slight or ambiguous occurrence

3 = definite occurrence with severe intensity, high frequency, or 3 or more minutes total duration

The 3-minute duration is a guideline for choosing between ratings of 2 and 3. Score only the item that most specifically describes a particular observation. **Be sure to score all items.**

| | | | |
|---------|---|---------|---|
| 0 1 2 3 | 1. Acts overly confident | 0 1 2 3 | 30. Disjointed or tangential conversation |
| 0 1 2 3 | 2. Difficulty waiting turn in activities or tasks | 0 1 2 3 | 31. Doesn't concentrate or pay attention for long on tasks, questions, topics |
| 0 1 2 3 | 3. Giggles too much | 0 1 2 3 | 32. Doesn't sit still, restless, or hyperactive |
| 0 1 2 3 | 4. Acts too young for age | 0 1 2 3 | 33. Easily distracted by external stimuli |
| 0 1 2 3 | 5. Apathetic or unmotivated | 0 1 2 3 | 34. Erases or crosses out a lot in writing or drawing |
| 0 1 2 3 | 6. Argues | 0 1 2 3 | 35. Exaggerates or makes up things |
| 0 1 2 3 | 7. Asks for feedback on performance (describe) _____ | 0 1 2 3 | 36. Explosive or unpredictable behavior |
| 0 1 2 3 | 8. Attempts to leave room for reasons other than toilet (see scoring rules) | 0 1 2 3 | 37. Fails to give close attention to details |
| 0 1 2 3 | 9. Avoids eye contact | 0 1 2 3 | 38. Fidgets |
| 0 1 2 3 | 10. Irresponsible, destructive, or dangerous behavior (describe) _____ | 0 1 2 3 | 39. Fine motor difficulty (describe) _____ |
| 0 1 2 3 | 11. Loses things | 0 1 2 3 | 40. Frequently off task |
| 0 1 2 3 | 12. Bites fingernails | 0 1 2 3 | 41. Gives long, complex verbal responses |
| 0 1 2 3 | 13. Bizarre or unusual language (e.g., echolalia, babbling, nonsense words, neologisms); (describe) _____ | 0 1 2 3 | 42. Gross motor difficulty or clumsy |
| 0 1 2 3 | 14. Blames difficulty on task or examiner | 0 1 2 3 | 43. Guesses a lot; does not think out answers or strategies |
| 0 1 2 3 | 15. Bragging, boasting | 0 1 2 3 | 44. Has difficulty expressing self verbally (describe) _____ |
| 0 1 2 3 | 16. Doesn't seem to listen to what is being said | 0 1 2 3 | 45. Has difficulty understanding language (describe) _____ |
| 0 1 2 3 | 17. Can't get mind off certain thoughts; obsessions (describe) _____ | 0 1 2 3 | 46. Has problems remembering facts or details |
| 0 1 2 3 | 18. Chews or sucks on things that aren't edible | 0 1 2 3 | 47. Difficulty organizing activities or tasks |
| 0 1 2 3 | 19. Complains of being bored by tasks | 0 1 2 3 | 48. Impatient |
| 0 1 2 3 | 20. Complains of dizziness, headaches or other somatic problems during session, without known physical cause (describe) _____ | 0 1 2 3 | 49. Impulsive or acts without thinking |
| 0 1 2 3 | 21. Complains of tasks being too hard or is upset by tasks | 0 1 2 3 | 50. Afraid of making mistakes |
| 0 1 2 3 | 22. Concrete thinking | 0 1 2 3 | 51. Jokes inappropriately or too much |
| 0 1 2 3 | 23. Confused or seems to be in a fog | 0 1 2 3 | 52. Lacks self-confidence or makes self-deprecating remarks |
| 0 1 2 3 | 24. Contradicts or reverses own statements | 0 1 2 3 | 53. Lapses in attention |
| 0 1 2 3 | 25. Cries | 0 1 2 3 | 54. Laughs inappropriately |
| 0 1 2 3 | 26. Daydreams or gets lost in thoughts | 0 1 2 3 | 55. Leaves room during session to go to toilet (see scoring rules) |
| 0 1 2 3 | 27. Defiant, talks back, or sarcastic | 0 1 2 3 | 56. Limited conversation |
| 0 1 2 3 | 28. Demands must be met immediately | 0 1 2 3 | 57. Limited fantasy or imagination |
| 0 1 2 3 | 29. Difficulty following directions | 0 1 2 3 | 58. Lies |
| | | 0 1 2 3 | 59. Makes odd noises |
| | | 0 1 2 3 | 60. Messy work |
| | | 0 1 2 3 | 61. Misbehaves, taunts, or tests the limits |

Please print. Be sure to answer all items.

0 = no occurrence

1 = very slight or ambiguous

2 = definite but mild to moderate and ≤ 3 minutes

3 = definite, severe, high frequency, or > 3 minutes

- | | |
|--|--|
| 0 1 2 3 62. Mouth movements while writing or drawing | 0 1 2 3 93. Stubborn, sullen, or irritable |
| 0 1 2 3 63. Needs coaxing or rewards to continue | 0 1 2 3 94. Sucks fingers or thumb |
| 0 1 2 3 64. Needs repetition of instructions or questions | 0 1 2 3 95. Sudden changes in mood or feelings |
| 0 1 2 3 65. Nervous, high-strung, or tense | 0 1 2 3 96. Sulks |
| 0 1 2 3 66. Nervous movements, twitching, tics, or other unusual movements (describe): _____ | 0 1 2 3 97. Runs about or climbs excessively |
| _____ | 0 1 2 3 98. Swears or uses obscene language |
| 0 1 2 3 67. Out of seat | 0 1 2 3 99. Talks aloud to self |
| 0 1 2 3 68. Overly anxious to please | 0 1 2 3 100. Talks too much |
| 0 1 2 3 69. Perseverates on a topic or task | 0 1 2 3 101. Temper tantrums, hot temper, or seems angry |
| 0 1 2 3 70. Picks or scratches nose, skin, or other parts of body (describe): _____ | 0 1 2 3 102. Too concerned with neatness, cleanliness, or order |
| _____ | 0 1 2 3 103. Too fearful or anxious |
| 0 1 2 3 71. Plays with own sex parts | 0 1 2 3 104. Tremors in hands or fingers |
| 0 1 2 3 72. Refuses to talk | 0 1 2 3 105. Tries to control or manipulate examiner |
| 0 1 2 3 73. Reluctant to discuss feelings or personal issues | 0 1 2 3 106. Underactive or slow moving |
| 0 1 2 3 74. Reluctant to guess | 0 1 2 3 107. Unhappy, sad, or depressed |
| 0 1 2 3 75. Repeats certain acts over and over; compulsions (describe) _____ | 0 1 2 3 108. Unusual pitch or tone of voice |
| _____ | 0 1 2 3 109. Unusually changeable behavior |
| 0 1 2 3 76. Resistant or refuses to comply (describe) _____ | 0 1 2 3 110. Unusually loud |
| _____ | 0 1 2 3 111. Unusually quiet voice |
| 0 1 2 3 77. Says "don't know" a lot | 0 1 2 3 112. Wants to quit or does quit tasks |
| 0 1 2 3 78. Screams | 0 1 2 3 113. Whines |
| 0 1 2 3 79. Forgetful in activities or tasks | 0 1 2 3 114. Withdrawn, doesn't get involved with examiner |
| 0 1 2 3 80. Seems overtired or fatigued | 0 1 2 3 115. Works quickly and carelessly |
| 0 1 2 3 81. Seems too dependent on examiner | 0 1 2 3 116. Worries |
| 0 1 2 3 82. Seems unresponsive to humor | 0 1 2 3 117. Yawns |
| 0 1 2 3 83. Self-conscious or easily embarrassed | 0 1 2 3 118. Denies responsibility or blames others |
| 0 1 2 3 84. Shows off, clowns, or acts silly | 0 1 2 3 119. Flat affect |
| 0 1 2 3 85. Shy or timid | 0 1 2 3 120. Overly dramatic |
| 0 1 2 3 86. Slow to respond verbally | 0 1 2 3 121. Unclean personal appearance |
| 0 1 2 3 87. Slow to warm up | 0 1 2 3 122. Attempts to cheat |
| 0 1 2 3 88. Speech problem (describe) _____ | 0 1 2 3 123. Responds before instructions are completed |
| _____ | 0 1 2 3 124. Interrupts |
| 0 1 2 3 89. Stares blankly | 125. Write in any observed problems or behaviors not listed above |
| 0 1 2 3 90. Stares intensely at examiner | 0 1 2 3 _____ |
| 0 1 2 3 91. Strange behavior (describe) _____ | 0 1 2 3 _____ |
| _____ | 0 1 2 3 _____ |
| 0 1 2 3 92. Avoids or is reluctant to do tasks that require sustained mental effort | |