DP–3
Developmental Profile—Third Edition
Gerald D. Alpern, Ph.D.

This fully revised third edition of the Developmental Profile strengthens and updates an instrument already considered the best of its kind. Like previous versions, the new DP–3 evaluates children’s functioning in five key areas, in just 20 to 40 minutes. This edition adds norm-based standard scores, an expanded age range, updated item content, clearer interpretive guidelines, a nationally representative standardization sample, suggested remediation activities, and unlimited computer scoring and interpretation.

Ideal for Routine Screening or Focused Assessment

The DP–3 is comprehensive, quick, and cost effective. It makes routine screening feasible. You can administer the test to large groups of children knowing that it will alert you to significant problems that may be present. You can also use the DP–3 when you have a specific question about a particular child. It’s an effective way to investigate puzzling behavior, respond to parental concerns, or follow up on teacher observations. The test can lead to answers even when you have only a hunch that the child may have a problem.

Convenient New Administration Option

While the Interview Form is the preferred method of administration, the DP–3 offers an alternative that’s useful when a face-to-face meeting is not possible. A new Parent/Caregiver Checklist contains the same item content as the Interview Form (though language has been altered slightly). Written at a sixth-grade reading level, the Checklist can be completed by the child’s parent or caregiver without your supervision.

Five Score Formats

DP–3 scores are available in five formats:
- standard scores
- percentile ranks
- stanines
- age equivalents
- descriptive ranges

These five formats give you flexibility in using, reporting, and explaining test results. For example, you might choose standard scores for eligibility determination or progress monitoring; age equivalents for parent conferences; and stanines or percentiles for school records. Norms are based on a sample of 2,216 typically developing children representative of the U.S. population in regard to ethnicity, geography, and socioeconomic status.

New in the DP–3

- Norm-based standard scores that are useful in determining eligibility for services
- Expanded age range—up to 12 years, 11 months
- A Parent/Caregiver Checklist which can be used when an interview is not possible
- Updated item content reflecting recent curricular and technological changes
- Improved interpretation guidelines
- Suggested intervention activities for each skill measured
- A General Development score for those who require an overall index of development
- An unlimited-use scoring and interpretation program

Unlimited Computer Scoring and Interpretation

Provided on an unlimited-use CD, the DP–3 computer program saves time, reduces the chance of error, and provides both scoring and interpretation. It gives you highly useful reports, including the following features:
- Scoring and Interpretation—The program calculates all DP–3 scores (standard scores, percentile ranks, stanines, and age equivalents) and provides a ready-to-use interpretive analysis.
- Graphical Representation of Scores—A clear-cut graphic profile makes it easy to spot advanced or delayed development across the five scales and the General Development score.
- Scale Pattern Analysis and Scale-by-Scale Item Analysis—These calculations—which are difficult or impossible in hand scoring—allow you to tease out subtle distinctions in a child’s profile. Scale comparisons reveal statistical significance in the pattern of strengths and weaknesses, while item analysis pinpoint skills not yet mastered (i.e., items failed) below the child’s ability level on each scale.
- Individualized Intervention Activities—For each scale, the program suggests teaching activities that address the child’s specific weaknesses.
- Clinician and Parent Reports—The CD generates both a thorough clinical report for professionals and an easy-to-understand summary for parents. Compatible with most word processing programs, these reports can be easily customized.

IDEA Compliance

Because the DP–3 meets federal criteria for evaluating children with developmental problems, it’s useful in helping determine eligibility for special education, planning IEPs, and implementing periodic screening programs. Its five scales correspond to the five domains specified in IDEA for assessing developmental delays. In addition, the DP–3’s interview format and provision of a parent report satisfy the federal requirement that parents be involved in their child’s assessment.

Efficient and accurate, the DP–3 is an excellent way to identify developmental strengths and weaknesses early in a child’s life. Its norm-based standard scores allow you to compare children’s functioning with that of their peers, design interventions that meet their particular needs, and monitor their progress over time.


MR #050402 DP–3 Kit $228.95
MR #050403 DP–3 Kit with Scoring and Interpretation CD $399.95
MR #050404 DP–3 Interview Forms (25) $82.95
MR #050405 DP–3 Parent/Caregiver Checklists (25) $82.95
MR #050406 DP–3 Manual $87.95
MR #050407 DP–3 Scoring and Interpretation CD $285.95
CSBS DP™
Communication and Symbolic Behavior Scales
Developmental Profile

First Normed Edition
Amy M. Wetherby, Ph.D., CCC-SLP
Barry M. Prizant, Ph.D., CCC-SLP

Ages: 6 to 72 months
Testing Time: 30–40 minutes
Administration: Individual

CSBS DP™ is an easy-to-use, norm-referenced, screening and evaluation tool that addresses communicative behavior and symbolic development. Derived from CSBS™, CSBS DP™ is shorter, faster, and lets professionals begin identification earlier—6 to 24 months (functional communication age) or 6 months to 6 years (chronological age). It’s an ideal starting point for planning IFSPs, evaluating interventions, documenting changes in a child’s behavior, and identifying areas for further assessment.

CSBS DP™ includes:
» Infant-Toddler Checklist. In 5–10 minutes, caregivers answer 24 multiple-choice questions grouped into seven language predictor clusters: Emotion and Eye Gaze, Communication, Gestures, Sounds, Words, Understanding, and Object Use. Then, a professional combines the clusters to yield scores in three composite categories: social, speech, and symbolic.
» Caregiver Questionnaire. Caregivers take 15–25 minutes to complete this 4-page questionnaire, which measures in more detail the same seven clusters.
» Behavior Sample. The sampling procedure, conducted by professionals, streamlines the one in CSBS™ to 30 minutes. CSBS DP™ measures 20 scales that comprise the social, speech, and symbolic composite scores, and professionals judge the presence or absence of 20 types of behaviors, recording them on the 1-page Scoring Worksheet.
» Caregiver Perception Rating Form. This 1-page form asks caregivers to compare the child’s behavior during the assessment to the child’s typical behavior.
» Examiner’s Manual. Includes complete instructions and technical data.
» Toy Kit. Includes familiar toys, books, and other play materials.
» Videos. Demonstrate how to collect a Behavior Sample and complete scoring worksheets.


MR #031859 CSBS DP Complete Kit (includes Test Kit & Toy Kit) $ 478.95
MR #031852 CSBS DP Test Kit 239.95
MR #031853 CSBS DP Toy Kit 311.95
MR #031854 CSBS DP Examiner’s Manual 77.95
MR #031855 CSBS DP Record Forms (25) 41.95
MR #031856 CSBS DP Caregiver Questionnaires (25) 29.95
MR #031857 CSBS DP Sampling & Scoring Video (VHS) - Part 1 59.95
MR #031858 CSBS DP Sampling & Scoring Video (VHS) - Part 2 59.95

Optional scoring software!
CSBS DP™ Infant-Toddler Checklist and Easy-Score™

With this validated, 5- to 10-minute screener on CD-ROM, caregivers answer the 24 Infant-Toddler Checklist questions, professionals enter the responses, and the program tallies scores. PC compatible only. Includes User’s Guide.
Requires Windows 95 or higher.

MR #031732 CSBS DP Infant-Toddler Checklist and Easy-Score CD $ 119.95

CSBS™
Communication and Symbolic Behavior Scales
Normed Edition
Amy M. Wetherby, Ph.D., CCC-SLP
Barry M. Prizant, Ph.D., CCC-SLP

Ages: 6 to 72 months
Testing Time: 50 to 75 minutes
Administration: Individual

CSBS™ is a norm-referenced, standardized instrument used to assess infants, toddlers, and preschoolers at risk for communication delays and impairments. CSBS™—used during natural play routines and other adult-child interactions—is different from other language assessment instruments. Its 22 5-point rating scales survey children’s language skills as well as their symbolic development, which is demonstrated in the children’s gestures, facial expressions, and play behaviors. Most important, CSBS™ is backed by technical data, it’s curriculum compatible, and it comes packaged with everything professionals need to conduct and score an assessment.

One of the best measures of early communication, the norm-referenced*, standardized CSBS™ uses parent interviews and naturalistic sampling procedures to collect crucial information—not just on language skills, but on often-overlooked communicative behaviors like communicative functions, gestures, rate of communicative, positive affect, and gaze shifts. CSBS™ takes just 50–75 minutes for child assessment and 60–75 minutes for indepth scoring. Backed by technical data, CSBS™ is compatible with most developmental curricula and comes with everything professionals need to conduct and score assessments for children 8–24 months (or up to 72 months if developmental delays are present):
» Caregiver Questionnaire. Caregivers complete this 15-minute, qualitative questionnaire to provide background information.
» Behavior Sample. After the questionnaire is complete, professionals conduct the videotaped Behavior Sample as the caregiver interacts with the child using a naturalistic sampling procedure that includes communicative temptations, book sharing, symbolic play, language comprehension probes, and constructive play. Professionals use the Record Form to convert results to scores on 22 five-point scales, organized in seven clusters: Communicative Functions, Gestural Communicative Means, Vocal Communicative Means, Verbal Communicative Means, Reciprocity, Social-Affective Signal, and Symbolic Behavior. This yields raw scores and scaled scores for the 22 scales, percentile ranks and standard scores for the seven clusters, a percentile rank and standard overall composite score, and norms by chronological age or language stage.
» Examiner’s Manual. Includes technical data about CSBS™, plus instructions on how to administer the questionnaire and sampling procedures, plan interventions, analyze the videotaped behavior samples, and score and interpret the assessment.
» Toy Kit. Includes familiar play materials that entice spontaneous behavior.
» 2 Outline Cards. Outline sampling procedures and directions for scoring.
» 2 Instructional Videos. Demonstrate how to collect a sample and convert results into scores.
» CSBS™ Scoring Tutorial. This manual, manual supplement, and set of 4 videos let users score selected segments of CSBS™, complete samples of one child, and compare scores with Wetherby and Prizant’s scores.


MR #031848 CSBS Complete Kit (includes Test Kit & Toy Kit) $ 699.95
MR #031842 CSBS Test Kit 329.95
MR #031843 CSBS Toy Kit 419.95
MR #043396 CSBS Examiner’s Manual 83.95
MR #043397 CSBS Record Forms (25) and Questionnaires (25) 71.95
MR #031846 CSBS Sampling Video (VHS) 89.95
MR #031847 CSBS Scoring Video (VHS) 89.95
MR #031849 CSBS Scoring Tutorial (Manual and 4 Videos) 166.95

*Supported by both field validation and psychometric studies.
The PDMS–2 is an early childhood motor development program that provides (in one package) both in-depth assessment and training or remediation of gross and fine motor skills. The assessment is composed of six subtests that measure interrelated motor abilities that develop early in life. Reliability and validity have been determined empirically. The normative sample consists of 2,003 persons residing in 46 states. The PDMS–2 can be used by occupational therapists, physical therapists, diagnosticians, early intervention specialists, adapted physical education teachers, psychologists, and others who are interested in examining the motor abilities of young children.

**Subtests**

**Reflexes:** This eight-item subtest measures a child’s ability to automatically react to environmental events. Because reflexes typically become integrated by the time a child is 12 months old, this subtest is given only to children born through 11 months.

**Stationary:** This 30-item subtest measures a child’s ability to sustain control of his or her body within its center of gravity and retain equilibrium.

**Locomotion:** This 24-item subtest measures a child’s ability to manipulate balls. Examples of the actions measured include catching, throwing, and kicking. Because these skills are not apparent until a child has reached the age of 11 months, this subtest is given only to children ages 12 months and older.

**Object Manipulation:** This 24-item subtest measures a child’s ability to manipulate objects. Examples of the actions measured include building with blocks, and copying designs.

**Grasping:** This 26-item subtest measures a child’s ability to use his or her hands. It begins with the ability to hold an object with one hand and progresses to actions involving the controlled use of fingers of both hands.

**Visual–Motor Integration:** This 72-item subtest measures a child’s ability to use his or her visual-perceptual skills to perform complex eye–hand coordination tasks, such as reaching and grasping for an object, building with blocks, and copying designs.

**Composites**

**Fine Motor Quotient:** This composite is a combination of the results of the subtests that measure the use of the small-muscle systems.

**Gross Motor Quotient:** This composite is a combination of the results of the subtests that measure the use of the large-muscle systems.

**Total Motor Quotient:** This composite is a combination of the results of the gross and fine motor subtests and thus is the best estimate of overall motor abilities.

**Components**

- The new Profile/Summary Forms enable the examiner to record the child’s PDMS–2 scores and graphically display his or her performance in two formats.
- The new Examiner Record Forms contain all of the items to be given to the child. The booklets contain clearly marked entry points to be used to locate the beginning item for each subtest.
- The new Illustrated Guide to Administering and Scoring the PDMS–2 Items provides detailed descriptions of every item.
- The Peabody Motor Activities Program (P–MAP) is the instruction/treatment program for the PDMS–2.
- The new Peabody Motor Development Chart provides the examiner with a convenient reference for the motor skills measured by the PDMS–2. Each of the subtests is represented, along with numerous illustrations of children.


**PDMS–2 Complete TEST includes:** Everything in the PDMS–2 Complete Kit except the Motor Activities Program.

**Features include:**

- Pull-down menus to easily navigate among software functions
- Fields for storing detailed examiner and testing information
- Clinical reports using only Gross Motor or only Fine Motor scores

**Minimum system requirements:**

- IBM PC or compatible
- Microsoft Windows® 2000/NT 4.0/XP/Me/98/95
- 300 MHz Pentium Processor/Equivalent or higher
- 64 MB RAM (128 MB RAM or higher recommended)
- A hard disk with at least 25 MB of free space
- A mouse (or equivalent pointing device)
- A CD-ROM drive

**PDMS–2 Software Kit includes:** Software Manual and CD-ROMs in vinyl envelope.

**PDMS–2 Software Scoring and Report System**

**Version 1.2**

Elizabeth A. Allen

The new PDMS–2 Software Scoring and Report System—Version 1.2 is a quick, efficient tool to:

- convert PDMS–2 item scores or subtest raw scores into standard scores, percentile ranks, and age equivalents, with on-screen subtest and quotient score comparisons
- generate composite quotients
- compare PDMS–2 subtest performance and composite performance to identify significant intraindividual differences
- provide a printed report (standard or detailed) of the student’s identifying information and PDMS–2 performance, including treatment goals and objectives

**Features include:**

- Pull-down menus to easily navigate among software functions
- Fields for storing detailed examiner and testing information
- Clinical reports using only Gross Motor or only Fine Motor scores

**Minimum system requirements:**

- IBM PC or compatible
- Microsoft Windows® 2000/NT 4.0/XP/Me/98/95
- 300 MHz Pentium Processor/Equivalent or higher
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- A mouse (or equivalent pointing device)
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**PDMS–2 Software Kit includes:** Software Manual and CD-ROMs in vinyl envelope.

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**MR #021905 PDMS–2 Complete Kit**

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**KOPPITZ–2**

Koppitz Developmental Scoring System for the Bender® Gestalt Test—Second Edition

Cecil R. Reynolds

Ages: 5 years to 85 years
Testing Time: 5 to 10 minutes
Administration: Individual

New norms. Expanded age range. Updated scoring.

The wait is over. The revision of Elizabeth Koppitz’ Bender-Gestalt Test scoring system is now available.

One of the most frequently used psychological tests of the last century has been extensively revised and updated for today’s applications to your practice.

The new KOPPITZ–2 has been expanded to cover a broad age range, with additional designs and a revised scoring system to add reliability at all levels. For the first time, the Koppitz Developmental Scoring System has been normed on a nationally stratified, census-matched sample of children and adults from throughout the United States.

The new KOPPITZ–2 is ideal for use by psychologists, educational diagnosticians, licensed professional counselors, OTs, and others with proper training in the use of psychologically based tests of visual-motor integration. It is a highly reliable, valid measure of visual-motor integration skills that applies the developmental approach to scoring made so popular by its originator, Dr. Elizabeth Munsterberg Koppitz. The new KOPPITZ–2 is true to Koppitz’ original conceptualization but has been redeveloped to meet current psychometric standards. The age range has been extended to allow the evaluation of special education students through age 21 and to assist in the evaluation of the visual-motor integration deficits of the growing population of seniors. For older children and adults, both two- and three-dimensional drawings are now required that reveal subtle deficits in visual-motor integration processes.

The Bender-Gestalt Test has long been one of the most frequently administered of all psychological tests. The Koppitz scoring system, with long-outdated norms from the 1960s remained popular for 40 years due to its contribution to clinical assessment of individual children. The original Koppitz scoring system was used in more than 500 published research studies on children with visual-motor integration problems, brain injury, learning problems, and various forms of emotional disturbance. This revision remains true to Dr. Koppitz’ original views of the drawing of the Bender-Gestalt figures and the reduction in errors in the execution of these drawings as a true developmental phenomenon. The figures are derived from theories of Gestalt psychology.

The KOPPITZ–2 requires the examinee to draw increasingly complex figures from a model (the Bender designs) on a plain sheet of white paper and to organize the task independently.

The KOPPITZ–2 assesses the ability to relate visual stimuli accurately to motor responses and to organize the drawing task independently. It does so using a less structured task than other tests of visual-motor integration, thereby providing a more ecologically sound approach to assessment of visual-motor integration skills relative to highly structured drawing tasks.

**Use the KOPPITZ–2 to:**
- determine the presence and degree of any extant visual-motor problems
- identify candidates for remedial programs and visual-motor training
- evaluate the effectiveness of intervention programs and monitor recovery following acute injury
- monitor the progress of progressive degenerative disease processes that affect visual-motor integration skills
- gather research regarding the visual-motor integration process

A special chapter of the Manual is devoted to the Koppitz Emotional Indicators (EIs) and their proper use. A specialized scoring form is provided just for this purpose to make scoring of the Koppitz EIs easy and objective but also to maintain them as a record separate from the Developmental Scoring System.

**Key Features of the KOPPITZ–2:**
- Time- and cost-efficient.
- Maintains a developmental view of visual-motor integration and provides separate scoring systems for young children (ages 5–7 years) and older children and adults (ages 8 to 85+ years).
- Completely nonverbal and useful with individuals from widely varied cultural and ethnic backgrounds.
- High reliability across age, gender, and ethnicity, with reliability coefficients reported in the Manual for multiple subgroups, including individuals with various disorders.
- Designed for individual administration, the KOPPITZ–2 allows careful observation of the examinee to gain insights into the qualitative nature of any visual-motor integration problems evident.
- Detailed scoring guides and a clear template are provided for the developmental scoring systems that result in high levels of interscorer reliability.
- Provides standard scores and percentile ranks along with specialized scores and age equivalents to meet the needs of all practitioners.
- The total normative sample of 3,600 persons is matched to U.S. Bureau of the Census statistics on socioeconomic factors, ethnicity, region, community size, and other critical variables to ensure representativeness of the United States population as a whole.
- Internal consistency (alpha) reliabilities for all but one age are above .80, the exception being the reliabilities of the 5-year-old children, which is .77, a value that rounds to .80. The average of reliabilities across ages is .88. The test correlates highly with the WISC–III Performance Scale and Perceptual Organization Index.

Order the KOPPITZ–2 WITH or WITHOUT the Bender Cards! Bender® is a registered trademark of Houghton Mifflin Company.

**KOPPITZ–2 Complete Kit includes:** Examiner’s Manual, Bender Gestalt II Stimulus Cards, 25 Examiner Record Forms Ages 5–7, 25 Examiner Record Forms Ages 8–85+, 25 Emotional Indicators Record Forms, and a Scoring Template, all in a sturdy storage box. (2007)

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**TAPS–3**

**Test of Auditory Processing Skills**

*Third Edition*

Nancy A. Martin • Rick Brownell

**Ages:** 4-0 through 18-11  
**Testing Time:** 1 hour  
**Administration:** Individual

The Test of Auditory Processing Skills (TAPS–3) measures what a person does with what is heard. It represents a very thorough reshaping of the Test of Auditory Perceptual Skills, Revised (previously authored by M. Gardner). The most obvious change is that there are no longer two “levels” of the test — the TAPS–3 offers seamless coverage for ages 4 through 18 years. It is designed to be used by speech-language pathologists, audiologists, school psychologists, and other testing professionals.

**Subtests**

- Word Discrimination
- Phonological Segmentation
- Phonological Blending
- Numbers Reversed
- Word Memory
- Sentence Memory
- Auditory Comprehension
- Auditory Reasoning

The order of subtests now reflects a developmental progression of tasks from easiest to most difficult. Four New subtests have been added: Phonological Segmentation, Phonological Blending, Auditory Comprehension, and Auditory Reasoning (this replaces the Auditory Processing subtest from previous editions).

New items were developed for many subtests, such as Auditory Reasoning, which now contains all new items specifically designed to tap auditory cohesion, a higher-order process. An optional Auditory Figure-Ground task on CD flags attention problems and gives feedback about auditory processing in “real-world” situations. The introductory chapter of this manual presents an updated literature review.

There are also notable differences in how scores are derived and the types of scores obtained. The use of partial credit in some subtests reflects more accurately the child’s auditory abilities. In addition to one overall score, individual subtest scores are combined to derive three cluster scores:

- Phonological Skills (Word Discrimination, Phonological Segmentation, and Phonological Blending subtests)
- Auditory Memory (Number Memory Forward, Number Memory Reversed, Word Memory, and Sentence Memory)
- Auditory Cohesion (Auditory Comprehension and Auditory Reasoning subtests)

**Administration and Scoring**

The TAPS–3 remains an untimed test. Detailed scoring criteria are provided. The TAPS–3 norms are now nationally stratified, based on data from more than 2,000 students. Individual subtests are reported as scaled scores, while cluster scores (Phonological Skills, Memory, and Cohesion) and the overall score are reported as standard scores; percentile ranks and age equivalents are also provided.

**TAPS–3 Complete Kit includes:** Manual, 25 Test Booklets, and the Auditory Figure-Ground CD. (2005)

| MR #035126 TAPS–3 Complete Kit | $ 148.95 |
| MR #035127 TAPS–3 Manual | 51.95 |
| MR #035128 TAPS–3 Test Booklets | 74.95 |
| MR #035129 TAPS–3 Auditory Figure-Ground CD | 22.95 |

**TLI**

**The Listening Inventory**

Donna Gefner • Deborah Ross-Swain

**Ages:** 3 through 17  
**Administration:** Individual

The Listening Inventory (TLI) is an informal behavioral observation completed by parents and/or teachers. The Listening Inventory is a first step to quantify behaviors to see if a child might need evaluation for auditory disorders; it can provide a starting point for discussions with the speech-language professional prior to formal evaluation of a child. Six areas are assessed and Index scores are derived for each: linguistic organization, decoding/language mechanics, attention/organization, sensory/motor, social-behavioral and auditory processes. The manual contains background information as well as a guide for interpretation and use of the observations that were made.

**Administration and Scoring**

The observers (parents, teachers, and other professionals) are given TLI to complete; they then return the Inventory Form to the speech-language professional for interpretation. Statements in the Listening Inventory Form are rated on a 0 to 5 point scale. Index scores are compared to criterion-based cut-off scores to determine clinical significance. The Listening Inventory Form is easy to use, designed to automatically direct scores to the appropriate index column for quick scoring. Profile forms are provided to assist with score interpretation using convenient graphs.

**TLI Complete Kit includes:** Manual, 25 Listening Inventory Forms, 25 Profile Forms.

| MR #035130 TLI Complete Kit | $ 97.95 |
| MR #035131 TLI Examiner’s Manual | 39.95 |
| MR #035132 TLI 25 Listening Inventory Forms/25 Profile Forms | 56.95 |

**APAT**

**Auditory Processing Abilities Test**

Deborah Ross-Swain, EdD • Nancy Long, MA, PhD

**Ages:** 5 through 12-11  
**Administration:** Individual

The APAT is a nationally standardized, norm-referenced auditory processing battery for use with children ages 5-0 through 12-11. It may be used in the identification of children who are at risk or who may be experiencing Auditory Processing Disorder (APD). The APAT is comprised of 10 subtests that quantify a child’s performance in various areas of auditory processing. Subtest scores yield composite scores for Global Auditory Processing, Linguistic Processing (with additional linguistic composites: Discrimination, Sequencing, Cohesion), and Auditory Memory (with additional memory composites: Immediate, Delayed, and Sequential). The battery is designed primarily to be used by speech-language pathologists but may also be used by other professionals such as learning disability specialists, psychologists, and resource specialists.

**Administration and Scoring**

The APAT is individually administered and can be completed and scored in less than 45 minutes. It yields scaled scores and percentile ranks for subtests and standard scores and percentile ranks for the composites. Age equivalents are also available for all areas assessed.

**APAT Complete Kit includes:** Examiners Manual, 25 Test Booklets, 25 Summary Sheets, in portfolio.

| MR #031564 APAT Complete Kit | $ 131.95 |
| MR #031565 APAT Examiner’s Manual | 51.95 |
| MR #031566 APAT Test Booklets (25) | 51.95 |
| MR #031567 APAT Summary Sheets (25) | 28.95 |

**THE TLI WORKS WELL WITH THE TAPS-3 AND APAT TO PROVIDE A BEGINNING DIALOGUE BETWEEN SLPs, PARENTS, AND TEACHERS**

**USE THE APAT ALONG WITH THE TAPS-3 TO GET A BROADER VIEW OF A STUDENT’S AUDITORY SKILLS**
**MVPT–3**

**Motor-Free Visual Perception Test**

Third Edition

Ronald P. Colarusso • Donald D. Hammill

Ages: 4 through 85 years  
Testing Time: 25 minutes  
Administration: Individual

The third edition of the Motor-Free Visual Perception Test (MVPT–3) is appropriate for children and adults ages 4 through 85 years. Designed to assess visual perception without reliance on an individual's motor skills, the MVPT–3 is particularly useful with those who may have learning, cognitive, motor, or physical disabilities. The MVPT–3 can be used for screening purposes as well as diagnostic and research purposes by teachers, psychologists, educational specialists, rehabilitation therapists, and others who need a quick, highly reliable, and valid measure of overall visual-perceptual processing ability in children and adults.

The MVPT–3 measures skills without copying tasks. It contains many new, more difficult items at the upper end for older children and adults. Tasks include matching, figure-ground, closure, visual memory, and form discrimination. Stimuli are line drawings. Answers are presented in a multiple-choice format. Responses can be given verbally or by pointing. Standard scores and percentiles are provided. Item response times may be interpreted in terms of functional behavioral categories. Clinical population comparisons are also provided. The test takes about 20 minutes and is individually administered.

**MVPT–3 Complete Kit includes:** Examiner's Manual, Test Plates, and 25 Record Forms, in a vinyl folder. (2002)

- MR #025879 MVPT–3 Complete Kit  $ 148.95
- MR #025880 MVPT–3 Examiner's Manual  39.95
- MR #025881 MVPT–3 Test Plates  74.95
- MR #025882 MVPT–3 Record Forms (25)  34.95

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**TVPS–3**

Test of Visual-Perceptual Skills

Third Edition

Nancy Martin

Ages: 4 through 18-11  
Testing Time: 25 minutes  
Administration: Individual

Now, just one test covers all of the ages that were previously covered by the two forms of the earlier test (TVPS-R and TVPS-UL-R). The TVPS-3 is used by many professionals, including learning specialists, occupational therapists, optometrists, and rehabilitation specialists.

The TVPS-3 remains an easy to use assessment to determine the visual perceptual strengths and weaknesses of students aged 4-0 through 18-11. Visual perception is an important ability that enables one to make sense out of what is seen (in contrast to visual acuity tests which determine just that something was seen by the individual).

The TVPS-3 may be used by a number of different types of professionals: learning specialists, occupational therapists, optometrists, and rehabilitation specialists.

The TVPS-3 utilizes black and white line drawings as stimuli for all of the perceptual tasks; the stimulus plates are bound in a convenient easel-style booklet. The items are still presented in a multiple-choice format, and responses can be made vocally (by saying the letter of the response choice) or by pointing to the answer choice. This format is ideal for use with students who may have impairments in motor, speech, hearing, neurological, or cognitive functions.

There are still 16 plates in each of the perceptual areas so that the length of the test remains the same as in previous editions:

- Visual Discrimination
- Visual Memory
- Form Constancy
- Visual Closure
- Visual Spacial Relationships
- Visual Sequential Memory
- Figure-Ground

Ceilings ensure that the more difficult items do not unduly tax younger students, yet enable the examiner to obtain a reliable and accurate measurement of the students' abilities at all ages.

By analyzing the subtest score patterns, the examiner can make functional comparisons of the child's abilities and provide a basis for planning the appropriate remediation. The manual contains an updated review of literature, thus, relating the importance of visual perceptual ability to the tasks a child faces in both school and home settings.

The TVPS-3 also provides new, nationally stratified norms based on over 2,000 students.

**Administration and Scoring**

The TVPS-3 is administered to individuals; it is untimed and takes about 25 minutes to complete. Scoring is quick and uncomplicated. Raw scores are reported as scaled scores and percentile ranks for each subtest, the overall total score is reported as a standard score and percentile rank. Age-equivalents are also provided for the subtest and overall scores.

**TVPS–3 Complete Kit includes:** Examiner's Manual, 25 Record Forms, and Test Plates.

- MR #042848 TVPS–3 Complete Kit  $ 172.95
- MR #042849 TVPS–3 Examiner's Manual  45.95
- MR #042850 TVPS–3 Test Plates  91.95
- MR #042851 TVPS–3 Record Forms (25)  34.95

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**MVPT–V**

Motor-Free Visual Perception Test –**Vertical**

Louisette Mercier / Rejean Hebert / Ronald Colarusso / Don Hammill

Ages: 18+ years  
Testing Time: 25 minutes  
Administration: Individual

Adapted for adults by L. Mercier, O.T. from the original MVPT, MVPT-V stimuli are presented VERTICALLY at visual midline (instead of horizontally across the page). This presentation gives an accurate assessment of visual perceptual abilities in adults who may have hemifield visual neglect (HVN), common with stroke or head injury. HVN interferes with one's ability to attend to a portion of the visual field even though vision per se is normal. Some learning disabled persons show a similar visual attention deficit (due to abnormal visual saccades), making the MVPT-V ideal with them as well.

**MVPT–V Complete Kit includes:** Examiner’s Manual, Test Plates, and 50 Record Forms, in a vinyl folder.

- MR #016660 MVPT–V Complete Kit  $ 91.95
- MR #018689 MVPT–V Examiner’s Manual  25.95
- MR #018690 MVPT–V Test Plates  43.95
- MR #018691 MVPT–V Record Forms (50)  17.95

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The GVPI is the best measure of what the majority of people mean to do well on this composite, individuals must perform complex eye–hand coordination tasks. Low scores do not necessarily indicate poor visual perception; they may mean that the individuals have awkward hand movements or that they have difficulty coordinating hand-to-eye movements. This index is formed by combining the standard scores from the Figure-Ground, Visual Closure, and Form Constancy subtests.

The most reliable scores for the DTVP–A are the indexes: General Visual–Perceptual Index, Motor-Reduced Visual Perception Index, and Visual-Motor Integration Index.

- The GVPI is the best measure of what the majority of people mean when they say “visual perception.” Data from six subtests, each of which measures a different type of visual perception in a different manner, contribute to the GVPI. When GVPIs are below 90, examiners need to pay more attention to the clinically important indexes—the Motor-Reduced Visual Perception Index (MRPI) and the Visual-Motor Integration Index (VMI). Examination of these indexes may help explain the causes for low GVPIs.

- Of all of the DTVP–A indexes, the MRPI is the “purest” and most direct measure of visual perception in that only minimal motor skills (e.g., pointing) are required to show perceptual competence. This index is formed by combining the standard scores from the Copying, Visual Motor Search, and Visual-Motor Speed subtests.

- To do well on this composite, individuals must perform complex eye–hand coordination tasks. Low scores do not necessarily indicate poor visual perception; they may mean that the individuals have awkward hand movements or that they have difficulty coordinating hand-to-eye movements. This index is formed by combining the standard scores of the Copying, Visual-Motor Search, and Visual-Motor Speed subtests.

Special Features: of the DTVP–A

- Subtests were developed to be appropriate for adolescents and adults.

- The normative sample reflects the current population characteristics of the United States relative to race, ethnicity, gender, geographic region, parent education, and income.

- Internal consistency, stability, and intercorser reliability for all indexes are high.

- Validity evidence shows that all DTVP–A subtests and indexes are useful for measuring visual-perceptual and visual-motor integration skills.

- Evidence is provided to show that the test is unbiased with respect to gender and race.


MR #025227 DTVP–A Complete Kit $ 237.95
MR #025228 DTVP–A Examiner’s Manual 82.95
MR #025229 DTVP–A Picture Book 65.95
MR #025230 DTVP–A Profile/Examiner Record Forms (25) 62.95
MR #025231 DTVP–A Response Booklets (25) 35.95
The TGMD–2, a major revision of the Test of Gross Motor Development, is a norm-referenced measure of common gross motor skills that can be used by kinesiologists, general and special educators, psychologists, and physical therapists. The TGMD–2 assists you in identifying children ages 3-0 through 10-11 who are significantly behind their peers in gross motor skill development and who should be eligible for special education services in physical education.

The TGMD–2 is made up of 12 skills (6 for each subtest):

- **Locomotor**: run, gallop, hop, leap, horizontal jump, slide
- **Object Control**: striking a stationary ball, stationary dribble, kick, catch, overhand throw, underhand roll

Detailed descriptions and illustrations of the gross motor skills and a simplified scoring system allow you to administer the TGMD–2 quickly and easily in 15 to 20 minutes. The TGMD–2 combines fun activities with a reliable and valid procedure that will give you meaningful results in identifying children with gross motor problems. You can use the results of this assessment to develop instructional programs, monitor progress, evaluate treatment, and conduct further research in gross motor development.

The TGMD–2 includes several updates from the first edition:

- All-new normative information is keyed to the projected 2000 census.
- Normative information is now stratified by age relative to geography, gender, race, and residence.
- Age norms have been divided into half-year increments for both subtests for ages 3-0 through 10-11.
- New reliability and validity studies have been added, including exploratory and confirmatory factor analyses that empirically support the skills chosen for each subtest.

Evidence related to content sampling and test–retest time sampling reliability is provided. Reliability coefficients for the Locomotor subtest average .85, for the Object Control subtest average .88, and for the Gross Motor composite average .91. Standard error of measurement (SEM) is 1 at every age interval for both subtests and 4 or 5 for the composite score at each age interval. Coefficients alpha for selected subgroups are all above .90 for the subtest and the composite. Time sampling reliability coefficients range from .84 to .96. Content-description, criterion-prediction, and construct-identification validity are also provided that further support the use of the TGMD–2 in identifying children who are significantly behind their peers in gross motor development.

Using the TGMD–2, you will obtain standard scores, percentile scores, and age equivalents. The test also provides you with a Gross Motor Quotient if both subtests are completed.

**TGMD–2 Complete Kit includes**: Manual and 50 Profile/Examiner Record Booklets in a sturdy storage box. (2000)

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For use by psychologists, educational diagnosticians, learning disability specialists, OTs and PTs, as well as teachers and counselors, the Full Range Test of Visual–Motor Integration (FRTVMI) is a highly reliable, valid measure of visual-motor integration skills that not only covers the full range of school ages but, unlike most other tests of VMI, includes norms appropriate for special education students in the 19–21 year age range. Its norms include adults as well as children and adolescents (i.e., a full range of individuals from 5 years through 74 years can now be assessed with a common test).

The FRTVMI assesses the ability to accurately relate visual stimuli to motor responses. The purposes of giving the test include: (1) documenting the presence and degree of visual–motor problems in individuals, (2) identifying candidates for referral, (3) verifying the effectiveness of intervention programs, and (4) serving as a research tool. The test requires the person being tested to copy a series of increasingly complicated designs.

**Key Features:**
- Time and cost efficient.
- Completely nonverbal and highly useful with individuals from all cultural and ethnic backgrounds.
- Studies show the absence of gender and ethnic bias.
- Reliability coefficients are provided for subgroups of the normative sample (e.g., right- or left-handed-dominant subgroups, African Americans, Hispanic Americans, gender subgroups) as well as for the entire normative sample.
- Appropriate for group and individual administration.
- Scoring guides with comprehensive instructions making the FRTVMI easy and rapid to score accurately (interscorer reliability coefficients exceed .90 at all ages).
- The total normative sample of 3,153 is matched to the U.S. Bureau of the Census data on socioeconomic factors, gender, ethnicity, disability, and other critical variables, making it representative of the current U.S. population.

The FRTVMI is unique among visual–motor integration tests because it gives the clinician a highly reliable, valid, and unbiased measure for assessing individuals with a wide range of visual–motor ability. Normative data were collected on 3,153 individuals from 22 states. Demographics of the sample matched those reported in the 2000 U.S. census. Three types of reliability and several validity studies were reported in the manual. This is a highly useful, highly regarded test that clinicians and researchers can use in a variety of ways.

**FRTVMI Complete Kit includes**: Examiner's manual, 25 Profile/Examiner Record Forms for ages 5–10, 25 Profile/Examiner Record Forms for ages 11–74, and a Scoring Transparency, all in a sturdy storage box. (2005)

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TVMS–R and TVMS–UL
Test of Visual-Motor Skills—Revised
Test of Visual-Motor Skills—Upper Level

Morrison F. Gardner

Ages: 3 through 13
Administration: Individual or group

The TVMS-R and TVMS-UL (Upper Level) are untimed tests that show how well a person translates what is perceived visually into motor movements. A series of 23 geometric designs are to be copied, each measuring specific visual motor abilities. By analysing the tasks in terms of eight performance classifications (Closure, Angles, Line Intersections, Size, Rotation, Line Length, Under- or Over-Penetration, and Design Modification), an examiner may make a detailed diagnosis of a person’s visual-motor skills. When used along with a test to assess visual perception, the TVMS-R and TVMS-UL help to differentiate the child who has a primarily visual-motoric impairment from one who has primarily a perceptual difficulty.

TVMS-R and TVMS-UL may be utilized easily by various professionals: learning specialists, psychologists, occupational therapists, optometrists and others. Test items were screened and analysed to eliminate any that were shown to be biased based on gender or ethnicity.

Administration and Scoring
Both the TVMS-R and TVMS-UL are untimed; each can be administered completely in about 10 minutes. The manuals contain detailed descriptions and illustrations of the performance classifications and scoring guidelines. The Upper Level scoring is more detailed than that for the younger ages; a protractor is included to assist with accurate scoring of these items.

TVMS-R scores reflect the strengths (accuracies) and weaknesses (errors) of a person’s visual motor abilities. The TVMS-R features a revised scoring criteria for some subtests that utilizes a multi-point scoring system, allowing greater discrimination of problem areas. The manual also includes a sample completed test protocol to illustrate the item scoring.

The Upper Level manual includes guidelines for identifying other, non-visual-motoric characteristics that may affect test performance and that indicate the need for other types of clinical assessments.

Results from the tests can be reported as standard scores, scaled scores, percentile ranks, or stanines. Raw scores may also be interpreted to reflect visual-motoric ages.

TVMS–ASM Test of Visual-Motor Skills
Alternate Scoring Method

Ages: 3 through 13
Administration: Individual or group

The Alternate Scoring Method (TVMS-ASM) is designed to augment the TVMS-R by providing examiners with a quick method of screening TVMS-R protocols. The Alternate Scoring Method scores only the most common types of visual motor errors using ratings of zero, one, two, or three. The scores for each item are summed to provide one overall performance score which may be reported as a standard score, scaled score, percentile rank, or stanine.

The Alternate Scoring Method (TVMS-ASM) does not replace the Scoring Criteria Method which includes comprehensive scoring along eight classifications of task performance. The TVMS-R provides a more detailed evaluation when the single score obtained from the Alternate Scoring Method so indicates.

The same Test Booklet is used for the Alternate Scoring Method (TVMS-ASM) and the TVMS-R, although each version has its own manual of statistics and norms.

JLRRT
Jordan Left-Right Reversal Test

Brian T. Jordan

Ages: 5 through 12
Testing Time: 20 minutes
Administration: Group

The revised edition of the JLRRT assesses reversals of letters, numbers, and words. The scope of test material has been expanded. New, more conservative norms accurately detect visual reversal problems. It is designed for use as a screening device by classroom teachers or for inclusion in a full diagnostic test battery by a specialist. The manual includes detailed remediation exercises for reversal problems. The Laterality Checklist is an informal survey that determines whether a student prefers use of one side of the body when performing tasks. The Remedial Checklist provides a list of activities that can be used to develop laterality.

Administration and Scoring: The JLRRT may be administered to individuals or groups by teachers or specialists. Level 1 tests reversals of letters and numerals. Level 2 assesses reversed lower-case letters within words, and whole-word reversals within sentences.

The test is untimed, but can be administered and scored in about 20 minutes.

JLRRT Complete Kit includes: Manual, 50 Test Forms, 50 Laterality Checklists, 50 Remedial Checklists in vinyl folder.

TVMS-ASM Complete Kit includes: Examiner’s Manual, 15 Profile Forms, and 15 Test Booklets.
VSA Visual Skills Appraisal
Regina G. Richards • Gary S. Oppenheim
In Consultation with G.N. Getman
Ages: 5 through 9
Administration: Individual

The VSA is a screening tool developed to assist teachers and other educa-
tors to identify visual inefficien-
ties that may affect school performance. Six sub-
tests assess pursuit, scanning, alignment, and
locating movements; eye-hand coordination; and
fixation unity. When visual deficits are noted, the student
should be referred for a comprehensive visual examination. The VSA is a
self-contained instrument that does not require the use of other equip-
ment. The manual includes many visual skill training techniques that are
keyed to each subtest.

Administration and Scoring: The VSA can be individually administered
in 10–15 minutes by an experienced examiner. The resulting subtest scores
are converted to a scale of 0–5 score cut-off points, and indicate whether
a student requires further examination by a vision specialist.

VSA Complete Kit includes: Manual, Stimulus Cards, 25 Design Completion Forms,

MR #026177 VSA Complete Kit $ 97.95
MR #026178 VSA Examiner’s Manual 30.95
MR #026179 VSA Stimulus Cards (w/scoring card) 13.95
MR #026180 VSA Design Completion Forms (25) 13.95
MR #026181 VSA Red/Green Trail Forms (25) 13.95
MR #026182 VSA Score Sheets (25) 13.95

TPFLNSOSS
Test of Pictures/Forms/Letters/Numbers/
Spatial Orientation and Sequencing Skills
Morrison F. Gardner
Ages: 5:0 through 8:11
Administration: Individual or group

The TPFLNSOSS uses a series of simple identificaion tasks to determine
a child’s ability to detect both reversals (of common objects, abstract de-
signs, paired letters, letters within words, and numbers) and letter sequen-
cing errors. The test is amenable to use with diverse populations; while the
items are presented visually, responses require neither reading nor motor
skills. Instructions may be paimnted for children with hearing deficits.
Since children mark their answers directly on the test booklet pages, the
test may be administered to small groups of children at one time.

The TPFLNSOSS is designed to be used by a number of professionals,
including optometrists, occupational therapists, resource specialists,
teachers, reading specialists, and psychologists.

Administration and Scoring: The TPFLNSOSS is quickly and easily
administered to individuals or small groups in about 10 to 15 minutes.
Basals or ceilings are not needed to determine the scores. Each task sec-
tion is scored separately and can be reported as standard scores, scaled
scores, percentile ranks or stanines.


MR #031580 TPFLNSOSS Complete Kit $ 62.95
MR #031581 TPFLNSOSS Examiner’s Manual 22.95
MR #031582 TPFLNSOSS Test Booklets (25) 39.95

Neitz Test of Color Vision
Jay Neitz, Ph.D., Phyllis Summerfelt, and Maureen Neitz, Ph.D.
Ages: all ages, including preschoolers
Testing Time: 5 minutes or less
Administration: Individual or group

We live in a color-coded world—Our global
community increasingly relies on color to
communicate. Yet 8% to 10% of all males and
.5% of all females are color-blind. In a
classroom of 20 children, it’s likely that at
least 1 will have a problem discerning color.
Fortunately, there’s now an easy, inexpen-
sive way to screen for color vision deficien-
cies. The Neitz Test identifies the type and
severity of color vision deficiency in just
a few minutes. It can be used with people of
any age, including young children.

The Neitz Test can be administered in
fluorescent light, daylight, or a combination of the two—making it much
more convenient than competing instruments.

Because it can be given to large groups at a low cost, the Neitz makes
test screening not only possible, but also easy.
Like conventional color vision tests, the Neitz asks individuals to identify
colored shapes within grey dot patterns. Unlike these tests, however, it
does not require expensive color plates that eventually fade and need to
be replaced.

The Neitz presents nine dot patterns on a single sheet of paper. Below
each pattern are five response options—a circle, a triangle, a square, a
diamond, and nothing. The examinee simply marks the option that repres-
ents what he or she sees in the grey dot pattern. (The shapes are not
visible to those who are color-blind.) Requiring no special training, the test
is quite easy to administer.

The Neitz detects the presence and severity of the two main classes of
color blindness: blue-yellow (tritan) and red-green. It further distinguishes
the two subtypes of red-green color blindness (deutan and protan). You
see and score results instantly. If the examinee has a color vision
deficiency, you’ll know on the spot exactly what it is and how severe it is.

Elementary school teachers can distribute, administer, and collect the
test, in their classrooms, in less than 5 minutes. This means you can
screen an entire student body without disrupting lessons or taking a single
child out of class. Of course, the same administrative efficiency applies in
business and government settings as well.

How does the Neitz compare to the Ishihara?
Studies reported in the test manual show that the Neitz Test of Color Vision
is at least as reliable and accurate as the Ishihara and other conventional
color vision tests* in identifying the presence, type, and severity of color
vision deficiencies. The Neitz Test of Color Vision is also easier to use.

» Children diagnosed as color-blind using the Neitz also failed the Ishi-
har a and other conventional color vision tests.
» None of the children who passed the Neitz was diagnosed as color
deficient by the Ishihara and other conventional tests.
» The Neitz detects both red-green and blue-yellow color vision deficits,
whereas the Ishihara identifies only red-green.
» The Neitz can be used with very young children (pre-K), while the
Ishihara is not reliable when used with children under age 8.
» The Neitz requires no training—It can be administered and scored by
virtually anyone, including human resource professionals, teachers,
and safety supervisors. The Ishihara, on the other hand, must be
administered and interpreted by a trained professional.
» The Neitz is easier to score than the Ishihara, and results are com-
pletely unambiguous.

*The AO-HRR Plate Test, the APT-5 Color Vision Tester, and the Nagel Anomaloscope
Neitz Complete Kit includes: 30 Test Sheets (10 each of Version 1, 2, and 3),
Manual, and Scoring Key.

MR #050396 Neitz Complete Kit $ 97.95
MR #050397 Neitz Test Sheets - Version 1 (50) 62.95
MR #050398 Neitz Test Sheets - Version 2 (50) 62.95
MR #050399 Neitz Test Sheets - Version 3 (50) 62.95
MR #050400 Neitz Manual 43.95
MR #050401 Neitz Scoring Key 15.95
**SPM Sensory Processing Measure**

*The Best is Every Sense.*

**Main Classroom and School Environments Forms by**
Heather Miller Kuhnec, M.S., OTR/L •
Diana A. Henry, M.S., OTR/L •
Tara J. Glennon, Ed.D., OTR/L, FAOTA

**Home Form by**
L. Diane Parham, Ph.D., OTR/L, FAOTA • Cheryl Ecker, M.A., OTR/L

**Ages:** 5 to 12 years

**Administration Time:** 15 to 20 minutes

With the Sensory Processing Measure (SPM), you can now get a complete picture of children's sensory functioning at home, at school, and in the community. Recognizing that sensory processing problems often manifest differently in different environments, this set of three integrated rating scales assesses sensory processing, praxis, and social participation in elementary school children. The assessment's unique multi-environment approach lets you see, for example, why a child who functions well in a highly structured classroom may have problems in a more relaxed setting.

Firmly grounded in sensory integration theory, the SPM provides norm-referenced standard scores for two higher level integrative functions—praxis and social participation—and five sensory systems—visual, auditory, tactile, proprioceptive, and vestibular functioning. Within each system, it offers descriptive clinical information on processing vulnerabilities, including under- and overresponsiveness, sensory-seeking behavior, and perceptual problems.

The SPM consists of three forms:

» Home Form
» Main Classroom Form
» School Environments Form

The Home Form (75 items) is completed by the child's parent or home-based care provider. The Main Classroom Form (62 items) is filled out by the child's primary classroom teacher. And the School Environments Form (10 to 15 items per environment) is completed by other school personnel who work with and observe the child.

**Home and Main Classroom Forms**

Each requiring just 15 to 20 minutes, the Home and Main Classroom Forms yield eight parallel standard scores:

» Social Participation
» Vision
» Hearing
» Touch
» Body Awareness (proprioception)
» Balance and Motion (vestibular function)
» Planning and Ideas (praxis)
» Total Sensory Systems

Scores for each scale fall into one of three interpretive ranges: Typical, Some Problems, or Definite Dysfunction. In addition, for the first time, an Environment Difference score permits direct comparison of the child's sensory functioning at home and at school. While the scales on the Home and Main Classroom Forms are identical, the items themselves are specific to each environment. Individual item responses reveal how sensory difficulties manifest in these two different settings.

**School Environments Form**

Provided on an unlimited-use CD, this form lets you look at the child's functioning in six school environments outside of the main classroom: Art Class, Music Class, Physical Education Class, Recess/Playground, Cafeteria, and School Bus. Each environment has its own Rating Sheet, which can be printed and distributed to raters as needed. Each rater can complete his or her 15-item Rating Sheet (10 items for the School Bus setting) in less than 5 minutes. Each Rating Sheet is interpreted using a cutoff score for the environment to which it applies. Scores at or above the cutoff point indicate that the child is experiencing an unusually high number of sensory processing problems in a given environment. Whether you use one or all six Rating Sheets, the School Environments Form must always be administered in conjunction with the Main Classroom Form; it cannot be used alone.

Because it solicits input from school staff members who are not normally involved in assessment, the School Environments Form serves a team-building function, while providing a more comprehensive picture of the child.

Comprehensive, Clinically Rich, and Psychometrically Sound

The Home Form and Main Classroom Form were standardized on a demographically representative sample of 1,051 typically developing children from kindergarten through sixth grade. A subsample of 306 children from the standardization sample was used to develop scores and establish cutoff criteria for the School Environments Form. Studies reported in the Manual document that the SPM differentiates typical children from those with clinical disorders.

Whether you're an occupational therapist, psychologist, teacher, social worker, counselor, physical therapist, speech-language pathologist, or nurse, you'll find the SPM comprehensive and clinically rich. It supplies the information you want and the psychometric integrity you need.

**SPM Comprehensive Kit includes:** Manual, 25 Home AutoScore™ Forms, 25 Main Classroom AutoScore™ Forms, and the School Environments Form CD.

**SPM School Kit includes:** Manual, 25 Main Classroom AutoScore™ Forms, and the School Environments Form CD.

**SPM Home Kit includes:** Manual and 25 Home AutoScore™ Forms.

**SPM School Environments CD includes:** PDFs for all 6 School Environments Form rating sheets. Unlimited Use.
**LETR-II Learning Efficiency Test**  
Raymond E. Webster, Ph.D.  
**Ages:** 5 through 75+  
**Testing Time:** 15 minutes  
**Administration:** Individual  

The LET-ll provides a quick and reliable measure of visual and auditory processing characteristics and is useful in determining information processing deficits that may relate to learning problems. Performance on the LET-ll yields information about a person's preferred modality for learning, the impact of verbal interference on memory storage and retrieval, and the kinds of metacognitive strategies used during learning. The test also identifies the presence of global memory deficits, modality-specific memory deficits, or sequential organization deficiencies that interfere with successful learning. The LET-ll has been shown to be useful in:  
- Identifying learning problems related to characteristics of memory  
- Assessing the effects of physical injury on cognitive functioning  
- Evaluating memory in aging adults  
- Developing specific IEPs for atypical learners  

Memory is assessed in two modalities (visual and auditory) and in three recall conditions (immediate, short-term, and long-term) using strings of two to nine non-rhyming letters. Sequential and non-sequential scores are also obtained; standard scores and percentile ranks are provided.  

**LET-ll Complete Kit includes:**  
- Cursive Test Booklets (15) & Record Forms (15)  

**MR #026197** LET-ll Complete Kit $105.95  
**MR #026198** LET-ll Examiner’s Manual 45.95  
**MR #026199** LET-ll Stimulus Cards 24.95  
**MR #026200** LET-ll Record Forms (50) 34.95  

**Clinical Interpretations for the LET-ll**  
Raymond E. Webster, Ph.D.  

This book is an outstanding companion to the widely used Learning Efficiency Test-ll (LET-ll). It offers test professionals additional guidance with scoring and interpretation issues by providing expanded explanations of the types of scores derived, the implications of the variety of score patterns obtained in most clinical settings, and remedial strategies to use with persons showing atypical information processing or learning styles.  

8¼ x 11, softcover, 160 pp.  

**MR #026202** Clinical Interpretations for the LET-ll $34.95

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**THS-R Test of Handwriting Skills**  
Michael Milone  
**Ages:** 6 through 18  
**Testing Time:** 25 minutes  
**Administration:** Individual or group  

The THS-R is an untimed, clinical assessment of neurosensory integration skills evident in handwriting (both manuscript and cursive) that are often disrupted in students with learning difficulties. The THS-R is not a classroom assessment of penmanship. The THS-R provides standardized assessment of children’s handwriting ability for both manuscript and cursive styles that can be used with any of the popular handwriting programs (such as Palmer, Zaner-Bloser, D’Nealian).  

Results of the THS-R can be used to:  
- Identify neurosensory integration problems  
- Monitor progress of students with disabilities  
- Determine if neurosensory integration difficulties are contributing to students’ learning problems  
- Guide instructional or rehabilitation practices  

Changes to the new edition include:  
- Norms extended through age 18 (manuscript and cursive)  
- Nationally stratified norms  
- Simplified scoring procedures  
- Clarified scoring criteria  
- Handwriting exemplars that reflect current styles including D’Nealian, Handwriting Without Tears, Universal, and Zaner-Bloser  
- Abbreviated administration procedures  
- Scoring examples  
- Scoring training video  

The Manual now provides guidance on how the THS-R can be used for progress monitoring. Also included is a video tutorial to assist practitioners in the scoring process. Subtest scores are reported as scaled scores and percentile ranks, and an Overall standard score has been added. The THS-R was normed on 1,500 U.S. individuals. Remedial activities are provided in two (reproducible) workbooks shown below.  

**THS-R Complete Kit includes:**  
- Examiner’s Manual, 15 manuscript test booklets, 15 cursive test booklets, 30 Record Forms, and Training Video (CD) in a vinyl folder.  

**MR #044189** THS-R Complete Kit $137.95  
**MR #047179** THS-R Examiner’s Manual 39.95  
**MR #047181** THS-R Manuscript Test Booklets (15) & Record Forms (15) 39.95  
**MR #047182** THS-R Cursive Test Booklets (15) & Record Forms (15) 39.95  
**MR #047180** THS-R Training Video (CD) 16.95  

**THS-R Cursive Test Booklets (15) & Record Forms (15)**  

**MR #047183** THS-R Cursive Test Booklets (15) 39.95  
**MR #047184** THS-R Record Forms (15) 39.95  

**Practical Guide to Handwriting**  
Michael Milone  

Like other skills, handwriting must be taught and practiced if it is to be useful for a child or adult. In special education or rehabilitation settings, it is sometimes difficult to find time for either handwriting instruction or practice because there are so many other areas that may need attention. The purpose of the Practical Guide to Handwriting is to give professionals an instructional resource that can be used with a wide variety of children or adults with disabilities that will enable the learner to write fluently (legibly and with ease). Guidelines in each book help the practitioner decide which pages should be used with those who have various learning characteristics. Deficits can be identified by using the Test of Handwriting Skills (described above).  

Each book is 8¾ x 11, softcover, 80pp, reproducible.  

**MR #047188** Practical Guide to Handwriting (Manuscript) $21.95  
**MR #047189** Practical Guide to Handwriting (Cursive) 21.95
The Cognitive Assessment System (CAS) is a well-researched, norm-referenced measure of cognitive ability designed to be consistent with well-known PASS theory. The Planning, Attention, Simultaneous, Successive (PASS) theory is based on cognitive and neuropsychological research. The CAS was designed to measure those cognitive processes which are important for differential diagnosis and intervention planning in individuals ages 5-0 through 17-11. The CAS assesses the “basic psychological processes” used to describe children with specific learning disabilities provided in IDEA 2004. The test also yields information that can be used for instructional programming. Importantly the CAS is fair for minority children.

The CAS has two versions: a Standard Battery, and the shorter Basic Battery. The CAS Standard Battery has three subtests in each of the four PASS scales (described below) and is administered in about an hour. The Basic Battery comprises two subtests from each of the four PASS scales and takes about 45 minutes to administer. Each of the four PASS scales yields a standard score with a mean of 100 and a standard deviation of 15. The CAS also provides a Full Scale standard score with the same metric.

The PASS scales
- Planning—a cognitive process requiring the individual to determine, select, and use a strategy to solve a problem. The subtests require the solving of novel tasks. The three Planning subtests are: Matching Numbers, Planned Codes, and Planned Connections.
- Attention—a cognitive process requiring the individual to selectively attend to a particular stimulus and inhibit attending to competing stimuli. The three Attention subtests are: Expressive Attention, Number Detection, and Receptive Attention.
- Simultaneous—a cognitive process involving integrating separate stimuli into a single whole or group. The three Simultaneous subtests are: Nonverbal Matrices, Verbal-Spatial Relations, and Figure Memory.
- Successive—a cognitive process that involves serial ordering of things. The four Successive subtests are: Word Series, Sentence Repetition, Speech Rate (ages 5–7), and Sentence Questions (ages 8–17).

Technical
The CAS was standardized on a representative group of 2,200 children and adolescents. Extensive reliability and validity information is reported in the Interpretive Handbook that accompanies the test. Full Scale reliability is .96 with the PASS Scale reliabilities ranging from .83 to .93. Internal consistency and test-retest reliability studies were conducted. Types of validity reported include construct, concurrent, predictive, and discriminant. Validity with special populations including persons who are mentally retarded, learning disabled, gifted, or have attention deficits or traumatic brain injuries are reported. Differences in PASS Scale performance were found for these groups, supporting the discriminant validity of the CAS. Special attention was paid to making the CAS fair for minority groups. Validity evidence reported in the Interpretive Handbook demonstrates the test’s value for assessment of diverse groups of children.

Interpretation
The Interpretive Handbook provides methods for interpretation of scores. It explains how to examine the PASS profile, compare PASS scales, analyze subtests, and compare PASS scores to achievement. To determine intra-individual differences, the Interpretive Handbook provides tables to evaluate the significance of the differences between the four PASS scale standard scores. It also provides similar tables to evaluate the significance of differences between scaled scores for each subtest within a PASS Scale. Actuarial values are included.

Methods for using the PASS and Full Scale scores to identify cognitive strengths and weaknesses are also given. Due to the unique information that can be obtained from the CAS, the results may be particularly helpful when assessing special populations.

CAS Complete Kit includes: Stimulus Book, Administration and Scoring manual, Interpretive Handbook, 25 Record Forms, 25 each of the Response Books for 5–7 and 8–17, 25 Figure Memory Response Books, Scoring Templates, and a Red Pencil in a canvas carrying case. (01997)

MR #050007 CAS Complete Kit with Case $ 957.95
MR #050008 CAS Complete Kit without Case $ 835.95

CAT/CLAMS
The Capute Scales
Cognitive Adaptive Test / Clinical Linguistic & Auditory Milestone Scale
Pasquale J. Accardo, M.D. • Arnold J. Capute, M.D., M.P.H. with Anna Bennett, M.P.H. • Elena S. Keshishian, M.D., Ph.D. • Mary L. O’Connor Lappert, M.D. • Thomas R. Montgomery, M.D. • Michael E. Msall, M.D. • Brian T. Rogers, M.D. • Paul F. Visnitzer, Ph.D. • Robert G. Voigt, M.D. • Barbara V. Whitman, Ph.D.

Ages: 1 - 36 months
Testing Time: 6 to 20 minutes
Administration: Individual

Developed by Arnold J. Capute, the founding father of neurodevelopmental pediatrics, The Capute Scales is a norm-referenced, 100-item screening and assessment tool that helps experienced practitioners identify developmental delays in children from 1–36 months of age. Tested and refined at the Kennedy Krieger Institute for more than 30 years, this easy-to-administer tool consists of two tests on separate streams of development: visual-motor functioning and expressive and receptive language development. These tests help pinpoint any instances of delay (a slower rate of milestone acquisition), deviancy (any unusual development within a specific stream), and dissociation (an uneven rate of milestone acquisition).

Fast and easy to complete, The Capute Scales requires minimal equipment and can be administered in just 6 to 20 minutes. Because the tests measure functioning across two streams of development, they help clinicians distinguish between global developmental delays and specific areas of concern. Created for clinical settings, The Capute Scales is an effective and efficient assessment tool for general pediatric practice and for specialists such as developmental pediatricians, speech-language pathologists, and occupational therapists. This standardized instrument will assist clinicians in making developmental diagnoses, counseling families, and guiding them to appropriate intervention services.

The complete system includes:
- Cognitive Adaptive Test (CAT), 57 items focused on visual-motor functioning
- Clinical Linguistic & Auditory Milestone Scale (CLAMS), 43 items focused on expressive and receptive language development
- Manual with an explanation of the scales’ development, Spanish and Russian score sheet translations, guidelines on administration and scoring, an overview of clinical and research use, and information on standardization of the scales and their use in other languages
- 4-page Scoring Sheet
- Test Kit, packed in a tote bag, with the standardized materials required to conduct the assessment


CAT/CLAMS Test Kit Components include: laminated card, notepad, 2umbo crayons, cloth, form board, triangle/circle/square shapes for form board, Plexiglas pane, pegboard with six pegs, dowel, cup, jar, 10 1-inch blocks, plastic ring, bell, all contained in a tote bag.

MR #043395 CAT/CLAMS Complete Kit $ 419.95
MR #041174 CAT/CLAMS Examiner’s Manual 59.95
MR #041175 CAT/CLAMS Scoring Sheets (20) 23.95
MR #043394 CAT/CLAMS Test Kit Components 359.95
above .80, and all but one value exceed .80 for the composite indexes.

Test reliability coefficients are all above .70 for the subtests, with most reliability values falling in the .90s and the balance exceeding .85. Test–re–

ability estimates are uniformly high, with all composite and some subtest
estimating the internal consistency of the subtests and composites. Reli-

ability was determined using standard methods for

a standard deviation of 3. Composite scores and indexes also are scaled

TOMAL–2 delayed recall tasks evaluate general and specific memory func-
tions; features composite memory scores for Verbal Memory, Nonverbal Memory, and a Composite Memory Index; has supplementary composite scores that include a Verbal Delayed Recall Index, Learning Index, At-
tention and Concentration Index, Sequential Memory Index, Free Recall Index, and an Associate Recall Index; and includes highly interpretable and relevant scores, scaled to a familiar metric.

The TOMAL–2 provides the most comprehensive coverage of memory assessment currently available in a standardized battery.

**Statistical Characteristics of the TOMAL–2**

The TOMAL–2 was normed on more than 1,900 children, adolescents, and adults ages 5-0 through 59-11, drawn from 31 states representing all major regions of the United States. The sample was designed to be representative of the U.S. population as a whole on gender, age, ethnicity, urban/rural residence, and geographic distribution. The TOMAL–2 also was evaluated at the item and subtest levels for gender and ethnic bias.

The results of these studies provide strong evidence for a lack of bias and favor consistency across gender and across U.S.–born ethnic populations.

TOMAL–2 scores include standardized or scaled scores and percentiles. Subtest scaled scores appear in a familiar metric with a mean of 10 and a standard deviation of 3. Composite scores and indexes also are scaled to a familiar metric for ease of use and comparability with other tests (M = 100; SD = 15). Reliability was determined using standard methods for estimating the internal consistency of the subtests and composites. Reli-

ability estimates are uniformly high, with all composite and some subtest reliability values falling in the .90s and the balance exceeding .85. Test–re–
test reliability coefficients are all above .70 for the subtests, with most above .80, and all but one value exceed .80 for the composite indexes.

**TOMAL–2 Subtests and Composites**

The 8 core, 6 supplemental subtests, and 2 delayed recall tasks are designed to give information on specific and general aspects of memory and are used to derive the Core Indexes and the Supplementary Indexes. Subtests include Memory for Stories (MFS), Facial Memory (FM), Word Selective Reminding (WSR), Visual Selective Reminding (VSR), Object Recall (OR), Abstract Visual Memory (AVM), Digits Forward (DF), Visual Sequential Memory (VSM), Paired Recall (PR), Memory for Location (MFL), Manual Imitation (MI), Letters Forward (LF), Digits Backward (DB), and Letters Backward (LB), along with 2 verbal delayed recall tasks and cued recall procedures.

**Core Indexes:** Verbal Memory Index, Nonverbal Memory Index, and Composite Memory Index.

**Supplementary Indexes:** Verbal Delayed Recall Index, Learning Index, Attention and Concentration Index, Sequential Memory Index, Free Recall Index, Associative Recall Index.


MR #048121 TOMAL–2 Complete Kit  $ 431.95
MR #048122 TOMAL–2 Examiner’s Manual  83.95
MR #048123 TOMAL–2 Picture Book A  82.95
MR #048124 TOMAL–2 Picture Book B  94.95
MR #048125 TOMAL–2 Profile/Summary Forms (25)  47.95
MR #048126 TOMAL–2 Examiner Record Booklets (25)  70.95
MR #048127 TOMAL–2 Delayed Recall Cue Cards  35.95
MR #048128 TOMAL–2 Visual Selective Reminding Test Board  17.95
MR #048129 TOMAL–2 Chips  8.95