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S3C-23

Memorandum

Date: OCT 5 6 1992

From: Associate Commissioner
for DisabilitySubject: Title XVI Childhood Disability **Claims: Updated Examples of
Tests of Age-Appropriate Behavior--INFORMATION**To: All Regional Commissioners
(Unnumbered)

On May 28, 1992, an All Regional **Commissioners (RC)** memorandum and Disability Determination Service⁸ (DDS) Administrators' letter were released requesting suggestions for updating the examples of commercially available psychological tests which **meet program criteria**. The Office of Medical Evaluation has compiled and updated the examples of commercially available tests (tab A).

Responses were generally **quite positive** regarding the nature and usefulness of the examples, and various component⁸ made suggestions for additions and revisions. As a result, in the **revised list**, 14 examples were added and 9 were updated. The 14 new examples appear in boldface type and the 9 updated tests are identified by the symbol †.

It should be noted that there are 3 tests in the revised list which have been identified by the symbol o as not fulfilling the provision of Program Operations Manual System 24515.055 which states that a standardized test should have: **"normative data relating to a recent cross-section of the general population."** However, **these** tests have been retained on the list because they may have been administered sometime in the past to children who are members of the **Zebley** class and would, therefore, potentially be found in the claims folders. For the same reason, the Carolina Record of Infant Behavior has been retained even though no longer **commercially** available: and the System of Multicultural Pluralistic Assessment has been retained even though the **normative sample** cannot be considered a **"cross-section** of the general **population."** These 2 tests are also identified by the symbol o.

As noted above, the 9 updated tests are identified by the symbol +. However, the 9 tests that they update (the "outdated" tests) have been retained on the list because they, too, may have been administered sometime in the past to children who are members of the Zebley class. For example, the Stanford-Binet (Fourth Edition) (1985) has supplanted the Stanford-Binet (Form L-M) (1972), but Form L-M would have been used prior to 1985 with children who are members of the Zebley class. The "outdated" tests are identified by the symbol -.

As with the original list, which was promulgated as an All RCs memorandum and DDS Administrators' Letter Number 161 on February 27, 1991, this updated list is neither all-inclusive nor exclusive, and is intended only for use by professionals knowledgeable in psychometric evaluation.

An exhaustive list is not provided for multiple reasons. Not only is it not appropriate for SSA to exclusively endorse proprietary instruments, but the hundreds of possibly applicable instruments, and the continuous introduction of newly developed ones and passing of others, preclude provision of an encyclopedic and contemporary list. Additionally, such reviews already exist in several annually updated volumes of test critiques and other materials, some of which are cited in the following References section (tab B). More importantly, even if it were feasible for the program to provide a complete list of approved measures, it remains that each disability claim must receive individual consideration of its unique allegations, medically determinable condition(s), and extent and type of existing documentation. As such, the appropriateness of any individual device depends upon the distinctive features of the claim.

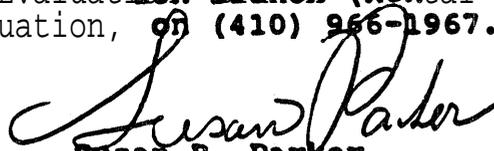
Critical reviews of measures, as well as test manuals describing standardization, reliability and validity data are widely available. In deciding which tests are appropriate in a particular instance, the professionals who are generating evidence for adjudicating or reviewing a claim at the local level should rely upon such reviews and manuals. It is expected that these professionals will be familiar with the strengths and weaknesses of the specific tools they utilize.

The test list has been divided into sections addressing domains of interest, such as cognitive and social function. Most of the instruments under each domain cover a range of capacities and behaviors, as well as ages, and the measures

are completed in various ways, e.g., self-report, formal testing, observation by professionals or others. As a result of this diversity, some of the measures could be multiply categorized, subdivided by assessment approach, or otherwise differently classified. The format used in the list has been arrived at on the basis of convenience of use with the childhood mental disorder listings--it is not meant to restrict any defensible application of the instruments. Consistent with the diversity highlighted above, the cited measures express their respective results in a variety of include developmental ages, percentiles, standard scores, and developmental, social, and intelligence quotients. As can be seen, some test findings may require statistical expression in another form in order to be directly applicable to a particular listing, and these transformations can be requested from the consultative examination or treating source, or performed by the adjudicating professional.

As a final point, it should be appreciated that some listed measures are only screening devices and may need to be followed by more comprehensive psychometric assessment. It is essential to understand that while a test, or combination of tests, may be helpful in evaluating the developmental, intellectual, or psychiatric status of a claimant, it cannot form the sole basis of evidence in determining a claim. Other primary or collateral development, such as report from parents, caregivers, teachers, and treating professionals, is also required in order to arrive at a comprehensive, consistent, and confident assessment of medical and functional condition.

We are sending an identical communication to the DDS Administrator (tab C). If your staff have any questions, they may call Dr. Terrence Dunlop, Assistant Chief (Psychology), Medical Evaluation Branch (Mental Health), Office of Medical Evaluation, on (410) 966-1967.


Susan B. Parker

Attachments:

Tab A - Child Screening and Assessment Test List -
Revised

Tab B - References

Tab C - DDS Administrators' Letter

cc:

Janice L. Warden
Joseph A. Gribbin



REVISED October 7, 1992

CHILD SCREENING AND ASSESSMENT TESTS

A. MULTI-DOMAIN MEASURES--TESTS OF GENERAL DEVELOPMENT

ASSESSMENT DEVICE	AGE RANGE	PURPOSE/COMMENTS
Adaptive Performance Instrument (API) (1980) Office of Special Education and Rehabilitation Services	0 - 9 yrs	Measures functional skills in severely and multiply handicapped infants and young children. Assesses 8 domains: physical intactness, reflexes and reactions, gross motor, fine motor, self-care, sensorimotor, social , and communication.
Battelle Developmental Inventory (BDI) (1984) DLM Teaching Resources	0 - 8 yrs	The BDI is grouped in 5 domains: Adaptive, cognitive, communicative, motor, and personal/social.
oBayley Scales of Infant Development (1969) The Psychological Corp.	2 mos to 30 mos	Contains a Mental Scale which assesses sensory/perceptual behavior, learning ability, and early communication, and a Motor Scale which taps general body control, coordination of large muscles, and fine muscle control of the hands.
Behavior Rating Instrument for Autistic and Other Atypical Children (1976) C. H. Stoelting Co.	See Purpose/ Comments section	Evaluates status of low-functioning and atypical children on each of 8 ordinal scales : Relationship to an adult, communication, drive for mastery , vocalization and expressive speech, sound and speech reception, social responsiveness , body movement and psychobiological development . Covers range from most severely autistic child to healthy child aged 3-4 yrs .
Birth to Three Developmental Scale (1979) Teaching Resources	0 - 3 yrs	Designed for identification of developmental delays in 4 behavioral categories : Oral language (with separate subscales for comprehension and expression), problem-solving , social/personal and motor .

ASSESSMENT DEVICE	AGE RANGE	PURPOSE/COMMENTS
*Brigance Diagnostic Inventory of Early Development (1978) Curriculum Associates	0 - 7 yrs	Assesses preambulatory motor skills and behaviors, gross motor skills and behaviors, fine motor skills and behaviors, self-help skills, speech and language skills, general knowledge and comprehension, and readiness.
Callier-Azusa Scales (1978) University of Texas	0 - 5 yrs	A scale designed for use with children who are deaf/blind and severely handicapped. Eighteen subscales assess 5 areas: motor development, perceptual abilities, daily living skills,, cognitive, communication and language, and social development.
oCarolina Record of Infant Intelligence Scale (1960) The Psychological Corp.	0 - 3 mos	This test represents a modification of the Bayley Behavior Test to make it useful in assessing neonates and young infants.
oCattell Infant Intelligence Scale (1960) The Psychological Corp.	1 - 30 mos	Downward extension of Stanford-Bin& (Form L-M). Tests at levels at 1 month intervals from 1 to 12 months: a-month interval8 from 12 to 24 months; 3-month intervals from 24 to 30 months.
Child Behavior Rating Scale (1981) Western Psychological Services	Kinder- garten - Grade 3	Provides a total personality adjustment score and a profile of the child's adjustment in 5 areas: self , home, social, school , and physical.
Comprehensive Identification Process (1975) Scholastic Testing Devices	2 1/2 to 5 1/2 yrs	Screens children in 8 areas: Cognitive/ verbal, fine motor, gross motor, speech and expressive language, hearing, vision , social/affective, and medical history .
*Denver Developmental Screening Test-Revised (DDST-R) (1981) Mead Johnson Distributors	0 - 6 yrs	The DDST-R is a well-known screening instrument. It screens across 4 developmental areas: personal/social, fine motor-adaptive, language, and gross motor.

ASSESSMENT DEVICE	AGE RANGE	PURPOSE/COMMENTS
Developmental Activities Screening Inventory-II (DASI-II) 1984 Pro-Ed	0 - 6 yrs	Test designed for use with pre-school handicapped children. It is nonverbal in format and assesses fine motor skills, appreciation of cause/effect relationships, associations, number concepts, size discrimination, and sequencing.
Developmental Assessment for Severely Handicapped (DASH) (1985) Pro-Ed.	Develop- mental ages 0 - 8 yrs	Assessment of 5 areas: language, sensorimotor, social/emotional, pre-academic performance, and activities of daily living.
Developmental Indicators for Assessment of Learning-Revised (DIAL-R) (1983) Childcraft Educational Corp.	2 - 6 yrs	Three subtests tapping gross and fine motor skills, expressive and receptive language and articulation, and cognitive/academic skills.
Developmental Profile II (DP-II) (1986) Western Psychological Services	0 - 7 yrs	Five subtests measuring gross and fine motor, self-help, cognitive/academic, and expressive/receptive language skills.
Early Learning Accomplishment Profile for Developmentally Young Children (ELAP) (1978) The Kaplan Press	Birth to 36 mos	A criterion-referenced checklist assessing gross motor, fine motor, cognition, language development, self-help and social/emotional skills.
Early Screening Profiles (ESP) (1990) American Guidance Service	2 - 6 yrs	Assesses cognitive, language, motor, self- help, and social status.
Infant Monitoring System (1989) Center for Human Development, College of Oregon	4 - 36 mos	Five subtests assess communication, gross and fine motor, adaptive, and personal/social skills.
Learning Accomplishment Profile-Revised (LAP-R) (1981) The Kaplan Press	6 mos to 6 yrs	A criterion-referenced checklist that consists of 8 domains: cognitive, fine motor, gross motor, language, cognitive, self-help, pre-writing, and personal/social.

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ASSESSMENT DEVICE	AGE RANGE	PURPOSE/COMMENTS
Minnesota Child Development Inventory (1980) Behavioral Science Systems, Inc.	1 - 6 yrs	Measures 8 domains: General development, gross motor, fine motor, expressive language, comprehension-conceptual, situation comprehension, self-help, and personal/social.
Rockford Infant Developmental Evaluation Scales (RIDES) (1979) Scholastic Testing Services, Inc.	Birth to 4 yrs	Permits teachers to assess the range within which children are functioning in areas of personal/social and self-help skills. Motor and language skills also measured.
Normative Adaptive Behavior Checklist (1984) Psychological Corp.	Infant to 21 yrs	Assesses self-help, home living, independent living, social, sensory/motor, and language/academic skills.
Scales of Independent Behavior (SIB) (1984) DLM Teaching Resources	Birth - up	Consists of 4 adaptive behavior clusters: motor skills, social and communication skills, personal living skills, and community living skills. The Early Development Scale provides a developmental measure of adaptive behavior from infancy to 3 yrs.
oSystem of Multicultural Pluralistic Assessment (SOMPA) (1979) The Psychological Corp.		Compares children from different cultural backgrounds to those in their own background. Assesses motor, cognitive, and social domains. Measure includes the WISC-R or WPPSI-R, and the Bender Gestalt Test.
Uniform Performance Assessment System (UPAS) (1981) Charles Merrill	0 - 6 yrs	Assesses 4 curricular areas: communication, gross motor, pre-academic, fine motor, and social/self-help areas of development.
Uzgirus-Hunt Ordinal Scales of Infant Psychological Development (1975) University of Illinois	0 - 18 mos	Constructed following Piagetian sequences: I. Visual Pursuit to Object Permanence, II. Instrumental Action, III. Vocal & Gestural Imitation, IV. Operational Causality, V. Object Relations in Space, and VI. Developing Object Relations Schema.
*Vineland Adaptive Behavior Scales (VABS) (1984) American Guidance Service	Birth to 18 yrs, 11 mos	Assesses 4 domains through caregiver or teacher interview: communication, daily living, socialization, and motor development.

B. COGNITIVE DOMAIN-TESTS OF GENERAL INTELLIGENCE

ASSESSMENT DEVICE	AGE RANGE	PURPOSE/COMMENTS
Columbia Mental Maturity Scale (1972) The Psychological Corp.	3 to 9 yrs	Assesses verbal and performance domains. Requires no verbalization and limited motor response.
+ Expressive One Word Picture Vocabulary Test- Revised (EOWPVT-R) (1990) Pro-Ed.	2 - 12 yrs	Assesses verbal intelligence by means of acquired expressive picture vocabulary in a picture-naming format.
-Expressive One Word Picture Vocabulary Test (EOWPVT) (1979) American Guidance Service	2 - 12 yrs	Same as above.
Gesell Preschool Test (1974) Programs for Education, Inc.	2 1/2 - 6 yrs	Thirteen subtests assess a wide range of developmental factors in preschoolers, including eye/hand coordination, gross and fine motor skill, attention span, ability to understand and follow instructions, and a variety of cognitive functions.
oHiskey-Nebraska Test of Learning Aptitude (1966) Union College Press	3 to 16 yrs	Consists of standardized test for deaf and hard-of-hearing; also includes norms for normal hearing.
*Kaufman Assessment Battery for Children (KABC) (1983) American Guidance Service	2 yrs, 6 mos to 12 yrs, 6 mos	Contains 16 subtests, 10 measuring mental processing and 6 achievement, and is separated into a dichotomy of sequential processing (3 subtests) and simultaneous processing (7 subtests). A set of the subtests is appropriate for use with nonverbal children.
Leiter International Performance Scale (1979) C. J. Stoelting Co.	2 to 18 yrs	Presents nonverbal test of intelligence. Can be used for individuals with sensory/motor defects who have difficulty speaking, reading, or hearing.

ASSESSMENT DEVICE	AGE RANGE	PURPOSE/COMMENTS
McCarthy Scales of Children's Abilities (1972) The Psychological Corp.	2 1/2 to 8 yrs	Provides a general level of intellectual functioning (GCI) and a profile of verbal ability, nonverbal ability, number aptitude, short-term memory, and motor coordination. The scales contain 18 subtests grouped into 1 or more of 6 scales. Five verbal subtests and 3 quantitative tests are included in the GCI.
Merrill-Palmer Scale of Mental Development (1978) Harcourt, Brace and Co.	3 - 5 yrs	Consists predominantly of performance tests; some verbal items useful with hearing impaired preschoolers and children with language delay.
Miller Assessment for Preschoolers (MAP) (1982) KID Technologies	2 yrs, 9 mos to 5 yrs, 8 mos	Provides a normative overview of a child's overall developmental status. Three categories are covered: sensory/motor, cognition, and combined abilities.
Peabody Picture Vocabulary Test-Revised (PPVT-R) (1981) American Guidance Service	2 1/2 yrs to adult	A test of receptive vocabulary which can be used to estimate IQ; however, not recommended for that purpose.
*Raven's Progressive Matrices (1986) The Psychological Corp.	8 - 65 yrs	Nonverbal measure of intelligence based on problem-solving with abstract figures and designs.
Receptive One Word Picture Vocabulary Test (ROWPVT) (1985) Pro-Ed.	2 - 12 yrs	Assesses children's single-word receptive vocabulary by requiring only a picture- pointing response. Has specific clinical utility for nonverbal children.
Slosson Intelligence Test- Revised (SIT-R) (1981) Slosson Educational Publications	2 wks - 27 yrs	Presents brief test to determine mental ability. Taps 7 cognitive areas, including auditory memory. Questions arranged by chronological age. Can be adapted for handicapped persons.

ASSESSMENT DEVICE	AGE RANGE	PURPOSE/COMMENTS
+* Stanford-Binet (Fourth-Ed.) (1985) Riverside Publishing	2 - 23 yrs	Provides a continuous scale for assessing cognitive development. Assesses verbal reasoning, quantitative reasoning, abstract/visual reasoning, and short-term memory.
- Stanford-Binet (L-K) (1972) Riverside Publishing	2 yrs to adult	Same as above.
+ * Wechsler Intelligence Scale for Children-III (WISC-III) (1991) The Psychological Corp.	6 to 16 yrs, 11 mos	Measure of general intelligence. Uses verbal performance scales to produce 3 intelligence quotients: verbal, performance, and full-scale. Can be adapted for both blind and deaf children.
- Wechsler Intelligence Scale for Children-Revised (WISC-R) (1974) The Psychological Corp.	6 to 16 yrs, 11 mos	Same as above.
* Wechsler Preschool and Primary Scale of Intelligence-Revised (WPPSI-R) (1989) The Psychological Corp.	3 to 7 yrs	Measure of general intelligence. Consists of 11 subtests- verbal and 5 performance. Yields verbal, performance, and full-scale quotients.
* Wechsler Adult Intelligence Scale-Revised (WAIS-R) (1981) The Psychological Corp.	16 - 74 yrs	Consists of 6 verbal and 5 performance subtests designed to measure general intelligence. Yields verbal, performance, and full-scale quotients.

B.1. COGNITIVE DOMAIN--MEMORY TESTS

ASSESSMENT DEVICE	AGE RANGE	PURPOSE/COMMENTS
Wechsler Memory Scale- Revised (WMS-R) (1987) The Psychological Corp.	16 - 74 yrs	Ten subtests measure verbal and nonverbal memory, both immediate and delayed .
Wide Range Assessment <i>of</i> Memory and Learning (WRAML) (1990) Jastak Association	5 - 17 yrs	Mine subtests measure verbal and visual memory.

8.2. COGNITIVE DOMAIN--NEUROPSYCHOLOGICAL TESTS

Halstead-Reitan Neuropsychological Test Batteries (HRB) Reitan Neuropsychological Laboratory	See purpose.	Includes batteries <i>for adults ages 15</i> and up, older children ages 9 - 14 , and younger children ages 5 - 8 . Assesses a broad range of neuropsychological functions from basic sensory/perceptual processes through higher- order abstraction ability.
Luria-Nebraska Neuropsychological Test Battery (LNNB) Western Psychological Services	See purpose/ comments	Includes batteries <i>for</i> adults ages 13 and up , and children ages 8 - 14 . Assesses a broad range of neuropsychological function from basic sensory/perceptual processes through higher-order abstraction ability.

C. ROTOR DOMAIN

ASSESSMENT DEVICE	AGE RANGE	PURPOSE/COMMENTS
Brazelton Neonatal Behavioral Assessment Scale (1973) Philadelphia: J.P. Lippincott Co.	Newborn	Assesses behavioral and neurological organization in the newborn .
+Bruininks-Oseretsky Test of Motor Proficiency (1978) Folett Publishing co.	4 1/2 - 14 1/2 yrs	Subtests measure gross and fine motor skills . Composite scores are obtained for each as well as for the total battery.
-Bruininks-Oseretsky Test of Motor Integration (1967) Folett Publishing co.	4 1/2 - 14 1/2 yrs	Contains 8 subtests. Four subtests measure gross motor skills. Three measure fine motor skills and one measures both. Composite scores are obtained for the gross motor subtests, fine motor subtestm, and total battery.
Milani-Comporetti Motor Development Screening Scale (Modified Edition) (1984) Meyer Children's Rehabilitation Institute	0 - 2 yrs	Assesses control of head and body , protective responses, movement from one position to another, locomotion, reflexes, and the child's state .
*Peabody Developmental Motor Scales (PDMS) (1983) Teaching Resources Corp.	Birth - 83 mos	Divided into 2 components: the gross motor and fine motor scale. The gross motor scale contains 170 items divided into 17 age level8 and the fine motor contains 112 items divided into 16 age levels. The gross motor items are classified into 5 skill categories : reflexes, balance, nonlocomotor , locomotor , and receipt and propulsion of objects . The fine motor scale items are classified into 4 skill categories: grasping, hand use, eye/hand coordination, and manual dexterity.
Sensory Integration and Praxis Tests (1989) Western Psychological Services	4 - 8 yrs	Assesses sensory processing, motor control, and motor planning.

ASSESSMENT DEVICE	AGE RANGE	PURPOSE/COMMENTS
Stotts-Moyes-Henderson (1984) Brook Educational Pub.	5 - 12 yrs	Assesses <i>fine and gross motor</i> ● M118.

D. SOCIAL/BEHAVIORAL DOMAIN--TESTS OF PERSONAL AND SOCIAL DEVELOPMENT

ASSESSMENT DEVICE	AGE RANGE	PURPOSE/COMMENTS
*Adaptive Behavior Inventory for Children (ABIC) (1977) The Psychological Corp.	5 to 11 yrs	Examines children's social role in a number of settings. Six subscales: Family, community, peer relations, non-academic school, earner/consumer, and general self-maintenance skills.
*AAMD Adaptive Behavior Scale-Residential and Community Edition (1981) Pro-Ed.	3 and older	Assesses the social and daily living skills of children and adults who are mentally retarded or emotionally disturbed. The instrument consists of 2 parts; one which measures 10 domains considered important for personal independence, and another which measures 14 maladaptive behaviors related to personality and behavioral disorders.
*AAMD Adaptive Behavior Scale-School Edition (ABSE) (1981) Pro-Ed.	3 - 16 yrs	Five factor scores and one composite score assess the social and daily living skills of children whose adaptive behavior indicates possible mental retardation, emotional disturbance or other learning handicaps.
Burk's Behavior Rating Scales: Preschool and Kindergarten (1977) Western Psychological Services	3 - 6 yrs	Eighteen scales are measured: Excessive...self-blame, anxiety, withdrawal, dependency, suffering, sense of persecution, aggressiveness and resistance. Poor...ego strength, physical strength, coordination, intellectuality, attention, impulse control, reality contact, sense of identity, anger control, and social conformity.
Burk's Behavior Rating Scales (1978) Same as above.	Grades 1 - 9	Similar to above, with 19 scales.
Camelot Behavioral Checklist (1974) Edmark Associates	Adolescents and adults	Evaluates a number of areas, including self-help, home duties, independent travel, and vocational behaviors in persons who are mentally retarded.

ASSESSMENT DEVICE	AGE RANGE	PURPOSE/COMMENTS
+ *child Behavior Checklist (Achenbach) (1991) Department of Psychiatry, University of Vermont	2 - 16 yrs	Assesses a wide range of social and behavioral competencies and problems.
-Child Behavior Checklist (1986) Department of Psychiatry, University of Vermont	2 - 16 yrs	Same as above.
Connors Parent Rating Scale - Long Form (CPRS) (1983) Rultf-Health Systems	3 - 17 yrs	Yields 8 factors addressing hyperactivity and other childhood behavioral problems.
Connors Teacher Rating Scale - Long Form (CTRS) (1985) Multi-Health Systems	4 - 12 yrs	Yields 6 factors addressing hyperactivity and other childhood behavioral problems.
oDevereux Child Behavior Rating Scale (1966) The Devereux Foundation	8 to 12 yrs	Provides profile of 17 behavior factors in standard score units: Distractibility, poor self-care, pathological use of senses, emotional detachment, social isolation, poor coordination and body tonus , incontinence, messiness-sloppiness, inadequate need for independence, unresponsiveness to stimulation, proneness to emotional upset, need for adult contact, anxious/fearful ideation, impulse ideation, inability to delay, social aggression, and unethical behavior.
oDevereux Adolescent Behavior Rating Scale (1967) The Devereux Foundation	Adolescent	Measures 12 psychopathological factors, 3 behavior clusters, and 11 item scores. Describes several clinical diagnostic patterns.
oDevereux Elementary School Behavior Rating Scale (1967) The Devereux Poundation	Kinder- garten - Grade 6	Provides profile of 11 overt behavior dimensions and 3 item scores.

ASSESSMENT DEVICE	AGE RANGE	PURPOSE/COMMENTS
Personality Inventory for Children (1984) Western Psychological Services	3 - 16 yrs	Yields 12 clinical, 3 validity, 1 screening , and 3 factor scores which assess development , intellectual processes, social skills , and psychopathology.
Social Skills Rating System (1990) American Guidance Service	3 - 18 yrs	A multi-rater system assessing a broad range of social behaviors.
Test of Early Social- Emotional Development (TOESD) (1984) Pro-Ed.	3 - 8 yrs	Composed of 4 components: a student rating scale, a teacher rating scale, a parent rating scale, and a sociograp. used to identify emotional and behavioral disturbance. Downward extension of Behavior Rating Profile.

E. COMMUNICATION DOMAIN--SPEECH AND LANGUAGE TESTS

ASSESSMENT DEVICE	AGE RANGE	PURPOSE/COMMENTS
Bankson Language Test- Second Edition (BLT-2) (1990) Pro-Ed.	3 - 6 yrs, 11 mos	Measures semantic knowledge, morphological/syntactical rules, and language pragmatics.
Del Rio Language Screening Test (1975) National Educational Laboratory Publishers, Inc.	3 to 6 yrs	Identifies children whose language skills are inappropriate for their age and background. Both Spanish and English editions.
Early Language Milestone Scale (ELM) (1987) Pro-Ed.	0 - 3 yrs	A communication screening test that covers auditory expressive, auditory receptive, and visual skills.
Preschool Language Scale- Revised (1979) The Psychological Corp.	1 - 7 yrs	Assesses receptive and expressive language.
+ *Receptive-Expressive Emergent Language Scale-2 (REEL-2) (1991) Pro-Ed.	0 - 36 mos	Assesses receptive and expressive language skills in very young children (parent/ caregiver interview).
-Receptive-Expressive Emergent Language Scale (REEL) (1976) University Park Press	0 - 36 mos	Same as above.
Reynell Developmental Language Scales-Revised (1984) NFER-Nelson Pub. Co., Ltd.	1 1/2- 6 yrs	Assesses verbal comprehension and expressive language.
*Sequenced Inventory of Communication Development- Revised (SICD-R) (1984) University of Washington Press	4 to 48 mos	Measures awareness, understanding, imitation, responsiveness, and spontaneous speech. Adaptable for blind children, including totally blind. Yields 4 profiles: Receptive behavioral, expressive behavioral, receptive processing and expressive processing.

ASSESSMENT DEVICE	AGE RANGE	PURPOSE/COMMENTS
+Test of Early Language Development-2 (TELD-2) (1991) Pro-Ed.	3 - 8 yrs	Assesses language content and syntax morphology and phonology. Syntax and morphology are assessed both receptively and expressively. Language quotients, percentiles, and language ages are reported.
-Test of Early Language Development (TELD) (1981) Western Psychological Ser.	3 - 8 yrs	Same as above.
+Test of Language Development - Primary-2 (TOLD-P-2) (1988) Pro-Ed.	4 - 8 yrs	Assesses semantics, syntax, morphology, and phonology.
-Test of Language Development (1977) Empiric Press	4 to 8 yrs	Same as above.
Utah Test of Language Development-Third Edition (UTLD-3) (1989) Pro-Ed.	3 - 10 yrs, 11 mos	Assesses language comprehension and expression.

F. ACADEMIC ACHIEVEMENT OR READINESS TESTS

ASSESSMENT DEVICE	AGE RANGE	PURPOSE/COMMENTS
California Achievement Tests - Forms C & D (CTA-C/D) (1983) CTB/McGraw-Hill	Grades K - 12	Assess pre-reading, reading, spelling, language, mathematics and reference skills.
* Detroit Tests of Learning Aptitude-2 (DTLA-2) (1985) Pro-Ed.	6 to 18 yrs	Has 11 subtests: Word opposites, sentence imitation, oral directions, word sequences , symbolic relations, conceptual matching, word fragments and letter sequences. These form 9 composites and a General Intelligence (GQ) score.
*Detroit Test of Learning Aptitude-Primary (DTLA-P) (1988) Pro-Ed.	3 - 9 yrs	Similar to DTLA-2 but down-scaled for younger age group.
Iowa Tests of Basic Skills - Forms a & H (ITBS-G/H) (1985) Riverside Publication8	Grades K - 9	Measures standing in work-analysis, vocabulary, reading, language, work-study and mathematics. Supplementary scales for listening, social studies, science and writing skills.
Kaufman Test of Educational Achievement-Comprehensive Form (K-TEA) (1985) American Guidance Service	Grades 1 - 12	Assesses academic achievement in reading recognition and comprehension, spelling, and mathematics operations and applications.
Learning Accomplishment Profile (LAP) (1975) The Kaplan Press	12 mos to 6 yrs	Gives behavior-oriented evaluation of skills of handicapped preschoolers.
*Learning Accomplishment Profile--Diagnostic (LAP-D) (1977) The Kaplan Press	Birth to 6 yrs	Provides standardized criterion-referenced instrument for assessment.
* Peabody Individual Achievement Test-Revised (PIAT-R) (1989) American Guidance Service	Grades K - 12	Indexes scholastic achievement in the areas of general information, reading recognition, reading comprehension, mathematics, spelling and written expression.

ASSESSMENT DEVICE	AGE RANGE	PURPOSE/COMMENTS
Screening Children <i>for</i> Related Early Educational Needs (1988) Pro-Ed.	3 - 7 yrs	Assesses language, pre-academic and academic skills.
Wechsler Individual Achievement Test (WIAT) (1992) The Psychological Corp.	5 - 19 yrs	Eight subtests address a wide range of academia skills.
*Wide Range Achievement Test-Revised (WRAT-R) (1984) Jastak Associates, Inc.	Pre- kinder- garten thru adult	Provides assessment of achievement in single-word reading, single-word spelling, and arithmetic.
† *Woodcock Johnson Psycho-Educational Battery-Revised (1989) DLM Teaching Resources	3 - 60+ yrs	Consists of 21 individually administered subtests designed to assess cognitive abilities, scholastic aptitudes, academic achievement, and scholastic and non- scholastic interests.
-Woodcock Johnson Psycho- Educational Battery (1977) Teaching Resources	3 - 60+ yrs	Consists of 27 individually administered subtests designed to assess cognitive abilities, scholastic aptitudes, academic achievement, and scholastic and non- scholastic interests.

* **Indicates** instruments likely to appear in file.

Bold Indicates test instruments that have been added.

† Indicates updated test instruments.

- Indicates test instruments that have been updated (+) and are therefore **"outdated" but retained.**

o Indicates test instruments that do not meet program standards but are retained.



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DEPARTMENT OF
HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION
OFFICE OF DISABILITY

OCT 20 1992

DISABILITY DETERMINATION SERVICES **ADMINISTRATORS' LETTER**
NO. 242

To : State Disability Determination Service
Administrators

SUBJECT: Title **XVI** Childhood Disability Claims: Updated
Example of Tests of Age-Appropriate **Behavior--**
INFORMATION

On **May 28, 1992**, an All Regional Commissioners (RC) memorandum and Disability Determination Services (DDS) Administrators' letter were released requesting suggestions for updating the examples of commercially available psychological tests which meet program criteria. The Office of Medical Evaluation **has** compiled and updated the examples of commercially available **tests** (tab A).

Responses were generally quite positive regarding the nature and usefulness of the examples, and various components made suggestions for addition and revisions. **As a result, in the revised list, 14 examples were added and 9 were updated.** The 9 updated tests are identified by the symbol **+**.

It should be noted that there are 7 tests in the revised list which have been identified by the **symbol o** as not fulfilling the provision of Program Operations Manual System 24515.055 which states that a standardized test should have: "**normative data relating to a recent cross-section of the general population.**" However, these tests have been retained on the list because they may have been administered sometime in the past to children who are members of the **Zepley** class and would, therefore, potentially be found in the claims folders. For the **same** reason, the Carolina Record of Infant **Behavior has been** retained even though no longer commercially available; and **the System of Multicultural Pluralistic Assessment** has been retained even though the normative sample cannot be considered a "cross-section of the general **population.**" These 2 tests are also identified by the **symbol o**.

As noted above, the 9 updated tests are identified by the symbol +. However, the 9 tests that they update (the "outdated" tests) have been retained on the list because they, too, may have been administered sometime in the past to children who are members of the Zebley class. For example, the Stanford-Binet (Fourth Edition) (1985) has supplanted the Stanford-Binet (Form L-M) (1972), but Form L-M would have been used prior to 1985 with children who are members of the Zebley class. The "outdated" tests are identified by the symbol -.

As with the original list, which was promulgated as an All RCs memorandum and DDS Administrators' Letter Number 161 on February 23, 1991, this updated list is neither all-inclusive nor exclusive, and is intended only for use by professionals knowledgeable in psychometric evaluation.

An exhaustive list is not provided for multiple reasons. Not only is it not appropriate for SSA to exclusively endorse proprietary instruments, but the hundred6 of possibly applicable instruments,, and the continuous introduction of newly developed ones and passing of others, preclude provision of an encyclopedic and contemporary list. Additionally, such reviews already exist in several annually updated volumes of test critiques and other materials, some of which are cited in the following References section (tab B). More importantly, even if it were feasible for the program to provide a complete list of approved measures, it remains that each disability claim must receive individual consideration of its unique allegations, medically determinable condition(s), and extent and type of existing documentation. As such, the appropriateness of any individual device depends upon the distinctive features of the claim.

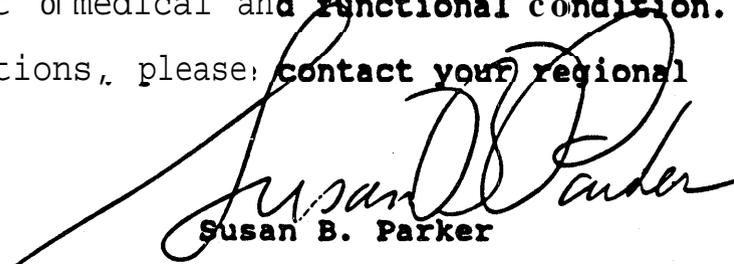
Critical reviews of measures, as well as test manuals describing standardization, reliability and validity data, are widely available. In deciding which tests are appropriate in a particular instance, professionals who are generating evidence for adjudicating or reviewing a claim at the local level should rely upon such reviews and manuals. It is expected that these professionals will be familiar with the strengths and weaknesses of the specific tools they utilize,

The test list has been divided into sections addressing domains of interest, such as cognitive and social function. Most of the instruments under each domain cover a range of capacities and behaviors, as well as ages, and the measures are completed in various ways,

• , **self-report, formal** testing, observation by professionals or others. As a result this **diversity**,
 • some of the **measures** could be multiply **categorized, subdivided** by assessment approach, or otherwise differently classified. The **format** used in the **list** has **been** arrived at on the basis of convenience of **use with the childhood mental disorder listings--it is not** meant to **restrict** any defensible application of the **instruments**. Consistent with the **diversity** highlighted above, the cited **measures** express their respective results in a variety of ways. These include developmental ages, percentiles, standard scores, **and** developmental, social, **and** intelligence **quotients**. As can be **seen, some** test findings may require statistical expression in another form in order **to** be directly applicable to a particular listing, and these transformations can be requested from the consultative examination or treating source, or performed by the adjudicating professional.

As a final point, it **should** be appreciated that some listed measures are only screening devices and may need to be followed by more comprehensive psychometric assessment. It is essential to understand that while a test, or combination of tests, **may** be helpful in evaluating the developmental, intellectual, or psychiatric **status** of a claimant, it cannot form the sole basis of evidence in **determining** a claim. Other primary or collateral development, such as reports from parents, caregivers, teachers, and **treating** professionals, is also required in order to arrive at a comprehensive, consistent, and confident assessment of medical and **functional condition**.

If you have any questions, please **contact your regional office**.


 Susan B. Parker

Attachments:

Tab A - Child Screening and Assessment Test List - Revised
Tab B - References