

## Appendix G.2: Mullen

Mullen: OMB Coversheet

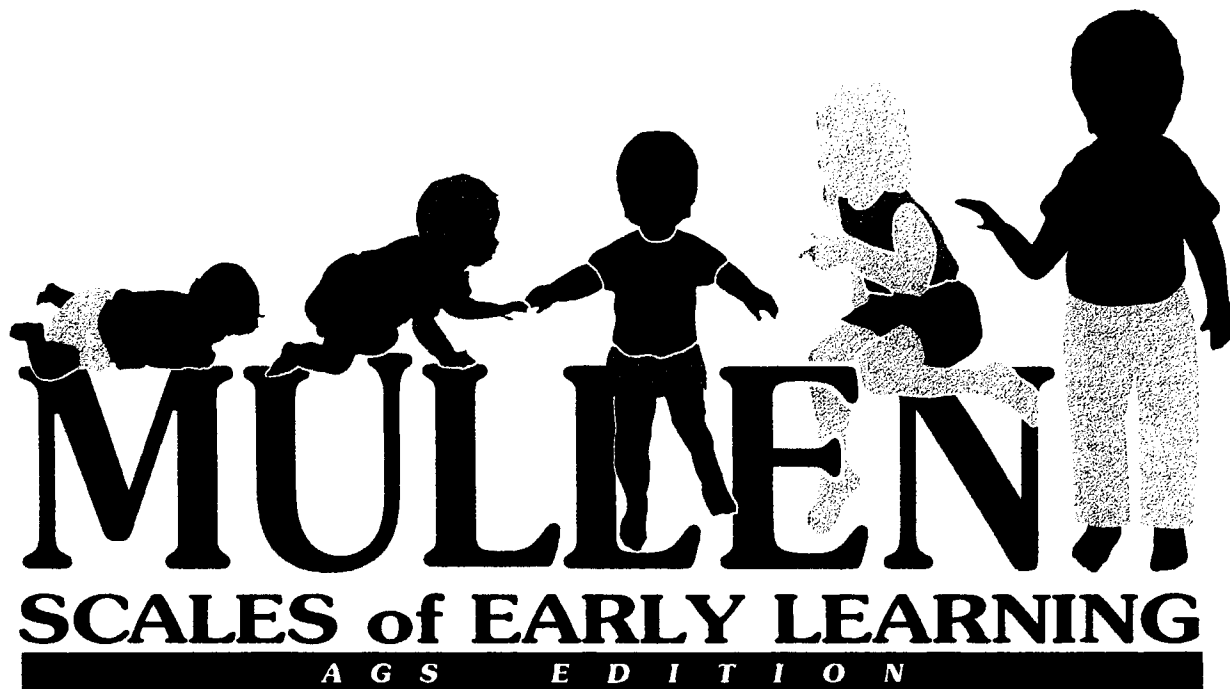
Form Approved

OMB NO. \_\_\_\_\_

Exp. Date \_\_\_\_\_

### Public Reporting Burden Statement

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**Eileen M. Mullen**

**RECORD FORM**

Child's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Nickname \_\_\_\_\_  Boy  Girl

Address \_\_\_\_\_

Child's Primary Language \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Examiner \_\_\_\_\_

School \_\_\_\_\_

No. Weeks Gestation (G.A.) \_\_\_\_\_ Birth Weight \_\_\_\_\_

Apgars 1 min. \_\_\_\_\_ 5 min. \_\_\_\_\_

Hospital \_\_\_\_\_

Does the child have a known uncorrected vision problem?  No  Yes

Does the child have a known uncorrected hearing problem?  No  Yes

Personal or physical characteristics that may affect the child's test results

Is the child on any medication?  No  Yes (please specify)

Referred by \_\_\_\_\_

Reason for Referral \_\_\_\_\_

Additional Information/Comments \_\_\_\_\_

	Year	Month	Day
Testing Date	_____	_____	_____
Birth Date	_____	_____	_____
Chronological Age	_____	_____	_____
Adjusted Age Children under two years: See Chapter 3 in manual.)	_____	_____	_____

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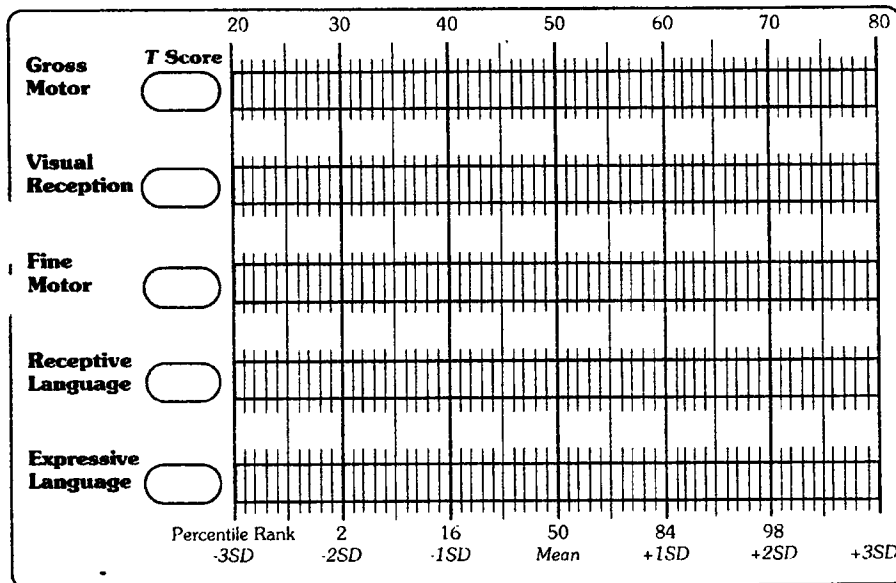
## Score Summary

Scale	Raw Score	T Score M=50 SD=10 (Table C.1)	Band of Error % Confidence (Table C.1)	Percentile Rank (Table C.2)	Descriptive Category (Table C.2)	Age Equivalent (Transfer from chart)
Gross Motor	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	+			
Visual Reception	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	+			
Fine Motor	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	+			
Receptive Language	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	+			
Expressive Language	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	+			

Cognitive T Score Sum

Early Learning Composite (Optional)	Standard Score M=100, SD=15 (Table C.3)	Band of Error % Confidence (Table C.3)	Percentile Rank (Table C.3)	Descriptive Category (Table C.3)
		+		

## Scale T Score Profile



Observations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For additional forms, call or write **AGS**, 4201 Woodland Road,  
Circle Pines, MN 55014-1796; toll-free 1-800-328-2560.  
In Canada, 1-800-263-3558. Ask for item #11152 (25 per package).

## Age Equivalents

Stage	Age Equivalent	Gross Motor	Visual Reception	Fine Motor	Receptive Language	Expressive Language
	70	—	—	—	—	50
	69	—	50	—	48	—
	68	—	—	49	—	—
	67	—	—	—	—	48
	66	—	49	—	—	—
	65	—	—	48	47	—
	64	—	—	—	—	—
	63	—	—	—	—	47
	62	—	—	47	46	—
	61	—	—	—	—	—
	60	—	48	—	—	46
	59	—	—	46	45	—
	58	—	—	—	—	45
	57	—	47	45	44	—
	56	—	—	—	—	—
	55	—	—	44	43	44
	54	—	46	—	—	—
	53	—	—	43	42	43
	52	—	45	—	—	—
	51	—	—	42	41	42
	50	—	44	—	—	41
	49	—	—	41	40	—
	48	—	43	—	—	40
	47	—	—	40	39	—
	46	—	42	—	38	39
	45	—	41	39	—	38
	44	—	—	38	37	—
	43	—	40	—	—	37
	42	—	—	37	36	36
	41	—	39	—	35	—
	40	—	38	36	—	35
	39	—	37	35	34	34
	38	—	—	—	—	—
	37	—	36	34	33	—
8	36	—	35	33	32	—
	35	—	—	—	—	31
	34	—	34	32	31	—
	33	32-36	33	31	30	30
	32	31	—	—	—	29
	31	—	32	30	29	28
7	30	30	31	29	28	—
	29	—	30	—	—	27
	28	29	—	28	27	26
	27	28	29	27	26	25
	26	—	28	26	—	24
	25	27	27	—	25	—
	24	—	26	25	24	23
6	23	26	25	24	23	22
	22	25	—	23	22	21
	21	24	24	22	—	20
	20	23	23	21	21	19
	19	—	22	—	20	—
	18	22	21	20	19	18
5	17	21	20	19	18	17
	16	20	19	18	17	16
	15	19	18	17	16	15
	14	17-18	17	16	15	14
4	13	16	16	15	14	13
	12	15	15	14	—	12
	11	14	14	13	13	—
	10	13	13	12	12	11
3	9	12	12	11	11	10
	8	11	11	10	10	9
	7	10	10	9	9	8
	6	9	8-9	8	8	7
2	5	8	7	7	7	6
	4	7	6	6	6	—
	3	5-6	5	5	5	4
1	2	4	4	4	4	3
	1	0-3	0-3	0-3	0-3	0-2