



Eileen M. Mullen, EdD  
**RECORD FORM**

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

ID \_\_\_\_\_ 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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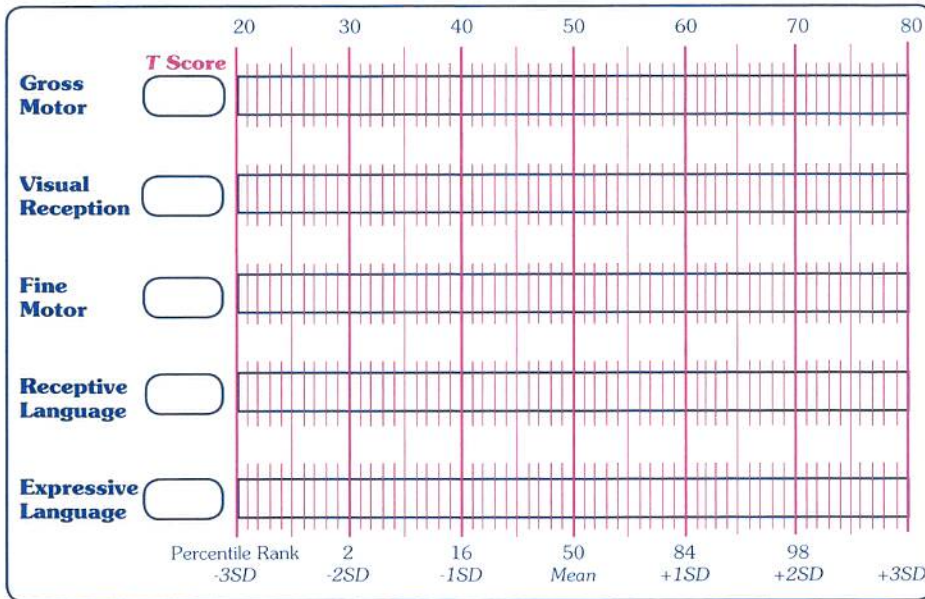
## Score Summary

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: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	+			
Visual Reception	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	+			
Fine Motor	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	+			
Receptive Language	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	+			
Expressive Language	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Age Equivalents

Age Stage Equivalent	Gross Motor	Visual Reception	Fine Motor	Receptive Language	Expressive Language
70	—	—	—	—	49-50
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	33
36	—	35	33	32	32
35	—	—	—	—	31
34	—	34	32	31	—
33	32-36	33	31	30	30
32	31	—	—	—	29
31	—	32	30	29	28
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
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
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
13	16	16	15	14	13
12	15	15	14	—	12
11	14	14	13	13	—
10	13	13	12	12	11
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
5	8	7	7	7	6
4	7	6	6	6	5
3	5-6	5	5	5	4
2	4	4	4	4	3
1	0-3	0-3	0-3	0-3	0-2