

# RIST™ Interpretive Report

Cecil R. Reynolds, PhD and Randy W. Kamphaus, PhD

<b>Name:</b> Client Sample	<b>Gender:</b> Female
<b>Ethnicity:</b> Caucasian/White	<b>Grade/Education:</b> 11 <sup>th</sup> Grade
<b>ID#:</b> SC 123	<b>Examiner:</b> Dr Gerhard
<b>Reason for referral:</b> Learning disability evaluation	<b>Referral source:</b> Guidance counselor

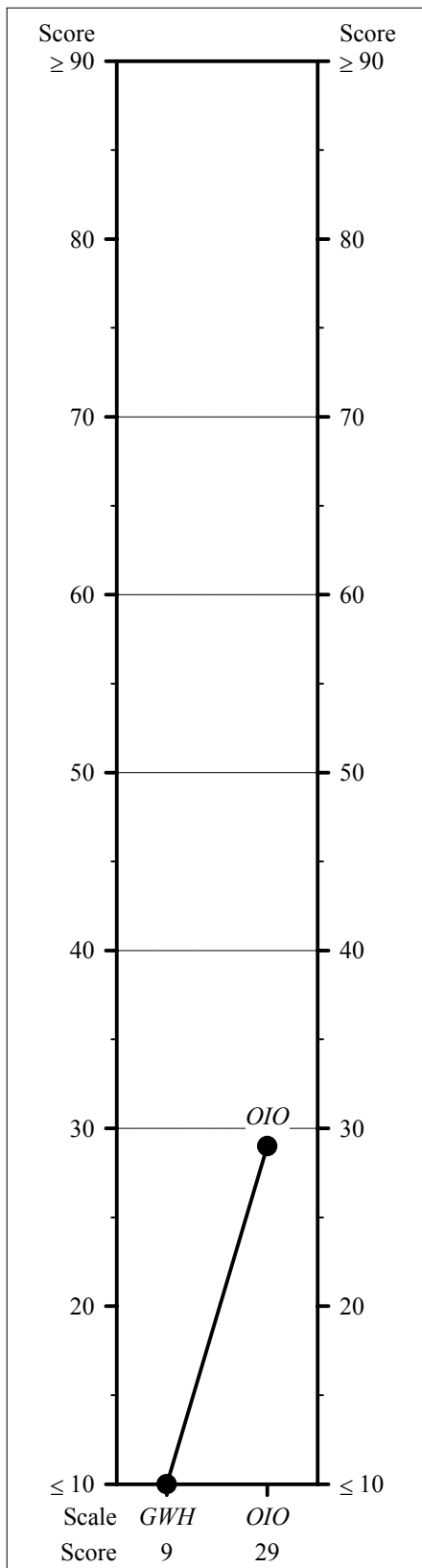
	Year	Month	Day
<b>Date Tested</b>	2007	2	1
<b>Date of Birth</b>	1989	9	1
<b>Age</b>	17	5	0

## RIST Subtest Scores/Index Summary

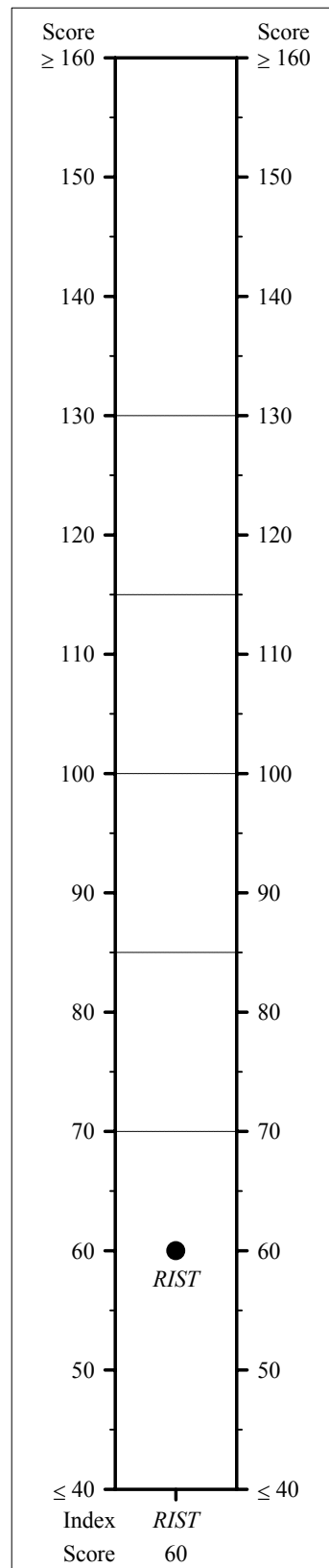
	<b>Raw Scores</b>	<b>Age-Adjusted T Scores</b>
Guess What (GWH)	22	9
Odd-Item Out (OIO)	40	29
Sum of T Scores		38
<b>RIST Index</b>		<b>60</b>
Confidence Interval 95%		<b>56-68</b>
Confidence Interval 90%		<b>57-67</b>
Percentile Rank		<b>0.38</b>

# RIST Profile

## RIST Subtest T scores



## RIST Index



## Background Information

Client Sample is a 17-year-old female. She was referred by her guidance counselor for an initial learning disability evaluation. Client is currently in the 11<sup>th</sup> grade.

## Caveat and Descriptive Text

The test scores, descriptions of performance, and other interpretive information provided in this computer report are predicated on the following assumptions. First, it is assumed that the various subtests were administered and scored correctly in adherence with the general and specific administration and scoring guidelines provided in chapter 2 of the RIAS/RIST Professional Manual (Reynolds & Kamphaus, 2003). Second, it also is assumed that the examinee was determined to be appropriately eligible for testing by the examiner according to the guidelines for testing eligibility provided in chapter 2 of the RIAS Professional Manual and that the examiner was appropriately qualified to administer and score the RIAS/RIST.

This report is intended for revelation, transmission to, and use by individuals appropriately qualified and credentialed to interpret the RIAS/RIST under the laws and regulations of their local jurisdiction and meeting the guidelines for use of the RIAS/RIST as stated in the RIAS Professional Manual (Reynolds & Kamphaus, 2003) (see chapter 2).

Client was administered the Reynolds Intellectual Screening Test (RIST). The RIST is a brief screening measure of overall intellectual functioning normed for individuals between the ages of 3 and 94 years. The RIST consists of two subtests: Guess What (a verbal subtest) and Odd-Item Out (a nonverbal subtest). Guess What, a classic measure of crystallized intelligence, measures verbal reasoning ability along with the ability to access and apply prior learning to solving language-related tasks. Odd-Item Out measures nonverbal reasoning and spatial ability, and provides a reasonable approximation of fluid intelligence. Scaled scores on these two subtests are combined to yield the RIST Index. The RIST Index provides an overall estimate of general intelligence and also serves as an indicator of risk for intellectual impairment. As a screening measure, the RIST Index can help the clinician decide whether a referral for a comprehensive intellectual assessment is indicated. The RIST Index is expressed as an age-corrected standard score that is scaled to a mean of 100 and a standard deviation of 15. The RIST Index is normally distributed and can be converted to a variety of other metrics if desired.

## Composite Norm-Referenced Interpretations

On testing with the RIST, Client earned a RIST Index of 60. This level of performance on the RIST falls within the range of scores designated as significantly below average and exceeds the performance of 0% of individuals at Client's age. The chances are 90 out of 100 that Client's true RIST Index falls within the range of scores from 57 to 67.

## General Interpretive Caveats

Examiners should be familiar with the cultural and linguistic background of Client (which may radically alter the suggestions contained herein) and be certain to consider these factors before arriving at a final decision regarding any diagnosis, classification, or related decision and before making any form of recommendations.

## Composite Score Recommendations

The RIST is intended for use only as a screening measure of general level of overall cognitive function. Screening measures are not recommended for use in the ultimate diagnosis of any cognitive disorder. However, they may be useful in determining general intellectual levels of individuals referred for various problems such as emotional and behavioral disorders or when there is a need to screen individuals to determine the necessity of a more detailed assessment of cognitive skills or related aptitudes. A thorough discussion of the issues surrounding the use of the RIST Index for screening purposes is given in chapter 7 of the RIAS/RIST Professional Manual (Reynolds & Kamphaus, 2003).

Most instructional programs presume at least an average level of general intellectual development. Given Client's deficits on the RIST, the administration of a full four or six subtest RIAS to compute the CIX is recommended. This testing may be done immediately, given that practice effects for the RIAS composites and subsets are minimal and virtually nonexistent for individuals older than 13 years of age (see test-retest reliability studies in the RIAS/RIST Professional Manual; Reynolds & Kamphaus, 2003). If a general intellectual problem is confirmed, special teaching methods might be considered, including special class placement for severe deficits in general intellectual development. In addition to the more general recommendations given, teachers should prepare an individualized curriculum designed for children who learn at a slower rate than others of the same age and grade level. Alternative methods of instruction should be considered that involve the use of repeated practice, spaced practice, concrete examples, guided practice, and demonstrative techniques. Individuals with scores in this range on the RIST often benefit from repeated practice approaches to training due to problems with acquisition and long-term retrieval, and an individualized instructional method that differs significantly from that of their age-mates. It also will be important to assist Client in developing strategies for learning and studying. Although it is important for all students to know how to learn (not just what to learn) low scores on the RIST make the development of learning and study strategies through direct instruction even more important. If confirmed through further testing, co-occurring deficits in adaptive behavior and behavioral problems should be added to the school intervention program.

## References

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**End of Report**