Also Inside

How to Plan a Free PAR-Sponsored Workshop See page 17
Math and Reading RTI Programs See page 18
Dear Colleague,

PAR’s professional team of Assessment Consultants is trained to offer knowledgeable product information and to assist school districts as well as other large institutions with designing assessment programs tailored to meet their specific needs. Our Consultants are available to discuss your testing needs and can provide up-to-date sample materials. They also are available to arrange on-site product-specific training and author presentations.

Our online Assessment Consultant Center for Schools and Large Institutions at www.parinc.com provides access to valuable product resources including sample reports, PowerPoint presentations, literature reviews, and featured articles that can help you learn more about our products. We encourage you to visit our Web site and take advantage of these resources.

Contact an Assessment Consultant for assistance with product-related questions or with your individualized assessment needs. Call 1.866.253.4050 or visit our Web site at www.parinc.com for more information on how we can be of service to you. Our consulting services are free of charge and entirely without obligation.

Thank you for your business and support.

Sincerely,

R. Bob Smith III, PhD, Chairman and CEO

P.S. All PAR products are sold with the same No-Risk Guarantee we have honored since our company began: “If you are not completely satisfied with your purchase, we will accept the return of any item.”

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For Clinicians Who Want to Assess Psychopathology in Adolescents...

Personality Assessment Inventory™–Adolescent (PAI®-A)

Leslie C. Morey, PhD

The PAI-A was designed to complement its parent instrument, the Personality Assessment Inventory™ (PAI®). Its development grew out of the interest expressed by many professionals who wished to use the PAI with the adolescent population in clinical settings. As a result, the PAI-A closely parallels the adult version of the instrument—it retains both the structure and most of the items from the PAI. In addition, the PAI-A demonstrates clinical utility with adolescents ages 12-18 years in a variety of settings. The PAI-A provides psychologists working with children and/or adolescents in clinical practice, in schools, or in forensic settings with vital information to assist in decision making.

The clinical constructs assessed by the PAI-A were selected on the basis of their importance within the nosology of mental disorder and their significance in contemporary diagnostic practice. These constructs assess experiences (e.g., suicidal ideation, depression, anxiety) that are expressed with reasonable consistency across the life span. In some instances, PAI items were altered to be particularly applicable to the experiences of adolescents, but of greater significance in item selection was an item’s ability to provide a direct assessment of different components of the relevant psychopathological construct.

The self-administered PAI-A is composed of 264 items that comprise 22 nonoverlapping scales—four Validity scales, 11 Clinical scales, five Treatment Consideration scales, and two Interpersonal scales. Ten of these scales contain conceptually driven subscales designed to facilitate interpretation and coverage of the full breadth of complex clinical constructs.

**Special Features of the PAI-A**

- Fewer items than in the PAI adult version, making the instrument easier to complete for adolescents.
- Items are written at a 4th-grade reading level.
- Takes only 30-45 minutes to complete and 15-20 minutes to hand score.
- 22 nonoverlapping scales assure high discriminant validity.
- PAI-A scores are presented in the form of linear T-score transformations are calibrated with reference to a U.S. Census-matched community sample of 707 adolescents.
- Extensive normative data also were gathered for a representative sample of youth being seen in clinical settings.
- Also available—the PAI®-A SP, which provides unlimited scoring, interpretation, and report generation after hand-entry of item responses and scores. See the next page for more information.

**Reliability and Validity**

- Average internal consistency for the substantive scales (i.e., all scales except ICN and INF) of .79 and .80 for the community standardization sample and the clinical sample, respectively.
- Average test-retest stability coefficient of .78 for the substantive scales (M = 18 days; SD = 5.77).

Several widely used instruments in the field of personality and psychopathology were applied in the examination of external correlates of various PAI-A scales. These included broad-based assessment instruments that served as referents for a wide variety of PAI-A scales as well as more focused measures that targeted specific PAI-A constructs. These measures included: Minnesota Multiphasic Personality Inventory—Adolescent™ (MMPI-A™), Adolescent Psychopathology Scales™ (APS™), NEO Five-Factor Inventory (NEO-FFI™), and the Beck Depression Inventory® (BDI®).

**PAI-A Materials**

- **PAI-A Professional Manual** contains information related to scoring and administration procedures, the development of the PAI-A, and reliability and validity.
- **PAI-A Item Booklet** is reusable and contains all 264 PAI-A items with instructions on completing the instrument.
- **PAI-A HS (Hand Score)–Adolescent Answer Sheet** is a carbonless form that is used by the respondent for marking answers and then used by the clinician for scoring purposes.
- **PAI-A Profile Form–Adolescent** is used by the clinician to aid with the interpretation of test results. This form contains a clinical “skyline” indicating the distribution of scores from a large sample of clinical cases, enabling comparison of an adolescent’s scores with those in the clinical sample.
- **PAI-A Critical Items Form–Adolescent** lists 17 items across seven content areas that may suggest and quickly alert the clinician to the existence of behavior or psychopathology that requires immediate attention.
- **Administration Folio** is used in situations when a desktop or tabletop is not available. The folio holds both the Item Booklet and either one of the answer sheets, and it provides a hard surface so that respondents can easily complete the PAI-A.

**Purpose**

- Assess adolescent personality

**Age**

- 12-18 years

**Admin**

- Self-report; Individual or group

**Time**

- 30-45 minutes to complete; 15-20 minutes to score

**Qualification Level:** C
Personality Assessment Inventory™–Adolescent Software Portfolio (PAI®-A SP)

Leslie C. Morey, PhD and PAR Staff

The PAI®-A SP is used to score and interpret the Personality Assessment Inventory™–Adolescent (PAI®-A). The software provides a Clinical Interpretive Report based on an on-screen administration of the PAI®-A or hand entry of an adolescent’s item or scale raw scores (entered by the clinician). Program functionality includes navigation tools (e.g., menu system, Quickstart dialog box, Toolbar, Status Bar), file handling, and report editing. As a PAI®-A SP user, you will receive information from PAR whenever an upgrade becomes available.

PAI®-A SP Features
- Powerful diagnostic and interpretive logic incorporates interpretation of the 22 PAI®-A scales modified by all relevant subscale-to-scale and subscale-to-subscale interpretive considerations.
- The software generates exceptionally comprehensive, useful, and accurate Clinical Interpretive Reports.
- You pay a per-use fee only if you choose to administer the PAI®-A on-screen. A Counter Serial Number is used to activate the on-screen administrations.
- Includes built-in, easy-to-use report editing features.
- Exports client data to many spreadsheet and database programs.
- Exports client reports to common word processing programs.
- Includes an optional password feature to ensure the privacy and security of client data during on-screen administration and for general security of data.
- Saves valuable clinician scoring and report-writing time.

PAI®-A On-Site Scanning Module for the PAI®-A SP

- Requires prior installation of the PAI®-A SP.
- Administer the print version of the PAI®-A using the PAI®-A OSR Scannable Answer Sheets.
- Scan the PAI®-A OSR Scannable Answer Sheets (requires compatible “pencil-read” optical scanner) and the PAI®-A SP will generate the comprehensive clinical report.

PAI®-A Professional Report Service

- Administer the PAI®-A to your adolescent clients.
- Mail the completed PAI®-A Scannable Professional Report Service Answer Sheets to PAR.
- PAR will score the PAI®-A Professional Report Service Answer Sheets, generate a PAI®-A Clinical Interpretive Report for each adolescent client (within 24 hours of receipt or on the next business day), and send the reports to you.

PAI®-A Counter Serial Number (50 On-Screen Administrations) .................................................98.00
PAI®-A Counter Serial Number (25 On-Screen Administrations) ..................................................47.00
PAI®-A Professional Manual .............................................................................................................182.00
PAI®-A On-Site Scanning Module–CD-ROM .................................................................130.00
PAI®-A On-Site Scanning Module–CD-ROM (includes Quick Start Guide, 25 PAI®-A Item Response Booklets, and 5 BONUS On-Screen Administrations of the PAI®-A) ..........................560.00
PAI®-A Scannable Professional Report Service Answer Sheets (pkg/25) ......................................125.00
The RIAS is an individually administered test of intelligence appropriate for individuals ages 3-94 years that includes a co-normed, supplemental measure of memory. The RIAS includes a two-subtest Verbal Intelligence Index (VIX), a two-subtest Nonverbal Intelligence Index (NIX), and a Composite Intelligence Index (CIX) (created by combining the VIX and NIX subtests). The CIX assesses overall general intelligence ($g$), including the ability to reason, solve problems, and learn. The VIX assesses verbal intelligence by measuring verbal problem solving and verbal reasoning where acquired knowledge and skills are important. The NIX assesses nonverbal intelligence by measuring reasoning and spatial ability using novel situations and stimuli that are predominantly nonverbal. Administration of the four intelligence subtests by a trained, experienced examiner requires approximately 20-25 minutes.

A Composite Memory Index (CMX) is derived from the two supplementary memory subtests, Verbal Memory and Nonverbal Memory. The Verbal Memory subtest provides a basic, overall measure of short-term memory skills (e.g., working memory, short-term memory, learning) and measures recall in the verbal domain. The Nonverbal Memory subtest measures the ability to recall pictorial stimuli in both concrete and abstract dimensions. These short-term memory assessments require approximately 10 minutes of additional testing time.

Administering the complete RIAS (all six subtests) typically takes about 35 minutes. The RIAS provides a thorough assessment of the client’s current level of intellectual functioning and also allows you to evaluate the relationship between the client’s memory and cognitive skills.

Derived from the RIAS, the Reynolds Intellectual Screening Test™ (RIST™) consists of two RIAS subtests: Guess What (one of the two verbal subtests) and Odd-Item Out (one of the two nonverbal subtests). This brief screening measure takes only 10 minutes to administer and helps to quickly identify individuals who may need a more comprehensive intellectual assessment or an intellectual reevaluation.

The RIAS Provides an Objective, Reliable Assessment of Intelligence and Its Major Components
- Applies familiar, common concepts that are clear and easy to interpret and simple to administer and score.
- Avoids gender, ethnic, and cultural bias.

- Correlates highly with the WISC®-III FSIQ, the WAIS®-III FSIQ, and the WIAT®.

Ideal for Use in Both Educational and Clinical Settings
- For determining educational placement of preschool- and school-aged children.
- For predicting achievement based on assessment of intellectual abilities.
- For use as a stand-alone intellectual assessment in clinical settings, or as the intellectual assessment component of neuropsychological batteries.
- For assisting in the diagnosis of specific disorders that require a standardized assessment of intellectual functioning, such as mental retardation and learning disabilities (LDs).
- For assessing the effects of central nervous system injury or compromise (e.g., traumatic brain injury [TBI], cerebrovascular accident, epileptic seizure).
- For evaluating applicants for state and federal disability, including Section 504 determinations.

Simple to Administer and Score
The RIAS uses standard administration procedures common to other individual intellectual assessment instruments. The examiner presents the stimuli (verbally or visually) to the client, beginning with the age-based subtest item, and then records the client’s responses on the RIAS Record Form. Item administration continues until the end rule criterion for each subtest is met. The Total Raw Score for each subtest is transferred to the RIAS Score Summary Table on the Record Form. Each subtest raw score is converted to a $T$ score using the appropriate age-specific conversion table in the RIAS/RIST Professional Manual. Sums of subtest $T$ scores are then converted to index scores using the conversion tables provided in the Professional Manual.
Reynolds Intellectual Screening Test™ (RIST™)

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

Derived from the Reynolds Intellectual Assessment Scales™ (RIAS™), this brief screening measure helps to quickly identify individuals who need a more comprehensive intellectual assessment, or to document the continuing presence of intellectual deficits. The RIST serves as a quick screener at reevaluation or follow-up when a full RIAS may not be warranted. It also provides a quick overall estimate of general intelligence (g) for individuals who may benefit from a full RIAS evaluation for placement in educational programs for the gifted and/or talented. The RIST also is a valuable tool for estimating intelligence for large groups, research investigations, determining the current cognitive status of patients, planning vocational and rehabilitation programs, multiple gate assessments, and reassessing individuals who have had a previous comprehensive evaluation.

The RIST consists of two RIAS subtests: Guess What (a verbal subtest) and Odd-Item Out (a nonverbal subtest). These two subtests were selected on the basis of theoretical, empirical, and practical considerations. Guess What is a classic measure of crystallized intelligence, whereas Odd-Item Out shares characteristics with fluid intelligence. Both subtests have good psychometric properties, similarly good factor analytic and criterion-related validity evidence, and both are efficiently administered and scored. The summed subtest T scores are converted to yield the RIST Index (M = 100, SD = 15). Conversion tables provided in the RIAS/RIST Professional Manual can be used to obtain percentile ranks, 90% and 95% confidence intervals, T scores, z scores, NCEs, and stanines. RIST norms are based on the RIAS normative sample of 2,438 individuals.

Reliability

The RIST reliability data support its use as an intellectual screening instrument. For the RIST Index, the median reliability (α) coefficient is .95, test-retest reliability is .84 (corrected for restriction of range), and the median SEM is 3.35. These data suggest that the RIST functions well as either a first or second screening gate.

Validity

The RIST Index is highly correlated with the FSIQs of the WISC-IV (.82) and the WAIS-III (.67). The relationships between the RIST Index and the WISC-III and WAIS-III VIQs and PIQs are similar to the pattern found for the RIAS Indexes. Thus, evidence supports the RIST as an appropriate screening instrument for intelligence.

The RIST correlates well with the WIAT®, a measure of academic achievement. Similar to results for the RIAS, the highest correlations are between the RIST Index and the WIAT mathematics (.69), language (.67), and Total Composite (.66) scores.

Administration and Scoring

The examiner presents the two RIST subtests (Guess What and Odd-Item Out) to the client, beginning with the age-based subtest item, and then records the client’s responses on the RIST Record Form. Item administration continues until the end rule criterion for each subtest is met. The Total Raw Score for each subtest is transferred to the RIST Score Summary table on the RIST Record Form. Each subtest raw score is converted to a T score using the appropriate age-specific conversion tables provided in the RIAS/RIST Professional Manual.

Kit Value: $826.00 Kit Price ..............................................................$709.00

Kit Value: $782.00 Kit Price ..............................................................$679.00

Kit Value: $271.00 Kit Price ..............................................................$245.00

Kit Value: $245.00 Kit Price ..............................................................$238.00

Kit Value: $113.00 Kit Price ..............................................................$106.00

Kit Value: $44.00 Kit Price ..............................................................$41.00

Kit Value: $88.00 Kit Price ..............................................................$85.00

Kit Value: $50.00 Kit Price ..............................................................$45.00

Kit Value: $238.00 Kit Price ..............................................................$225.00

Kit Value: $245.00 Kit Price ..............................................................$230.00

Kit Value: $709.00 Kit Price ..............................................................$694.00

Kit Value: $792.00 Kit Price ..............................................................$775.00

Kit Value: $310.00 Kit Price ..............................................................$297.00

Kit Value: $102.00 Kit Price ..............................................................$98.00

Kit Value: $50.00 Kit Price ..............................................................$47.00

Kit Value: $679.00 Kit Price ..............................................................$659.00

Kit Value: $709.00 Kit Price ..............................................................$694.00

Reynolds Intellectual Assessment Scales™ Interpretive Report (RIAS™-IR)

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

The unlimited-use RIAS-IR is designed to assist clinicians with scoring, profiling, and interpreting the performance of individuals on the RIAS and the Reynolds Intellectual Screening Test (RIST). After manual entry of a client’s scale raw scores into the software, the RIAS-IR can generate up to three Score Reports, two Feedback Reports, and two Interpretive Reports. Program functionality includes navigation tools, file handling, and report editing. Report options for the RIAS and the RIST include the RIAS Score Report, RIAS Total Battery Score Report, RIST Score Report, RIAS Feedback Report, RIAS Total Battery Feedback Report, RIAS Interpretive Report, and the RIST Interpretive Report.

• The software enables you to select specific report components for inclusion and includes built-in, easy-to-use report-editing features.
• It provides flexibility within the Interpretive Reports to generate setting-specific feedback and recommendations in addition to the software’s default general feedback and recommendations.
• It includes an optional user-defined password feature to ensure confidentiality and security of client data, and exports client data for use in various spreadsheet and database programs.

Requirements:
Windows® 2000/XP/Vista™; NTFS file system; CD-ROM drive for installation; Internet connection or telephone for software activation.

Produces three score reports, two feedback reports, and two interpretive reports.

Qualification Level: B

Purpose: Screening measure of general intelligence

Age: 3-94 years

Admin: Individual

Time: 10-15 minutes

Qualification Level: B
Reynolds Intellectual Assessment Scales™/Wide Range Achievement Test 4 Discrepancy Interpretive Report (RIAS™/WRAT4-DIR)

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

By comparing general ability levels as assessed by the RIAS/RIST to achievement levels as obtained by the WRAT4, the RIAS/WRAT4-DIR provides the information necessary for determining special education eligibility and determining the presence of specific learning disabilities in students.

Two types of scoring methodologies are used to derive the discrepancy scores and to evaluate not only the statistical significance of the score but also its prevalence within the population. The simple difference method examines the difference between an obtained RIAS score and an obtained WRAT4 score. The predicted-achievement method uses the individual’s obtained RIAS score to predict his or her performance on the WRAT4. It then examines the difference between the predicted WRAT4 score and the individual’s obtained WRAT4 score. Using these methods, three types of discrepancy reports that contain a total of 40 discrepancy scores are generated by the software: the RIST/WRAT4 Discrepancy Interpretive Report, the RIAS/WRAT4 Discrepancy Interpretive Report, and the RIAS/WRAT4 Total Battery Discrepancy Interpretive Report.

The RIAS/WRAT4-DIR Professional Manual Supplement provides normative data about the linking sample, as well as overviews of the RIAS and the WRAT4.

Features of the WRIT

• Helps to identify learning disabilities, mental retardation, giftedness, neuropsychological impairments, and other exceptionalities.

• Helps to document the ability levels of individuals and provides an estimate of cognitive ability for psychiatric or vocational rehabilitation evaluations.

• Helps to identify learning disabilities, mental retardation, giftedness, neuropsychological impairments, and other exceptionalities.

User-friendly materials make it easy to learn to administer the WRIT.

Purpose: Provide a general measure of intelligence

Age: 4-85 years

Admin: Individual

Time: 20-30 minutes

Qualification Level: C

Wide Range Intelligence Test (WRIT)

Joseph Glutting, PhD, Wayne Adams, PhD, and David Sheslow, PhD

The WRIT is a highly reliable battery of four subtests of cognitive abilities. It assesses both verbal and nonverbal abilities by means of Verbal and Visual scales, with each scale consisting of two subtests that address a group of specific abilities. The WRIT yields a Verbal (Crystallized) IQ and a Visual (Fluid) IQ, which generate a General IQ when combined. The Vocabulary and Verbal Analogies subtests form the Verbal scale, and the Matrices and Diamonds subscale form the Visual scale.

- The Vocabulary subtest requires an individual to verbally define a word that has been dictated and used in a sentence by the examiner.
- The Verbal Analogies subtest requires an individual to complete verbal analogies dictated to them by the examiner.
- The Diamonds subtest requires an individual to construct specific designs using single or multiple diamond-shaped pieces.
- The Matrices subtest requires an individual to evaluate a series of pictures and to select the option that best completes a visual array.

As an additional feature, the WRIT was co-normed with the Wide Range Achievement Test (WRAT), allowing for sound and efficient determination of an intelligence/achievement discrepancy.

Features of the WRIT

• Covers an extended age range; only one set of materials is needed to assess preschool children as young as age 4 years to adults age 85 years.

• Provides colorful, attractive, and engaging subtests that can motivate the youth while being evaluated.

• Helps to document the ability levels of individuals and provides an estimate of cognitive ability for psychiatric or vocational rehabilitation evaluations.

• Helps to identify learning disabilities, mental retardation, giftedness, neuropsychological impairments, and other exceptionalities.

User-friendly materials make it easy to learn to administer the WRIT.

Purpose: Provide a general measure of intelligence

Age: 4-85 years

Admin: Individual

Time: 20-30 minutes

Qualification Level: C

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The WRIT Complete Kit (includes WRIT Test Manual, Matrices and Diamonds Easel, Stimulus Book, 25 Examiner Forms, Set of 21 Diamond Chips, all in a sturdy canvas carrying case)

Kit Value: $372.00 Kit Price: $335.00

WRIT Test Manual

Kit Value: $272.00 Kit Price: $335.00

WRIT Matrices and Diamonds Easel

Kit Value: $150.00 Kit Price: $175.00

WRIT Examiner Forms (pkg/25)

Kit Value: $58.00 Kit Price: $58.00

WRIT Diamond Chips (set of 21 w/case)

Kit Value: $52.00 Kit Price: $52.00
The SB5 provides comprehensive coverage of five factors of cognitive ability: Fluid Reasoning, Knowledge, Quantitative Reasoning, Visual-Spatial Processing, and Working Memory. It is helpful in diagnosing a wide variety of developmental disabilities and exceptionalities and also may be useful in clinical and neuropsychological assessment; early childhood assessment; psychoeducational evaluations for special education placements; adult Social Security and workers’ compensation evaluation; providing information for interventions such as IFSPs, IEPs, career assessment, industrial selection, and adult neuropsychological treatment; forensic contexts; and research on abilities and aptitudes.

As a battery of cognitive tests, the SB5 advances the assessment of strengths and weaknesses in the cognitive processes of students who may be evaluated for learning disabilities. The SB5 supports early prediction of emerging learning disabilities in children as young as 4 years old. Author research has identified special predictive composite scores for identifying disabilities in both reading and math. Information on these composites is available in the Interpretive Manual.

### Standardization, Reliability, and Validity

Normative data for the SB5 were gathered from 4,800 individuals between the ages of 2 and 85+ years. The normative sample closely matches the demographics of the 2000 U.S. Census. Bias reviews were conducted on all items for the following variables: gender, ethnicity, culture, religion, region, and socioeconomic status. Reliabilities for the Full Scale IQ, Nonverbal IQ, and Verbal IQ range from .95 to .98 (average internal consistency composite reliability, across all age groups). Reliabilities for the factor indexes range from .90 to .92. For the 10 subtests, reliabilities range from .84 to .89. Concurrent and criterion validity data were obtained using the SB-IV, SB-LM, WJ® III, UNIT®, Bender-Gestalt II, WPSSI®-R, WAIS®-III, WIAT®-II, and WISC®-III.

### Scoring

The SB5 can be scored by hand or scored using the SB5 ScoringPro™. After hand entry of the examinee’s background information, age, and raw scores, the program provides consistency in raw score conversion, an extended score report, a graphical report, and a brief, narrative summary report with guidelines and suggestions based on well-established principles of assessment. The report can be exported to a word-processing file for editing as necessary.

### Features and Benefits

- Enhanced nonverbal/low-verbal content that requires minimal or no verbal responses from the examinee.
- Useful in assessing LEP/ELL, deaf and hard-of-hearing, and autistic populations.
- Extensive high-end items to ensure measurement of the highest levels of gifted performance.
- Improved low-end items for better measurement of low functioning children and adults.
- Valid measurement of abilities into the elderly years with enhanced assessment of working memory.
- Modernized artwork and item content.
- Child-friendly manipulatives.
- Ideal for measuring basic psychological processes in problem-solving models like response to intervention (RTI).
The Early SB5 generates a Full Scale IQ (FSIQ), a Nonverbal IQ (NVIQ), a Verbal IQ (VIQ), an Abbreviated Battery IQ (ABIQ), standard scores, percentile ranks, Change-Sensitive Scores (CSSs), and an Extended IQ (EXIQ). The newly developed Test Observation Checklist identifies a range of behaviors that may serve as "flags" for behavioral or cognitive difficulties that may affect both the examinee’s performance on the test and his or her adaptation outside the testing situation. The 21 areas of behavior addressed in the checklist should be followed up through further tailored assessment, including observation, interview, or contact with parents, guardians, or other caregivers.

Normative data were gathered from a sample of 1,800 individuals. The normative sample closely matches the demographics of the 2000 U.S. Census (education level based on 1999 data). Bias reviews were conducted on all items for the following variables: gender, ethnicity, culture, religion, region, and socioeconomic status.

Reliabilities for the Early SB5 are very high for scores across its age range: FSIQ (.97-.98), NVIQ and VIQ (.94,.96), factor indexes (.90-.92), and subtests (.81-.92). Concurrent and criterion validity data were obtained using the SB IV, SM L-M, WJ III, UNIT III, Bender®-Gestalt II, WPPSI®-R, WAI®-II, and WISC®-III.

The SB5 can be hand scored or scored with optional scoring software (SB5 ScoringPro™). After you enter the examinee’s background information, age, and raw scores, the SB5 ScoringPro provides consistency in raw score conversion, an extended score report, a graphical report, and a brief, narrative summary report with guidelines and suggestions based on well-established principles of assessment. It also produces a newly available Parent Report, which includes a brief narrative description and graphic representation of the percentile scores obtained by the examinee across the five factor indexes.

### Stanford-Binet Intelligence Scales for Early Childhood (Early SB5)

**Gale H. Roid, PhD**

The Early SB5 provides a psychometrically sound and cost-effective test of intelligence for use with young children.

Since its original publication in 1940, the Shipley Institute of Living Scale has been widely used to assess cognitive functioning and impairment. Revised and restandardized, this enduring test continues to offer a brief yet robust measure of both crystallized and fluid intelligence—now with updated norms, an expanded age range that includes both children and adults (ages 7-89 years), and a new, nonverbal Block Patterns scale. Because it is straightforward and brief, the Shipley-2 is ideal when you need to obtain quick ability estimates, screen for cognitive dysfunction, or qualify participants for research studies. It also functions well as a component of more complex assessments in neuropsychological, clinical, and forensic settings.

This revision retains the original Shipley’s simplicity while expanding its utility in varied applications. It is ideal for intake screening, assessing brain injuries, determining eligibility for disability benefits, measuring the effects of toxic exposure, guiding treatment and rehabilitation, informing educational or job placement decisions, identifying cognitive problems, monitoring cognitive decline, and more.

The Shipley-2 can be hand scored or scored with optional scoring software Optional unlimited-use computer software enables you to administer the Shipley-2 on-screen and rapidly score responses from paper-and-pencil and/or on-screen administrations.
The WRAML2 Provides You With a More Versatile Test of Memory Functioning and New Learning for Individuals Ages 5-90 Years...

Wide Range Assessment of Memory and Learning, Second Edition (WRAML™2)
David Sheslow, PhD and Wayne Adams, PhD, ABPP

Normed for children, adolescents, and adults, the WRAML2 is a standardized instrument that allows the user to evaluate an individual’s memory functioning. The WRAML2 provides evaluation of both immediate and delayed memory ability, as well as the acquisition of new learning.

The WRAML2 includes standard scores, scaled scores, and percentiles. Age equivalents are provided for the child and pre-adolescent age groups. Examiners may choose to administer all or some of the WRAML2’s six core subtests and to augment those subtests with a number of optional subtests.

The WRAML2 Core Battery is composed of two Verbal, two Visual, and two Attention-Concentration subtests, yielding a Verbal Memory Index, a Visual Memory Index, and an Attention-Concentration Index, respectively. Together, these subtests yield a General Memory Index. New to this revision is the Working Memory Index, which is composed of the Symbolic Working Memory and Verbal Working Memory subtests. In addition, four new recognition subtests have been added: Design Recognition, Picture Recognition, Verbal Recognition, and Story Memory Recognition.

The Core Battery takes less than an hour to administer. A Screening Battery consisting of four subtests from the Core Battery provides an overview of memory functioning. Several subtests are included to supplement the Core Battery, allowing the examiner to add additional subtests and indexes to facilitate qualitative analyses when indicated.

Extended age range allows examination of memory abilities in individuals ages 5-90 years. Follow-up examinations of children and adolescents can be performed with the WRAML2 without the need to use an alternate test instrument.

Purpose: Assess an individual’s memory functioning and new learning
Age: 5-90 years
Admin: Individual
Time: Core battery: Less than 1 hour
Qualification Level: C

Wide Range Assessment of Memory and Learning, Second Edition Software Portfolio (WRAML™2-SP)
David Sheslow, PhD, Wayne Adams, PhD, ABPP, and PAR Staff

The WRAML2-SP provides unlimited scoring and report generation for the Wide Range Assessment of Memory and Learning, 2nd Ed. (WRAML2). After hand entry of WRAML2 raw scores and demographic information by the examiner, the program generates a Screening Report, a Score Report, and/or an Interpretive Report. Software functionality enables the clinician to import data from the previous WRAML2 software version, to edit reports on-screen, and provides easy program navigation and storage of individual client files. Graphic profiles of clients’ performances also are provided.

The easy-to-use software gives you complete control over the appearance of the final report. Reports can be edited on-screen so that additional clinical information can be incorporated or descriptive statements can be changed. Protocols are stored in individual client files, where demographic information can be customized. Profiles of valid protocols (i.e., administrations) can be viewed and printed, and different profiles can be overlaid and compared.

Special Introductory Prices!
BROC-6496-SP WRAML2-SP–CD-ROM (includes Unlimited-Use WRAML2-SP Software with On-Screen Help and Quick Start Guide) ........ $349.00
BROC-6496-UP WRAML2-SP Upgrade–CD-ROM .................................................................................. $160.00

Requirements: Windows® 2000/XP/Vista™; NTFS file system; CD-ROM drive for installation; Internet connection or telephone for software activation

The WRAT4 Is an Efficient and Accurate Measure of Basic Academic Skills

Wide Range Achievement Test 4 (WRAT4)
Gary S. Wilkinson, PhD and Gary J. Robertson, PhD

The WRAT4 is a norm-referenced test that measures the basic academic skills of word reading, sentence comprehension, spelling, and math computation.

- **Word Reading** measures letter and word decoding through letter identification and word recognition.
- **Sentence Comprehension** measures an individual’s ability to gain meaning from words and to comprehend ideas and information contained in sentences through the use of a modified cloze technique.
- **Spelling** measures an individual’s ability to encode sounds into written form through the use of a dictated spelling format containing both letters and words.
- **Math Computation** measures an individual’s ability to perform basic mathematics computations through counting, identifying numbers, solving simple oral problems, and calculating written mathematics problems.

Several new features have been added to the WRAT4. In addition to updated norms, the WRAT4 contains an entirely new measure of reading achievement—Sentence Comprehension—added to enhance the scope of the content the WRAT measured and to meet a need often expressed by users of previous editions for a measure of reading comprehension.

The interpretation of WRAT4 scores has been enhanced by the addition of grade-based norms, thereby increasing the usefulness of the test in Grades K-12.

The Blue Form and the Green Form can be used interchangeably with comparable results, thus permitting retesting within short periods of time without the potential practice effects that may occur from repeating the same items. The alternate forms also can be administered together (i.e., Combined Form) in a single examination. For those interested in a more qualitative assessment of academic skills, the Combined Form provides an additional opportunity for performance observance.

**Reliability**
Reliability evidence for the WRAT4 is shown to be strong and includes information based on classical test reliability theory, such as internal consistency, alternate-form reliability (immediate and delayed retest stability), standard error of measurement, and standard score confidence intervals, as well as IRT applications termed Rasch statistics.

- Alternate-form immediate retest reliability coefficients ranged from .78 to .89 for an age-based sample and .86 to .90 for a grade-based sample.
- Alternate-form delayed (approximately 30 days) retest study indicated that practice effects are quite small. Mean score differences of 0.4 to 2.2 were found for an age-based sample and 0.1 to 0.5 for a grade-based sample.

**Validity**
WRAT4 validity evidence is derived from the content and structure of the test battery, studies with special groups of individuals, and correlations with other widely used achievement and cognitive ability measures. The measures used for the external validity studies are listed below.

- WIAT®-II
- WJ®-III
- KBIT
- KTEA-II Comprehensive
- KTEA-II Brief
- RIAS™
- SB5
- WRAT-Expanded
- WRIT
- WISC®-IV
- WASI™
- WAIS®-III

**Purpose:** Measure the basic academic skills of reading, spelling, and math computation

**Age:** 5-94 years

**Admin:** Individual or group (specific subtests only)

**Time:** Approximately 15-25 minutes for individuals ages 5-7 years; approximately 35-45 minutes for individuals ages 8 years and older

**Qualification Level:** B
Wide Range Achievement Test 4 Interpretive Report (WRAT4-IR)

Software: Gary S. Wilkinson, PhD and PAR Staff
Interpretive Reports: Jack Martin, PhD, Gary S. Wilkinson, PhD, and PAR Staff

The WRAT4-IR scores, profiles, and interprets an individual’s performance on the WRAT4. After manual entry of the individual’s raw subtest scores, the software can generate one or more of the following five reports.

Score Report/Combined Score Report
- Score Summary Table—includes raw scores, standard scores (based on either age-based or grade-based norms), confidence intervals (85%, 90%, or 95%), percentile ranks, and three optional scores (grade equivalents, NCEs, or stanines).
- Standard Score Profile—graphical representation of standard scores.
- Standard Score Comparison Table—indicates the significance and prevalence of standard score differences.

Interpretive Report/Combined Interpretive Report
- Overview.
- Score Summary Table—includes raw scores, standard scores (based on either age-based or grade-based norms), confidence intervals (85%, 90%, or 95%), percentile ranks, and three optional scores (grade equivalents, NCEs, or stanines).
- Score Comparison Summary.
  - Standard Score Profile—graphical representation of standard scores.
  - Subtest and Composite Summary—description of scores obtained from the subtests and composite.
- Subtest Comparisons—description of intersubtest comparisons as well as suggested interpretation of each score comparison.
- Recommendations—based on subtest standard scores and the significance of score comparisons; recommendations are provided for use in educational intervention planning.

Feedback Report
- Overview.
- Subtest and Composite Summary—description of scores obtained.
- Score Comparison—summary of score comparisons; also includes age-appropriate recommendations that are useful in both the home and the classroom.

Program functionality includes navigational tools (e.g., menu system, Quickstart dialog box, Toolbar, Status Bar), file handling, and report editing features.

Features of the WRAT4 Interpretive Report
- Provides comprehensive reports that save valuable clinician report-writing time.
- Provides useful documentation to assist in educational and intervention planning for children and adults.
- Can be easily edited on-screen to incorporate additional clinical information and interpretive statements.
- Generates profile graphs with the ability to overlay profiles from prior administrations for the same client.
- Quick and easy data entry.

Features of the WRAT4-SP
- Provides unlimited scoring and report generation after manual entry of an individual’s WRAT4 raw subtest scores.
- Score Summary includes raw scores, standard scores (based on either age-based or grade-based norms), confidence intervals (85%, 90%, or 95%), percentile ranks, and three optional scores (grade equivalents, NCEs, or stanines).
- Generates profile graphs with the ability to overlay profiles from prior administrations for the same client.
- Quick and easy data entry.
- Includes built-in, easy-to-use report editing features.
- Exports client data to many spreadsheet and database programs.
- Provides comprehensive reports that save valuable clinician report-writing time.
- Includes an optional password feature to ensure privacy and security of client data.
- Includes useful documentation to assist in educational intervention planning for children and adults.
- Includes an optional password feature to ensure privacy and security of client data.
- Provides comprehensive reports that save valuable clinician report-writing time.

Requirements:
- Windows® 2000/XP/Vista™; NTFS file system; CD-ROM drive for installation; Internet connection or telephone for software activation

Qualification Level: B

Kit Value: $604.00  Kit Price..............$560.00

Kit and WRAT4-SP–CD-ROM

Kit and WRAT4-IR Software

WRAT4-SP Vista™ Conversion–CD-ROM

WRAT4-IR Vista™ Conversion–CD-ROM (For prior purchasers only)

WRAT4/WRAT4-IR Combination Kit–CD-ROM (includes WRAT4 Introductory Kit and WRAT4-IR Software)

Kit Value: $604.00  Kit Price..............$560.00

WRAT4-IR Software–CD-ROM (includes Unlimited-Use Scoring and Reporting with On-Screen Help and Quick Start Guide)

WRAT4-SP Upgrade to the WRAT4-IR–CD-ROM

WRAT4-IR-SP Upgrade–CD-ROM (For prior purchasers only)

WRAT4-SP to WRAT4-SP Upgrade–CD-ROM

On-Screen Help and Quick Start Guide

UNLIMITED-USE SCORING AND REPORTING SOFTWARE

WRAT4-SP Vista™ Conversion–CD-ROM (For prior purchasers only)

WRAT4/WRAT4-SP Combination Kit–CD-ROM (includes WRAT4 Introductory Kit and WRAT4-SP–CD-ROM)

Kit Value: $476.00  Kit Price..............$425.00

Best Value:

WRAT4/WRAT4-SP Combination Kit–CD-ROM (includes WRAT4 Introductory Kit and WRAT4-SP–CD-ROM)

Kit Value: $476.00  Kit Price..............$425.00

Kit Value: $604.00  Kit Price..............$560.00

Kit and WRAT4-SP–CD-ROM

Kit and WRAT4-IR Software

WRAT4-SP Vista™ Conversion–CD-ROM

WRAT4-IR Vista™ Conversion–CD-ROM (For prior purchasers only)

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Kit Value: $604.00  Kit Price..............$560.00

WRAT4-IR Software–CD-ROM (includes Unlimited-Use Scoring and Reporting with On-Screen Help and Quick Start Guide)

WRAT4-SP Upgrade to the WRAT4-IR–CD-ROM

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On-Screen Help and Quick Start Guide

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Kit Value: $476.00  Kit Price..............$425.00

Wide Range Achievement Test 4 Scoring Program (WRAT4-SP)

Developed by PAR Staff

The WRAT4-SP scores and generates reports after manual entry of raw subtest scores from the WRAT4 Blue, Green, and Combined Forms.

The WRAT4 Score Report includes a WRAT4 Score Summary Table, the WRAT4 Standard Score Profile for basic interpretation, and the WRAT4 Standard Score Comparison Table, which can be used for an extended interpretation. Program functionality includes navigational tools (e.g., menu system, Quickstart dialog box, Toolbar, Status Bar), file handling, and report editing.

Features of the WRAT4-SP
- Provides unlimited scoring and report generation after manual entry of an individual’s WRAT4 raw subtest scores.
- Score Summary includes raw scores, standard scores (based on either age-based or grade-based norms), confidence intervals (85%, 90%, or 95%), percentile ranks, and three optional scores (grade equivalents, NCEs, or stanines).
Wide Range Achievement Test 4 Progress Monitoring Version (WRAT4-PMV)

Gale H. Roid, PhD and Mark F. Ledbetter, PsyD

The WRAT4-PMV is an adaptation of the Wide Range Achievement Test Fourth Edition (WRAT4) and is specifically designed as a reliable, time-efficient instrument for monitoring the academic progress of students in Grades K-12 and college. Measuring four basic academic areas (i.e., word reading, sentence comprehension, spelling, math computation), the WRAT4-PMV is composed of six levels that correspond to specific grade-range academic content appropriate for assessing and monitoring progress for Grades K-1, 2-3, 4-5, 6-8, 9-12, and 13-16 (i.e., college). Each WRAT4-PMV level consists of four parallel 15-item forms (i.e., probes) that are psychometrically equivalent.

The WRAT4-PMV provides practitioners with a performance baseline and, if necessary, helps monitor a student’s academic performance via brief repeated test administrations throughout the school year. The WRAT4-PMV expands the utility of the WRAT4 by providing design features that enable users to efficiently monitor the progress of students who have learning difficulties, students in special education placements, underachieving students in regular education placements, and students who exhibit other conditions that affect school learning.

Evaluating Level of Performance

Examiners can quickly determine a student’s level of performance relative to a nationally representative sample of grade-level peers by plotting the Total Raw Score on the Profile Sheet. The Profile Sheet uses color-shaded normative bands that eliminate the need to convert Total Raw Scores to derived scores.

Out of Level Testing

Out of level testing can provide valuable information as well as an accurate measurement and can be accomplished using shorter tests. Depending on the achievement level of a student, examiners can administer a WRAT4-PMV level that is below or above the student’s enrolled grade level. Matching the appropriate test difficulty level with the achievement grade level of a student (i.e., “out of level” testing) can be an effective tool to elicit student participation in the evaluation.

Evaluating Changes in Performance Over Time

Within a WRAT4-PMV level, repeated administration of equivalent subtest forms enables examiners to graphically examine student performance at various time intervals. Evaluating meaningful change in performance over time is accomplished by using the Within Level Score Comparison Tables provided on the Profile Sheet.

For progress monitoring across grades using different WRAT4-PMV levels, Total Raw Scores on any subtest level/form can be converted to derived Level Equivalent (LE) scores. LE scores provide a common metric across WRAT4-PMV levels, grades, and forms, and are particularly useful in demonstrating performance changes across levels that graphically represent improvement or decline over longer periods of time.

Standardization, Reliability, and Validity

- Composed of 1,929 individuals enrolled in Grades K-16 and ranging in age from 5 to 24 years, the WRAT4-PMV normative sample is demographically representative of census proportions for race/ethnicity, educational attainment (as an index of socioeconomic status), and geographic region.
- Alpha reliability coefficients for the Word Reading, Sentence Comprehension, Spelling, and Math Computation subtests were .80, .81, .79, and .74, respectively.
- Validity evidence for the WRAT4-PMV is derived from evaluating patterns of correlations among external measures of established constructs. Measures of achievement include the Kaufman Test of Educational Achievement: Second Edition–Brief Form (KTEA-II) and the Wechsler Individual Achievement Test®: Second Edition (WIAI-®II); measures of cognitive ability include the Stanford-Binet Intelligence Scales–Fifth Edition (SB5) and the Reynolds Intellectual Assessment Scale® (RIAS®).

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Note: For custom packaging/pricing in large quantities, please contact a Clinical Sales Specialist at 1.866.253.4050. For information on the WRAT4 Progress Monitoring Version Scoring Program (WRAT4-PMV:SP), visit www.parinc.com.
Basic Early Assessment of Reading™ (BEAR®)

Designed to assess progress in the development of four essential reading skills (i.e., reading basics, language arts, comprehension, reading fluency), the BEAR is a suite of four criterion-referenced assessments of beginning reading and language arts skills for students in Kindergarten through Grade 3. The four assessments may be used alone or in combination to augment an existing reading program. Each assessment was designed to help provide ongoing information about the development of students’ reading skills throughout the course of the year.

BEAR paper-and-pencil assessments are presented in familiar student test booklet format to help alleviate test anxiety. The test booklets are full of engaging illustrations that help make test-taking fun and engaging. The Initial-Skills Analysis, Specific-Skill Analysis, and Summative Assessment can be administered individually, in a small group, or classroom-wide depending on the needs of the students and teacher. The Oral Reading Fluency Assessment is individually administered.

Special Features of the BEAR
- Content written to measure students’ mastery of standards in reading and language arts.
- Emphasis on skills students need to become successful readers by Grade 3.
- Suite of four assessments to help teachers customize assessment programs.
- Variety of item types: multiple-choice, open-ended, and extended-response questions.
- Developmentally appropriate for young students.

Scoring
The paper-and-pencil BEAR is quickly and easily hand scored by the test administrator or assistant. Scoring Guides are straightforward and provide answer keys, rubrics, sample papers, and interpretive instructions. Every BEAR Kit includes the BEAR Scoring and Reporting Software, which manages student test data for all four assessments, allows entry and reporting of teacher comments, and generates reports. Additionally, the software allows users to disaggregate data, run queries on customized user-defined fields, and reorder student data while maintaining the student’s past assessment history. The BEAR Scoring and Reporting Software also enables you to administer on-screen the Initial-Skills Analysis, Specific-Skill Analysis, and Summative Assessment.

Requirements:
Windows® 95, 98, NT®, 4.0 Workstation, Me and 2000 operating systems; PC with minimum Pentium® II processor; 64 MB RAM (96 MB recommended); SVGA monitor; 20 MB hard disk space (30 MB for larger databases); 5 K per student record

*New!*
Developmentally appropriate for young students.

**Purpose:** Assess young students’ reading skills development

**Age:** Students in Grades K-3

**Admin:** Self-report; Individual and/or group

**Time:** Initial-Skills Analysis: 45-60 minutes; Specific-Skill Analysis: 30-40 minutes per content area; Oral Reading Fluency Assessment: 15-30 minutes per passage or list; Summative Assessment: 30-40 minutes per content area

**Qualification Level:** B or S

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### Kit/Component

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* Combination Kits include, for each grade, Initial-Skills Analysis Administration and Scoring Guide, 25 Initial-Skills Analysis Test Booklets, Summative Assessment Administration Guide, Summative Assessment Scoring Guide, 25 Summative Assessment Reading Basics Test Booklets, 25 Summative Assessment Comprehension Test Booklets, 25 Summative Assessment Language Arts Test Booklets, Specific-Skill Analysis Administration and Scoring Guide (one for both grades), and 3 Specific-Skill Analysis Black-Line Master Test Booklets (one for both grades); and non-level-specific Teacher’s Guide, Oral Reading Fluency Assessment Administration and Scoring Guide, 13 Oral Reading Fluency Assessment Passage Cards, and Scoring and Reporting Software.
Nelson-Denny Reading Test

James I. Brown, PhD, Vivian Vick Fishco, MS, and Gerald S. Hanna, EdD

The Nelson-Denny Reading Test, Forms G and H, is a reading survey test for high school students, college students, and adults. A two-part test, the Nelson-Denny measures vocabulary development, comprehension, and reading rate. Part I (Vocabulary) is a 15-minute test; Part II (Comprehension and Rate) is a 20-minute test. The first minute of the Comprehension test is used to determine reading rate. An extended-time administration of the test is available for special populations, such as students who have learned English as a second language.

Forms G and H are parallel forms that have been equated and can be used interchangeably as pretests and posttests. The equating study linking Forms G and H is described in the Technical Report. An equating study of Form G and Form E links Forms G and H to the earlier Forms E and F. Thus, data for students previously tested with Form E or Form F can be compared to data provided by Form G or Form H. Form G/Form E equating data and tables are provided in the Scoring and Interpretation Manual.

Vocabulary, Comprehension, and Total scores are presented as raw scores, scale scores, grade-equivalent scores, national percentile ranks, and national stanines. The reading rate is reported in words per minute. The scoring key and procedures for obtaining all scores are included in the Scoring and Interpretation Manual. Norms are available for high school and 2- and 4-year colleges; special norms are available for the extended-time administration and for law-enforcement academies.

**Benefits of the DAR-2**

- Carefully designed to avoid racial and gender bias.

**Purpose:** Assess student achievement and progress in vocabulary, comprehension, and reading rate

**Age:** Individuals in Grades 9-16 and adults

**Admin:** Self-report; Individual or group

**Time:** Standard: 35 minutes; extended-time: 56 minutes

**Qualification Level:** B or S

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Diagnostic Assessments of Reading™, 2nd Ed. (DAR™-2)

Florence G. Roswell, Jeanne S. Chall, Mary E. Curtis, and Gail Kearns

The DAR-2 assesses students' relative strengths and weaknesses in key areas of student learning in reading. Teachers may use the DAR-2 to identify areas in which struggling readers need help. The DAR-2 consists of two forms (A and B) that test nine components of reading and language: Print awareness, phonological awareness, letters and sounds, word recognition, word analysis, oral reading accuracy and fluency, silent reading comprehension, spelling, and word meaning.

The DAR-2 comes in a complete, multilevel format. It features simultaneous administration and scoring, providing immediate feedback about each student's strengths and weaknesses in reading and enabling teachers to quickly apply the results to instructional strategies for improving student skills.

**Benefits of the DAR-2**

- Can be used in Title I, special education, adult literacy, or reading placement programs.
- The Interpretive Profile helps synthesize information about individual student achievement.
- Fluency rating is now a part of the Oral Reading test.
- Kits include uses of Trial Teaching Strategies (TTS), an online resource that offers short lessons to address a student's reading needs.

**Purpose:** Assess individual student achievement in nine components of reading and language

**Age:** 5 years and older

**Admin:** Self-report; Individual or group

**Time:** Approximately 40 minutes

**Qualification Level:** B or S

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**New!**

脯新 abolish reading bias.

**Purpose:** Assess student achievement and progress in vocabulary, comprehension, and reading rate

**Age:** Individuals in Grades 9-16 and adults

**Admin:** Self-report; Individual or group

**Time:** Standard: 35 minutes; extended-time: 56 minutes

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**Qualification Level:** B or S
**Test of Irregular Word Reading Efficiency™ (TIWRE™)**

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

By using the pronunciation of phonetically irregular words to measure reading ability, the TIWRE offers a rapid assessment of the examinee’s reading vocabulary. Because phonetically irregular words cannot be pronounced correctly unless they are already a part of the reader’s vocabulary, they are especially useful for screening reading comprehension. This easy-to-administer measure is supported by validity evidence and is highly reliable. With three equivalent forms, the TIWRE provides its user with the ability to monitor changes in reading performance over relatively short periods of time with no detectable practice effect from testing itself.

Each form presents letters (uppercase and lowercase) and phonetically irregular words for a total of 50 items and takes approximately 2 minutes to administer. Because the three forms are based on a common normative sample and use the same normative table, frequent repeated testing is convenient and quick. Reliability coefficients for all forms are in the mid-to-high .90s. Change in reading efficiency is measured by comparing scores from two administrations and using the provided precalculated significance score ranges to determine statistically significant levels of change.

The TIWRE was normed using a large, nationally drawn U.S. stratified sample of 2,438 individuals ages 3-94 years. The Professional Manual provides a wide range of score conversions, including scores scaled to the metric commonly used with measures of aptitude and achievement (i.e., age-corrected deviation scaled scores with a mean of 100 and a standard deviation of 15) and additional supplementary scores that are commonly used in educational reporting and research. The Profile Form enables the examiner to plot scores of repeated administrations for easy, rapid identification of an individual’s progress in reading performance. The reusable Stimulus Cards are color-coded for simple administration of each form.

The TIWRE was designed to have multiple applications in a variety of environments, including educational, clinical, and rehabilitation settings. It can be used to assess current reading level, to measure response to intervention (RTI) in reading, to assess reading levels for completing self-reports or questionnaires, and to rapidly screen for individual reading difficulties. The TIWRE can enhance the accuracy and overall efficacy of progress monitoring and can lead to more frequent, accurate assessments of real reading skill in a variety of contexts.

**Wide Range Assessment of Visual Motor Abilities (WRAVMA)**

Wayne Adams, PhD and David Sheslow, PhD

The WRAVMA is a well-standardized tool that provides a reliable, accurate evaluation of visual-motor skills of children and adolescents ages 3-17 years. The WRAVMA assesses three areas using three tests: the Drawing (Visual Motor) Test, the Matching (Visual-Spatial) Test, and the Pegboard (Fine Motor) Test. The norms for each test were derived from the same standardization sample of 2,600 children, permitting a psychometrically sound comparison of a child’s overall visual-motor ability. Although each WRAVMA test can be used individually, all three tests can be administered in combination, yielding a comparison of a child’s integrated visual-motor ability with the skill areas of visual-spatial and fine motor abilities.

The three areas were selected because of their relevance to school-related activities. Difficulties performing visual-motor tasks, such as copying from the chalkboard, drawing, or handwriting, can be linked to either fine motor deficits, spatial deficits, and/or to an integration deficit when motor and spatial systems are combined.

The WRAVMA provides a Visual-Motor Integration Composite derived from the three separate subtest assessments of Fine-Motor, Visual-Spatial, and Visual-Motor abilities. A scaled score, standard score, age equivalent, and percentile may be obtained for each of these subtests.
Comprehensive Test of Phonological Processing (CTOPP)
Richard Wagner, PhD, Joseph K. Torgesen, PhD, and Carol Rashotte, PhD

The CTOPP test battery spans a wide range of ages and abilities. The first version, developed for individuals ages 5-6 years, contains seven core subtests and one supplemental test. The second version, for individuals ages 7-24 years, contains six core subtests and eight supplemental tests. Both versions allow you to carefully assess specific phonological strengths and weaknesses. Both versions are individually administered, taking about 30 minutes to administer the core subtests. Percentiles, standard scores, and age and grade equivalents are provided.

The Phonological Awareness Quotient (PAQ) measures the examinee’s awareness and access to the phonological structure of oral language.

The Phonological Memory Quotient (PMQ) measures the examinee’s ability to code information phonologically for temporary storage in working or short-term memory.

The Rapid Naming Quotient (RNQ) measures the examinee’s efficient retrieval of phonological information from long-term or permanent memory, as well as the examinee’s ability to execute a sequence of operations quickly and repeatedly.

The CTOPP was normed on more than 1,600 individuals ranging in age from 5 to 24 years and residing in 30 states. Internal consistency or alternate forms reliability coefficients exceed .80. The test-retest coefficients range from .70 to .92.

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<tr>
<td>BROC-6057-EQ</td>
<td>CTOPP Audio CD</td>
<td>$25.00</td>
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Requirements: CD player for audible tasks

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Mathematics Navigator®
America’s Choice®
Mathematics Navigator is an intervention program for elementary and secondary students who are struggling with specific mathematics concepts and skills. The program is designed to target the misconceptions about math that students may have learned in earlier grades. To ensure that students get where they need to be academically, keep learning throughout the school year, and continue to keep up with their class in future grades, these basic misconceptions have to be identified and corrected. Mathematics Navigator was created to do exactly that, and is recognized as the leader in this area.

Mathematics Navigator is highly focused—its system of diagnostic screeners and pretests allows you to diagnose and then prescribe solutions to correct flawed knowledge and accelerate learning. Mathematics Navigator helps you find the areas where students need to rebuild and/or correct their foundation of learning. The program provides proven routines and rituals that guide students through a specific and predictable course of action that supports their learning, maximizes instructional time, and allows for differentiated instruction. It strikes the right balance between emphasis on skills, problem solving, and concepts—students don’t just solve problems and get answers; they are guided to a deeper understanding of mathematics.

Why Implement Mathematics Navigator in Your School or District?
- The program is based on nearly two decades of research with proven results in a wide range of students and schools.
- It is flexible—it complements any school math curriculum or textbook and can be used in a variety of settings: during the school day, after school, in summer school, or with tutoring. It may be used with full classes or in small group instruction.
- Consistent rituals and routines with well-structured lessons make it easy for teachers to learn and implement and provide consistency for students.
- Course modules and topics align with your state’s standards and tests.
- Designed to get students engaged in math, the program provides a high level of motivation for students to continue learning and using mathematics.

Age: 5-18 years
Qualification Level: B

Literacy Navigator™
America’s Choice®
Many students in Grades 4-10 struggle to stay at grade level. During these years, reading becomes “reading to learn” and students encounter increasingly complex informational text. Literacy Navigator is designed to help these students as well as English language learners who are comfortable with social language or who are adequate readers of literary text but struggle to comprehend content-rich text. Though strategies such as visualizing, making predictions, and summarizing can help with literary text, they are of limited use with informational text. Content-rich informational text requires a different set of skills that includes both an understanding of expository text features as well as an ability to build relevant background knowledge. Literacy Navigator addresses these issues comprehensively.

Designed as 45-50 minute lessons, Literacy Navigator modules can be conducted before or after regular school sessions, at other times set aside for student support during the school day, or in summer school, and they may be used with full classes or in small group instruction.

Why Implement Literacy Navigator in Your School or District?
- The program uses instructional strategies based on the results of 30 years of research in both the reading and cognitive science communities.
- It teaches commonly used structures found in informational texts, such as cause and effect, sequence, and claim and evidence.
- It helps build recognition and understanding of the elements critical to the comprehension of content-rich, dense passages (e.g., connecting words, pronoun reference, substitution of words and phrases).
- It helps build knowledge of and fluency with academic language and common tier-two vocabulary.
- It assists students with understanding and demonstrating relationships among ideas through the creation of varied graphic organizers and focused writing tasks.
- It uses embedded assessments (e.g., pretests, posttests) to identify additional instructional needs and to monitor student progress.

Age: 5-18 years
Qualification Level: B

Two Proven Intervention Programs Ensure Better Performance on High-Stakes Tests, Provide Dramatic Improvement in Classroom Performance, and Facilitate Continued Student Success in Future Grades...
School Motivation and Learning Strategies Inventory (SMALSI)
Kathy Stroud, PhD and Cecil Reynolds, PhD

Unlike many other learning measures, the SMALSI does not assess learning styles, preferences, or other process dimensions. Instead, it assesses the actual strategies students use in learning and test-taking—strategies shown through research to be related to academic success.

Designed for both special and general education students, this self-report inventory assesses 10 primary constructs associated with academic motivation, learning strategies, and studies—7 focusing on student strengths and 3 focusing on student liabilities. Scores from the SMALSI scales provide enough information to identify problems that interfere with academic development. An Inconsistent Responding Index is included as a validity measure.

The SMALSI is available in two forms. The Child Form (147 items) is appropriate for students ages 8-12 years; the Teen Form (170 items) is appropriate for students ages 13-18 years. Both forms are written at a 3rd-grade reading level and can be completed in about 20-30 minutes. Both forms use a four-point response scale, ranging from Never to Always.

Scored by hand or computer, the SMALSI provides multiple scores, rather than one overall score. The sample reflects the U.S. population in terms of gender, ethnicity, and parental education.

The SMALSI is a quick, cost-effective way to identify students who may have ineffective or poorly developed learning strategies, low levels of academic motivation, attention and concentration problems, difficulties with test-taking, or test anxiety. It can be used for screening in regular education, pre-referral intervention, and for assessing students with learning disabilities, emotional disturbance, or ADHD.

KOPPITZ-2: Koppitz Developmental Scoring System for the Bender® Gestalt Test, 2nd Ed.
Cecil R. Reynolds, PhD

The KOPPITZ-2 is ideal for use by psychologists, educational diagnosticians, licensed professional counselors, occupational therapists, 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 age range has been extended to allow the evaluation of special education students through age 21 years and to assist in the evaluation of the visual-motor integration deficits of the growing population of seniors. For older children and adults, both 2- and 3-dimensional drawings that reveal subtle deficits in visual-motor integration processes are now required.

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. It assesses the ability to relate visual stimuli accurately to motor responses. The KOPPITZ-2 can be used to determine the presence and degree of any extant visual-motor problems, to identify candidates for remedial programs and visual-motor training, to evaluate the effectiveness of intervention programs and monitor recovery following acute injury, to monitor the progression of progressive degenerative disease processes that affect visual-motor integration skills, and to gather research regarding the visual-motor integration process.

Key Features
- 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 8-85 years and older).
- Completely nonverbal and useful with individuals from widely varied cultural and ethnic backgrounds.
- Highly reliable across age, gender, and ethnicity. Reliability coefficients reported for multiple subgroups, including individuals with various disorders.

Purpose: Measure visual-motor integration skills
Age: 5-85 years
Admin: Individual
Time: 5-10 minutes
Qualification Level: B

Note: You may order the KOPPITZ-2 Kit with or without the Bender Gestalt-II Stimulus Cards.
The TEC Provides a Unique Approach to the Assessment of Executive Function...

**Tasks of Executive Control™ (TEC™)**

Peter K. Isquith, PhD, Robert M. Roth, PhD, and Gerard A. Gioia, PhD

The TEC is a standardized computer-administered measure of two fundamental aspects of executive control processes: working memory and inhibitory control. It produces Factor scores, Summary scores, and Task scores.

The TEC offers a unique approach to executive function assessment that represents the first standardized clinical application of two integrated neuroscience methods commonly used to tap working memory and inhibitory control: an n-back paradigm that parametrically increases working memory load and a go/no-go task to manipulate inhibitory control demand. This combination of methods yields four sequential tasks for 5- to 7-year-old children and six tasks for older children and adolescents ages 8-18 years. Three equivalent forms and two research forms are included, along with standardized regression-based change scores that facilitate interpretation of (a) change between performance on tasks, and (b) change over time when the instrument is administered on two or more occasions. With highly accurate timing and a stable platform, the TEC calculates multiple norm-referenced measures of accuracy, response time, and response time variability as working memory load increases in both inhibit and no inhibit conditions.

The TEC is ideal for evaluating children and adolescents with a wide variety of developmental and acquired neurocognitive disorders including attention disorders, learning disabilities, autism spectrum disorders, and traumatic brain injuries. It also may be used to assess children with psychiatric and behavioral health concerns.

The program monitors accuracy and response time throughout administration to produce six accuracy scores, two response time scores, and two response time variability scores for each task. Each task consists of on-screen instructions, a set of practice trials with feedback, and 100 timed-interval stimuli that require responses.

- A post-stratification weighting procedure was applied to the TEC standardization sample of 1,107 individuals in order to most accurately reflect population parameters as defined by the U.S. Census (2007).
- Form 1 reliability coefficients based on the Spearman-Brown split-half formula ranged from .75 to .98 for Factor scores and from .68 to .99 for Summary scores.
- Convergent evidence for validity of the TEC is based on correlations with the BRIEF®, the CPRS-R:L, and the CBCL/6-18, among others. Its validity also was investigated within several clinical samples, including children and adolescents with ADHD, mild traumatic brain injury, learning disabilities, and fragile X syndrome.
- The software provides a Score Report, which displays scores and profiles from a single administration; a comprehensive Client Report, which provides interpretive statements for a single administration; and a Protocol Summary Report, which summarizes change over time when the instrument is administered more than once to the same examinee.

**Special Introductory Prices!**

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<tr>
<td>BROC-6638-TM</td>
<td>TEC Professional Manual</td>
<td>$80.00</td>
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<td>BROC-6639-CP</td>
<td>TEC Counter Serial Number (10 On-Screen Administrations of the TEC)</td>
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**Requirements:**

Windows® XP/Vista®/7; CD-ROM drive for installation; 350MB available hard drive space; 256MB RAM (XP)/512MB RAM (Vista); 1024MB RAM (7); 2GHz Pentium 4 processor; non-USB and non-wireless keyboard; AGP or PCI Express video card (nonintegrated) with 32MB RAM, 1024x768x16-bit resolution, and 60Hz refresh rate; LCD or CRT monitor with 60Hz noninterlaced refresh rate (16.76 ms refresh) and visible display minimum width of 10.0" and minimum height of 7.5" or minimum diagonal of 12.5" at 4/3 aspect ratio or 14.5" at 16/9 aspect ratio

**Note:** For valid administrations, the TEC should not be installed on a network of any kind.
To Evaluate Children Who Have a Wide Spectrum of Developmental and Acquired Neurological Conditions, the BRIEF Offers Both Parent and Teacher Rating Forms...

Behavior Rating Inventory of Executive Function® (BRIEF®)
Gerard A. Gioia, PhD, Peter K. Isquith, PhD, Steven C. Guy, PhD, and Lauren Kenworthy, PhD

The BRIEF is a questionnaire for parents and teachers of school-age children that enables professionals to assess executive function behaviors in the home and school environments. It is designed for a broad range of children and adolescents, including those with learning disabilities and attentional disorders, traumatic brain injuries, lead exposure, pervasive developmental disorders, depression, and other developmental, neurological, psychiatric, and medical conditions. The Parent and Teacher Forms of the BRIEF each contain 86 items within eight theoretically and empirically derived clinical scales that measure different aspects of executive functioning: Inhibit, Shift, Emotional Control, Initiate, Working Memory, Plan/Organize, Organization of Materials, and Task Completion. The clinical scales form two broader Indexes—the Behavioral Regulation Index (BRI) and the Metacognition Index (MI)—and yield an overall summary score, the Global Executive Composite (GEC). The BRIEF-SR also includes two validity scales: Inconsistency and Negativity.

Behavior Rating Inventory of Executive Function®-Self-Report Version (BRIEF®-SR)
Steven C. Guy, PhD, Peter K. Isquith, PhD, and Gerard A. Gioia, PhD

The BRIEF-SR is a standardized 80-item self-report behavior rating scale that can serve as an important tool in the clinical evaluation and treatment of children and adolescents who have problems involving executive control functions. It was designed to complement the Behavior Rating Inventory of Executive Function® (BRIEF®) Parent and Teacher Forms by capturing a child or an adolescent’s view of his/her own purposeful, goal-directed, problem-solving behavior.

The BRIEF-SR’s 80 items yield information for eight non-overlapping clinical scales that measure different aspects of executive functioning: Inhibit, Shift (with Behavioral Shift and Cognitive Shift subscales), Emotional Control, Monitor, Working Memory, Plan/Organize, Organization of Materials, and Task Completion. The clinical scales form two broader indexes—the Behavioral Regulation Index (BRI) and the Metacognition Index (MI)—and yield an divergent validity demonstrated against measures of emotional and behavioral functioning; Working Memory and Inhibit scales differentiate among ADHD subtypes.

- Normative data based on child ratings from 1,419 parents and 720 teachers from rural, suburban, and urban areas.
- Clinical sample included children with developmental disorders or acquired neurological disorders (e.g., reading disorder, ADHD subtypes, TBI, Tourette’s disorder, mental retardation, localized brain lesions, high functioning autism).

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**BROCs Overview**

- **BROC-4465 KT**: BRIEF Introductory Kit (includes BRIEF Professional Manual, 25 Parent Forms, 50 Parent Form Scoring Summary/Profile Forms, and 50 Teacher Form Scoring Summary/Profile Forms)
  - Kit Value: $248.00
  - Kit Price: $224.00

- **BROC-4466 TM**: BRIEF Parent Form Scoring Summary/Profile Forms (pad/50)
  - 2-4 pads (price per package): $50.00
  - 5 or more pads (price per package): $50.00

- **BROC-4467 TB**: BRIEF Parent Forms (pkg/25)
  - 2-4 packages (price per package): $52.00
  - 5 or more packages (price per package): $50.00

- **BROC-4468 TB**: BRIEF Teacher Forms (pkg/25)
  - 2-4 packages (price per package): $50.00
  - 5 or more packages (price per package): $50.00

- **BROC-4469 PF**: BRIEF Parent Form Scoring Summary/Profile Forms (pad/50)
  - 2-4 pads (price per pad): $34.00
  - 5 or more pads (price per pad): $34.00

- **BROC-4470 PF**: BRIEF Teacher Form Scoring Summary/Profile Forms (pad/50)
  - 2-4 pads (price per pad): $36.00
  - 5 or more pads (price per pad): $34.00

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**Purpose**: Assess impairment of executive function in children and adolescents
**Age**: 5-18 years
**Admin**: Informant report; Individual
**Time**: 10-15 minutes to administer; 15-20 minutes to score
**Qualification Level**: B

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**BEST VALUE: BROC-5316 KT**

- **BROC-5312 KT**: BRIEF-SR Introductory Kit (includes BRIEF-SR Professional Manual, 25 Rating Forms, and 50 Scoring Summary/Profile Forms)
  - Kit Value: $167.00
  - Kit Price: $154.00

- **BROC-5313 TM**: BRIEF-SR Professional Manual
  - 2-4 packages (price per package): $63.00
  - 5 or more packages (price per package): $61.00

- **BROC-5314 RF**: BRIEF-SR Rating Forms (pkg/25)
  - 2-4 packages (price per package): $65.00
  - 5 or more packages (price per package): $63.00

- **BROC-5315 PF**: BRIEF-SR Scoring Summary/Profile Forms (pad/50)
  - 2-4 pads (price per pad): $36.00
  - 5 or more pads (price per pad): $34.00

- **BROC-5316 KT**: BRIEF/SR Combination Kit (includes BRIEF Introductory Kit and BRIEF-SR Introductory Kit)
  - Kit Value: $415.00
  - Kit Price: $365.00

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**Purpose**: Assesses an adolescent’s views of their self-regulatory abilities
**Age**: 11-18 years
**Admin**: Self-report; Individual
**Time**: 10-15 minutes to administer; 15-20 minutes to score
**Qualification Level**: B

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**Price List**

- **Introductory Kit and BRIEF-SR**
  - Kit Value: $415.00
  - Kit Price: $365.00

- **BRIEF/SR Combination Kit**
  - Kit Value: $415.00
  - Kit Price: $365.00

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**Validity–Convergent validity established with other overlapping clinical scales that measure different aspects of executive functioning:**

- Inhibit, Shift, Emotional Control, Initiate, Working Memory, Plan/Organize, Organization of Materials, and Task Completion.

**Reliability–High internal consistency (alphas = .80-.98); test-retest reliability (r = .82 for parents and .88 for teachers); and moderate correlations between teacher and parent ratings (r = .32-.34).**
Behavior Rating Inventory of Executive Function® Software Portfolio—Preschool Module (BRIEF®-P SP)

Consists of a single Rating Form used by parents, teachers, and day care providers to rate a child’s executive functioning in the context of his/her everyday environments—home and preschool.

**Purpose:** Assess executive functioning in preschool-aged children

**Age:** 2-5.11 years

**Admin:** Informant report; Individual

**Time:** 10-15 minutes to administer; 15-20 minutes to score

**Qualification Level:** B

The BRIEF-P is the first standardized rating scale designed to specifically measure the range of behavioral manifestations of executive function in preschool-aged children—thus facilitating intervention at earlier stages of development.

The hand-scorable BRIEF-P Rating Form consists of 63 items that measure various aspects of executive functioning: Inhibit, Shift, Emotional Control, Working Memory, and Plan/Organize. The clinical scales form three broad indexes (Inhibitory Self-Control, Flexibility, and Emergent Metacognition) and one composite score (Global Executive Composite). The BRIEF-P also provides two validity scales (Inconsistency and Negativity).

The BRIEF-P is useful in assessing preschool-aged children with such medical, acquired neurological, and developmental conditions as prematurity, emerging learning disabilities and attentional disorders, language disorders, traumatic brain injuries, lead exposure, and pervasive developmental disorders/autism.

The Feedback Report provides a basic overview of the BRIEF, the BRIEF-SR, and/or the BRIEF-P that is written with the youth’s parent or teacher, the adolescent him- or herself, or the child’s parents/caregivers in mind.

The Protocol Summary Report provides tables with score information and a profile for graphing up to four protocols for the same client.

**BEST VALUE:**

**BROC-5006-KT** BRIEF/BRIEF-P Combination Kit (includes BRIEF Introductory Kit and BRIEF-P Introductory Kit)  
Kit Value: $407.00  
Kit Price: $355.00

**Note:** For information on the Behavior Rating Inventory of Executive Function® Software Portfolio—Preschool Module (BRIEF®-P SP), visit [www.parinc.com](http://www.parinc.com)

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Behavior Rating Inventory of Executive Function® Software Portfolio (BRIEF®-SP)

Peter K. Isquith, PhD, Gerard A. Gioia, PhD, and PAR Staff

The BRIEF-SP provides unlimited scoring and report generation for the BRIEF® Parent Form, the BRIEF Teacher Form, the BRIEF®-SR, and now the BRIEF®-P. After administration of one or any combination of these four protocols, item responses or scale raw scores are hand entered into a new or an existing client file. The software scores the protocol(s) and generates the selected report(s): a comprehensive Interpretive Report for the clinician; a Feedback Report that can be used to provide a summary of results to parents, teachers, care providers, and/or the youth himself or herself; and/or a Protocol Summary Report that allows for comparison of up to four different administrations of either the BRIEF, BRIEF-SR, or BRIEF-P.

The Interpretive Report includes 7 scores and percentiles based on separate normative tables for each instrument. The optional intervention recommendations for the BRIEF and the BRIEF-SR include more than 140 suggestions for modifications and supports organized by area of executive difficulty and environment (e.g., educational, rehabilitative, therapeutic) for child- and youth-centered intervention methods. These recommendations include an optional IEP/504 section that offers possible goals and objectives for school-based programs.

**Qualification Level:** B

**Requirements:**  
Windows® 2000/XP/Vista™; NTFS file system; CD-ROM drive for installation; Internet connection or telephone for software activation

**Time:** 10-15 minutes to score

**Purpose:** Informant report; Admin:

Gerard A. Gioia, PhD, Kimberly Andrews Espy, PhD, and Peter K. Isquith, PhD

The BRIEF-SP is useful in assessing preschool-aged children with such medical, acquired neurological, and developmental conditions as prematurity, emerging learning disabilities and attentional disorders, language disorders, traumatic brain injuries, lead exposure, and pervasive developmental disorders/autism.

The Feedback Report provides a basic overview of the BRIEF, the BRIEF-SR, and/or the BRIEF-P that is written with the youth’s parent or teacher, the adolescent him- or herself, or the child’s parents/caregivers in mind.

The Protocol Summary Report provides tables with score information and a profile for graphing up to four protocols for the same client.

**BEST VALUE:**

**BROC-6156-CV** BRIEF-SP Vista™ Conversion—CD-ROM (For prior purchasers only)  
Kit Price: $50.00

**Note:** For information on the Behavior Rating Inventory of Executive Function® Software Portfolio, visit [www.parinc.com](http://www.parinc.com)
Adaptive Behavior Assessment System®–2nd Ed. (ABAS®-II)

Patti L. Harrison, PhD and Thomas Oakland, PhD

Useful for diagnosing and classifying disabilities and disorders, for identifying an individual’s strengths and limitations, and for documenting and monitoring performance over time, the ABAS-II provides a comprehensive norm-referenced assessment of adaptive skills in individuals ages birth-89 years.

What’s New in the Second Edition?
The ABAS-II retains all of the features of the first edition of the ABAS, including an assessment of overall adaptive functioning using the General Adaptive Composite (GAC) and an assessment of the 10 adaptive skill areas specified by the DSM-IV-TR®. New features include:

- Parent/Primary Caregiver and Teacher/Daycare Provider rating forms for infants to preschool-aged children.
- Normative data for children ages birth-5 years.
- An expanded structure that incorporates the current American Association of Mental Retardation (AAMR) guidelines for the diagnosis of mental retardation by grouping the 10 skill areas of the original ABAS into the three broad domains (i.e., Conceptual, Social, Practical) emphasized by the AAMR.

The ABAS-II Offers Five Rating Forms
The multidimensional ABAS-II offers five different rating forms that can be used in combination with one another or separately. Each rating form comprises 193 to 241 items and can be completed independently by a respondent in about 20 minutes. On the rating forms, respondents are asked to indicate how frequently the assessed individual is able to independently perform a particular activity.

Scoring and Reporting
The ABAS-II offers two electronic scoring options:

- The ABAS-II Scoring Assistant™ eliminates the need to manually score the ABAS-II. It produces a technical report with composite scores, provides analyses of skill area strengths and weaknesses and composite score discrepancies, and plots skill area and composite score profiles.
- The ABAS-II Scoring Assistant and Intervention Planner enables you to identify the appropriate interventions and to monitor progress for Infant and Preschool Forms and for School Forms. This software will help you develop (a) an Interpretive Report narrative based on all scores, strengths and needs analysis, composite score discrepancy analysis, and an overall summary of adaptive behavior; (b) a summary comparison statement of overall intellectual and adaptive functioning if WPPSI™–III or WISC®–IV Full Scale IQ is entered for individuals ages 2½-16 years; (c) item-level interventions for items chosen by you for individuals ages birth-21 years; (d) a Progress Monitoring Report comparing raw and scaled scores for up to four assessments for individuals ages birth-21 years; and (e) a Respondent Report (for Parent/Primary Caregiver Forms or Teacher/Daycare Provider Forms) providing an easy-to-understand description and graph of the child’s adaptive functioning based on his or her scores for individuals ages birth-21 years.

Provides scores for the 10 skill areas critical to the assessment of mental retardation as specified by the DSM-IV-TR.

Purpose: Assess adaptive skills

Age: Birth-89 years

Admin: Self-report (ages 16-89 years), informant report (ages birth-89 years); Individual

Time: 20 minutes

Qualification Level: B

Requirements: Windows® 95/98/2000/NT 4.0/Me/XP workstation operating System; 300 MHz Pentium® processor; 128 MB RAM (more memory improves performance); 2 MB video card capable of 1024x768 resolution (32 bit color); 175 MB free disk space when installing the PsychCorpCenter for the first time; 75 MB of free disk space if the PsychCorpCenter has been installed with another product; Internet Explorer 5.0 (if this is not installed, you will need an additional 65 MB of disk space to complete the installation); CD-ROM drive
The EDDT Helps Identify Children Who Qualify for the Special Education Category of Emotional Disturbance...

Emotional Disturbance Decision Tree™ (EDDT™)
Bryan L. Euler, PhD

The EDDT is the first instrument of its kind to provide a standardized approach to the assessment of emotional disturbance (ED). It encompasses all of the federal criteria and addresses the broad emotional and behavioral nuances of children ages 5-18 years suspected of requiring special education services for an ED. From the U.S. Code of Federal Regulations (2002) and the reauthorization of IDEA (2004), the federal criteria are challenging because they mandate that certain conditions be present in order to receive services, yet provide no guidelines for assessing these conditions. Designed by a working school psychologist, the EDDT includes five sections that correlate with the specific components of the federal criteria, enabling evaluators to work through each criterion—one by one.

Special Features of the EDDT
- The EDDT addresses potential exclusionary items as well as inclusionary items (i.e., Emotional Disturbance Characteristics). The Emotional Disturbance Characteristic Scales consist of: Inability to Build or Maintain Relationships, Inappropriate Behaviors or Feelings, Pervasive Mood/Depression, Physical Symptoms or Fears, and the EDDT Total Score. In addition, screening items are included within two clusters: the Attention-Deficit Hyperactivity Disorder Cluster and the Possible Psychosis/Schizophrenia Cluster.
- Children who are socially maladjusted do not meet the criteria for special education services for an ED unless they are deemed to be both socially maladjusted and emotionally disturbed. The EDDT treats social maladjustment (SM) as a supplemental trait and assesses it after ED characteristics have been assessed.
- The EDDT addresses the severity and educational impact that emotional and behavioral problems have on students via two clusters: the Level of Severity Cluster and the Educational Impact Cluster. These clusters also aid in the development of recommendations and interventions.

Standardization, Reliability, and Validity
The EDDT standardization sample was composed of 601 children ages 5-18 years that were matched to the U.S. population for gender, race/ethnicity, and geographic region. In addition, data were collected on a sample of 404 children eligible for special education due to an ED diagnosis.
- Internal consistency was high \( (r = .94) \) for the EDDT Total Score and ranged from .75 to .88 for the other EDDT Scales.
- Test-retest stability was high \( (r = .92) \) for the EDDT Total Score and ranged from .81 to .94 (interval of 1-44 days, mean = 18 days).
- Interrater reliability was good \( (r = .84) \) for the EDDT Total Score (mean T-score change = 1.04).

- Convergent validity was examined for the normative sample using the Clinical Assessment of Behavior™ (CAB™) Teacher Form and the Behavior Assessment System for Children Second Edition (BASC-2) Teacher Form. These same forms were used to examine convergent validity for a subgroup of the ED sample, along with the CAB Parent Form and the Teacher Report Form of the Achenbach Child Behavior Checklist (CBCL).
- Validity also was examined using six specific samples of children who were representative of various special education exceptionalities—specific learning disability, speech/language impairment, mental retardation, attention-deficit hyperactivity disorder, autism spectrum disorder, and social maladjustment—using the following measures:
  - CAB™ Teacher Form
  - BASC-2 Teacher Form
  - Clinical Assessment of Attention Deficit–Child™ (CAT-C™) Teacher Form
  - Gilliam Autism Rating Scale (GARS)
  - Gilliam Asperger Disorder Scale (GADS)
  - Conduct Disorder Scale (CDS)
  - Differential Test of Conduct and Emotional Problems (DTCEP)
  - Jesness Inventory–Revised (JI-R)

EDDT Materials
The EDDT is composed of a Professional Manual, a reusable Item Booklet, a carbonless Response Booklet, and the Score Summary Booklet. The Professional Manual contains administration and scoring information, normative tables, reliability and validity information, and eight detailed case studies. The Score Summary Booklet includes five sections that mirror the five sections of the Item Booklet, the Emotional Disturbance Characteristics Profile, and an optional table to assist in the interpretation of EDDT data in conjunction with the federal criteria.

The EDDT is useful for school psychologists, counseling/clinical psychologists, guidance counselors, evaluation specialists, teachers, educational diagnosticians, and speech/language pathologists within the school setting as well as within juvenile correctional facilities.
The CAB Provides a Comprehensive and Reliable Assessment of Child and Adolescent Behaviors Across a Wide Age Range...

Clinical Assessment of Behavior™ (CAB™)
Bruce A. Bracken, PhD and Lori K. Keith, PhD

The CAB is an objective, comprehensive, and highly reliable behavior rating scale that is closely aligned with current diagnostic criteria found in the DSM-IV-TR™ and IDEA. Standardized on a large representative national sample, the CAB assists in the identification of children and adolescents across a wide age range who are in need of behavioral, educational, or psychiatric treatment or intervention and enables professionals to identify behaviors associated with educationally relevant exceptions. In addition, the CAB assesses behaviors that reflect current societal concerns and issues about youth and their behavior (e.g., bullying, aggression, executive function, gifted and talented). Its balanced theoretical framework of both competence-based qualities and problem-based concerns for the CAB scales and clusters makes it useful for evaluating adaptive strengths and clinical risks in children and adolescents.

- Provides three separate Rating Forms: Parent Extended (CAB-PX), with 170 items; Parent (CAB-P), with 70 items; and Teacher (CAB-T), with 70 items.
- Parent and Teacher Rating Forms contain corresponding items, allowing both parents and teachers to contribute equally to the evaluation of target behaviors.
- Requires only an 8th-grade reading level for completion.
- Normative data include 2,114 parent ratings and 1,689 teacher ratings.

Because scale and cluster internal consistency (α) coefficients are .88 and higher across the three CAB forms, you can expect to use the CAB with confidence to help you make important diagnostic or intervention decisions. Scale and cluster reliability indices also were consistently high across age level, gender, and race/ethnicity. Test-retest reliability coefficients across the three CAB forms ranged from .77 to .95 with a mean test-retest interval of 17.6 to 19.3 days. Scales and clusters on all CAB forms demonstrate good evidence of validity based on test content; factor analytic studies; convergent and discriminant evidence; and concurrent validity studies across various clinical groups, including conduct/disruptive behavioral disorders, cognitive dysfunction, and ADD/ADHD.

Free CAB Scoring Program (CAB™-SP) Is Included With the CAB Introductory Kit
The unlimited-use CAB-SP calculates raw scores, T scores, and percentiles for all scales and clusters. After paper-and-pencil administration, the parents’ and/or teachers’ responses are entered manually into the program. The software generates a complete Score Report and profile for each of the three CAB forms.

Scales for Differentiating Emotional Disturbance From Social Maladjustment
Because emotional disturbance is viewed as an educationally related disorder, IDEA (1997) requires treatment for students who have it. IDEA further requires that emotional disturbance be differentiated from social maladjustment, which is not considered to be an educationally related disorder and, therefore, requires no mandated services under the law. Two CAB scales, Emotional Disturbance (ED) and Social Maladjustment (SM), can be used to help differentiate these conditions for students ages 2 to 18 years (i.e., Grades Pre-K through 12). The Professional Manual addresses these scales with a case example, discussion of interpretation, and, to further differentiate ED and SM, discrepancy score tables for each of the CAB forms. The CAB-SP provides T scores for both scales by age and gender; each scale can be considered in light of its respective qualitative classifications.

The unlimited-use CAB-SP calculates raw scores, T scores, and percentiles for all scales and clusters. After paper-and-pencil administration, the parents’ and/or teachers’ responses are entered manually into the program. The software generates a complete Score Report and profile for each of the three CAB forms.

Purpose: Assess adjustment, psychosocial strengths and weaknesses, and problem behaviors
Age: 2-18 years for Parent Rating Form; 5-18 years for Teacher Rating Form
Admin: Parent and/or teacher report; Individual or group
Time: 10-15 minutes for Parent and Teacher Rating Forms; 30 minutes for Parent Extended Rating Form

Qualification Level: B

Requirements:
- Windows® 2000/XP/Vista™; NTFS file system; CD-ROM drive for installation; Internet connection or telephone for software activation

Note: The ED and SM scales appear in Appendix H of the CAB Professional Manual. They also are available for download free on our Web site (www.parinc.com) or by contacting one of our Customer Support Specialists (1.800.331.8378).

“[The CAB's] main strength is that it is a short, easily administered tool that can provide information in many behavioral domains that, as part of an assessment battery, can inform treatment and education decisions, as well as provide data for research purposes.”
The RADS-2 is a brief, 30-item self-report measure that includes subscales which evaluate the current level of an adolescent’s depressive symptomatology along four basic dimensions of depression: Dysphoric Mood, Anhedonia/ Negative Affect, Negative Self-Evaluation, and Somatic Complaints. The RADS-2 T scores and associated clinical cutoff score provide the clinician or researcher with an indication of the clinical severity of the individual’s depressive symptoms (normal, mild, moderate, or severe). Scores are plotted on a Summary/Profile Form, allowing comparison of elevations across subscales. Examining item endorsement levels within elevated subscales can provide further information about the nature of an adolescent’s reported symptomatology.

In addition to the four subscale scores, the RADS-2 yields a Depression Total score that represents the overall severity of depressive symptomatology. An empirically derived clinical cutoff score helps to identify adolescents who may be at risk for a depressive disorder or a related disorder. Data demonstrate the ability of this cutoff score to discriminate between adolescents with major depressive disorder and an age- and gender-matched control group. The six RADS-2 critical items have been identified as those that are most predictive of a depressive disorder diagnosis.

Special Features
- Restandardized with a school-based sample of 3,300 adolescents that was stratified to reflect the 2000 U.S. Census data for gender and ethnicity.
- Expanded age range now includes individuals ages 11-20 years.
- Four factorially derived subscales reflect four basic domains of adolescent depression.
- Updated normative tables provide T scores in addition to percentile ranks for the Depression Total scale and four subscales.
- Reliability and validity studies included a school-based sample of more than 9,000 adolescents and a clinical sample of 297 adolescents with DSM-III-R™ or DSM-IV™ diagnoses who were evaluated in both school and clinical settings.
- The Professional Manual provides a comprehensive literature review.
- Case studies illustrate expanded interpretation of subscale and Depression Total scale scores.
- Carbonless, hand-scorable Test Booklet facilitates scoring and interpretation.

Reynolds Adolescent Depression Scale, 2nd Edition: Short Form (RADS-2™:SF)

The 10-item Short Form is designed to serve as a very brief screening measure of depression in adolescents. All items on this Short Form were taken from the original RADS-2. This abbreviated version of the RADS-2 provides mental health professionals with useful information for making decisions about an adolescent’s affective status and serves as an indicator of depressive symptomatology experienced by an individual.

- Items use a 4-point Likert-type response format and are worded in the present tense to elicit current symptom status.
- The measure provides a Total score with an associated clinical cutoff score to quickly evaluate individuals who may be in need of further treatment for a depressive disorder or other related disorder.
- One critical item helps to alert clinicians to an adolescent who may be experiencing problematic symptoms that require immediate clinical attention.

Special Introductory Prices!

<table>
<thead>
<tr>
<th>Kit Value</th>
<th>Kit Price</th>
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</thead>
<tbody>
<tr>
<td>RADS-2:SF Introductory Kit (includes RADS-2:SF Professional Manual, 25 Hand-Scorable Test Booklets, and 25 Summary/Profile Forms)</td>
<td>$165.00</td>
</tr>
<tr>
<td>RADS-2:SF Hand-Scorable Test Booklets (pkg/25)</td>
<td></td>
</tr>
<tr>
<td>RADS-2:SF Summary/Profile Forms (pad/25)</td>
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Reynolds Child Depression Scale (RCDS)
William M. Reynolds, PhD

The RCDS is the instrument of choice for quickly assessing depressive symptomatology in children. It provides school and mental health professionals with a straightforward, easily administered measure of the severity of children's depressive symptoms. The RCDS also can be used in research on depression and related constructs.

The Professional Manual provides basic information on the diagnosis and measurement of depression, a description of the RCDS and its development, normative information, and guidelines for interpretation.

- 30 items screen for depression.
- The examiner reads each item to students Grades 3-4; self-administered for students in Grades 5-6.
- 4-point rating scale.
- Useful as a multistage screener in school settings.
- Useful in evaluation of large-scale intervention and prevention programs in school and mental health settings.
- Hand-scorable Answer Sheet.
- Raw score to percentile rank conversion.

- Cutoff scores guide referrals.
- Case illustrations provided.
- Normative data derived from 1,620 children by grade and gender.

Reliability/Validity
- Reliability coefficients range from .87 to .91.
- Total sample α reliability of .90 and split-half reliability of .89.
- Validity consistently demonstrated in clinical use since 1981.

**BEST VALUE:**

| Kit Value: $330.00 | Kit Price ...............$300.00 |

**RCDS/RADS-2 Combination Kit** (includes RCDS Introductory Kit and RADS-2 Introductory Kit)

**Kit Value:** $330.00 **Kit Price** ...............$300.00

**RCDS Introductory Kit** (includes RCDS Professional Manual, 50 Hand-Scorable Answer Sheets, and Scoring Key)

**Kit Value:** $165.00 **Kit Price** ...............$149.00

**RCDS Professional Manual**

**Kit Value:** $158.00 **Kit Price** ...............$145.00

**RCDS Scoring Key**

**Kit Value:** $13.00 **Kit Price** ...............$11.00

**RCDS Form HS (Hand-Scorable) Answer Sheets (pkg/25)**

**Kit Value:** $81.00 **Kit Price** ...............$75.00

**RCDS Score Summary/Profile Forms**

**Kit Value:** $10.00 **Kit Price** ...............$9.00

**CAD Introductory Kit (includes CAD Manual, 50 Hand-Scorable Answer Sheets, and Scoring Key)**

**Kit Value:** $165.00 **Kit Price** ...............$149.00

**CAD Professional Manual**

**Kit Value:** $158.00 **Kit Price** ...............$145.00

**CAD Scoring Program (CAD™-SP)**

**Kit Value:** $162.00 **Kit Price** ...............$147.00

**CAD Rating Forms (pkg/25)**

**Kit Value:** $64.00 **Kit Price** ...............$60.00

**CAD Score Summary/Profile Forms (pad/25)**

**Kit Value:** $40.00 **Kit Price** ...............$30.00

Clinical Assessment of Depression™ (CAD™)
Bruce A. Bracken, PhD and Karen Howell, PhD

The CAD is a 50-item self-report instrument that is sensitive to depressive symptomatology throughout the life span. It is closely aligned with the hallmarks of depression in children, adolescents, and adults—depressed mood and anhedonia—as well as the additional seven criteria for major depressive episodes listed in the DSM-IV-TR™. Composed of items that are general enough to be relevant to children, adolescents, and adults, the CAD simultaneously provides content that is focused enough to address the unique characteristics of children and adolescents (e.g., irritability) as well as adults (e.g., depletion syndrome characteristics).

CAD interpretation begins with examination of the CAD Total Scale (CAD TS), continues with examination of the Symptom scales (i.e., Depressed Mood, Anxiety/Worry, Diminished Interest, Cognitive and Physical Fatigue), and concludes with examination of the Critical Item clusters (i.e., Hopelessness, Self-Devaluation, Sleep/Fatigue, Failure, Worry, Nervous). Three Validity scales—Inconsistency, Negative Impression, and Infrequency—make the assessment of response validity more efficient than that of other well-known depression assessment scales (e.g., Beck Depression Inventory®-II [BDI®-II], Hamilton Depression Inventory). A full range of quantitative and qualitative data, including raw scores, T scores, percentiles, confidence intervals, qualitative classifications for the Symptom scales, and descriptive classifications for the Validity scales, is provided.

**Special Features of the CAD**

- Consists of a single form that is appropriate for individuals ages 8 to 79 years.
- Represents a well-defined and theoretically supported measure of depressive symptomatology.
- Critical Item clusters identify behaviors with known risk factors for potential self-harm.
- Requires only a 3rd-grade reading level for completion.
- Rating Form may be hand scored or responses may be entered into the CAD™ Scoring Program (CAD™-SP).

Total scale reliabilities range from .96 to .97 across the entire age range, suggesting strong internal consistency for the CAD TS. Concurrent validity was measured via comparison with the BDI-II and the Reynolds Adolescent Depression Scale, revealing moderate-to-high correlations for the combined clinical and nonclinical samples.

| Kit Value: $162.00 | Kit Price ...............$147.00 |

**CAD Professional Manual**

**Kit Value:** $158.00 **Kit Price** ...............$145.00

**CAD Scoring Program (CAD™-SP)**

**Kit Value:** $162.00 **Kit Price** ...............$147.00

**CAD Rating Forms (pkg/25)**

**Kit Value:** $64.00 **Kit Price** ...............$60.00

**CAD Score Summary/Profile Forms (pad/25)**

**Kit Value:** $40.00 **Kit Price** ...............$30.00

**CAD Introductory Kit (includes CAD Manual, 50 Hand-Scorable Answer Sheets, and Scoring Key)**

**Kit Value:** $165.00 **Kit Price** ...............$149.00

**CAD Professional Manual**

**Kit Value:** $158.00 **Kit Price** ...............$145.00

**CAD Scoring Key**

**Kit Value:** $13.00 **Kit Price** ...............$11.00

**CAD Form HS (Hand-Scorable) Answer Sheets (pkg/25)**

**Kit Value:** $81.00 **Kit Price** ...............$75.00

**CAD Score Summary/Profile Forms**

**Kit Value:** $10.00 **Kit Price** ...............$9.00

**CAD Professional Manual**

**Kit Value:** $158.00 **Kit Price** ...............$145.00

**CAD Scoring Program (CAD™-SP)**

**Kit Value:** $162.00 **Kit Price** ...............$147.00

**CAD Rating Forms (pkg/25)**

**Kit Value:** $64.00 **Kit Price** ...............$60.00

**CAD Score Summary/Profile Forms (pad/25)**

**Kit Value:** $40.00 **Kit Price** ...............$30.00

**CAD Introductory Kit (includes CAD Manual, 50 Hand-Scorable Answer Sheets, and Scoring Key)**

**Kit Value:** $165.00 **Kit Price** ...............$149.00

**CAD Professional Manual**

**Kit Value:** $158.00 **Kit Price** ...............$145.00

**CAD Scoring Key**

**Kit Value:** $13.00 **Kit Price** ...............$11.00

**CAD Form HS (Hand-Scorable) Answer Sheets (pkg/25)**

**Kit Value:** $81.00 **Kit Price** ...............$75.00

**CAD Score Summary/Profile Forms**

**Kit Value:** $10.00 **Kit Price** ...............$9.00

**CAD Professional Manual**

**Kit Value:** $158.00 **Kit Price** ...............$145.00

**CAD Scoring Program (CAD™-SP)**

**Kit Value:** $162.00 **Kit Price** ...............$147.00

**CAD Rating Forms (pkg/25)**

**Kit Value:** $64.00 **Kit Price** ...............$60.00

**CAD Score Summary/Profile Forms (pad/25)**

**Kit Value:** $40.00 **Kit Price** ...............$30.00

Quickly assesses depressive symptomatology in children.

**Purpose:** Screen for depressive symptoms in children

**Age:** Grades 3-6

**Admin:** Individual or group

**Time:** 10 minutes

**Qualification Level:** B or S

Includes theoretically and empirically sound broad-content scales and specific diagnostic indicators.

**Purpose:** Comprehensive assessment of depressive symptomatology

**Age:** 8-79 years

**Admin:** Self-report; Individual or group

**Time:** 10 minutes

**Qualification Level:** B

Note: For information on the Clinical Assessment of Depression™ Scoring Program (CAD™-SP), visit www.parinc.com.
Reynolds Adolescent Adjustment Screening Inventory™ (RAASI™)

William M. Reynolds, PhD

The RAASI is a self-report measure that provides clinicians and researchers with a brief and easy-to-administer evaluation of adjustment problems in adolescents. It provides indications of the clinical severity of meaningful domains of psychological adjustment problems. The RAASI can be administered in 5 minutes to individuals or groups. Slow readers or students with significant psychological problems that may interfere with concentration and completion of the RAASI may require additional time.

The RAASI consists of 32 items derived from the item pool of the Adolescent Psychopathology Scale™ (APS™). The RAASI renders an Adjustment Total (AdjT) score and scores on four factorially derived scales. The scales provide greater specificity as to the nature of an adolescent's psychological adjustment problems and include Antisocial Behavior (AB), Anger Control Problems (AC), Emotional Distress (ED), and Positive Self (PS). The items use a 3-point response format with items scored Never or almost never, Sometimes, or Nearly all the time, and require respondents to endorse the response that best describes how they have been feeling in the past 6 months. The response format assesses the frequency of signs and symptoms of adjustment problems.

The RAASI is designed for use as an individual or a group screening measure of adolescent adjustment. It may be administered simultaneously to groups of adolescents as part of a broad-based mental health screening in schools or other settings. In addition to school and clinical use, the RAASI provides valuable information about the psychological adjustment of adolescents in juvenile detention, correctional facilities, and substance abuse treatment programs. Other appropriate applications include the routine screening of adolescents referred for health-related and somatic problems, chronic medical illnesses, neurological problems, family problems, and general adjustment difficulty.

**Qualification Level:** B

**Purpose:** Screen for adjustment problems

**Age:** 12-19 years

**Admin:** Individual or group

**Time:** 5 minutes

**RAASI Introductory Kit (includes RAASI Professional Manual and 50 Test Booklets)**

- **Kit Value:** $178.00
- **Kit Price:** $164.00

**RAASI Test Booklets (pkg/25)**

- **Price:** $58.00

**RAASI Professional Manual**

- **Price:** $60.00


Adolescent Anger Rating Scale™ (AARS™)

DeAnna McKinnie Burney, PhD

The AARS is a 41-item psychometrically sound instrument that assesses the intensity and frequency of anger expression in adolescents ages 11-19 years. The items are consistent with behaviors identified in the *DSM-IV™*. Elevated AARS scores can help to identify adolescents who are at risk for diagnoses of conduct disorder (CD), oppositional defiant disorder (ODD), or attention-deficit/ hyperactivity disorder (ADHD). Written at a 4th-grade reading level, the AARS is ideal for use in schools.

Individuals indicate which behaviors they exhibit when angered and how often each behavior typically occurs; the 4-point response scale ranges from Hardly Ever to Very Often. Scores are reported for Total Anger and for three subscales measuring aspects of the adolescent's typical anger response pattern: Instrumental Anger, Reactive Anger, and Anger Control.

The AARS Professional Manual provides directions for administration, scoring, and interpretation (including case examples), as well as information about the development and validation of the instrument with students in two age groups: middle school (Grades 6-8) and high school (Grades 9-12). Conversions of raw scores to percentiles and T scores also are provided by gender and age group. Five ethnic groups were represented in the normative sample of 4,187 adolescent boys and girls in middle schools and high schools. The Manual provides additional information about the normative sample, including grade average, number of suspensions in the past year, number of friends, a rating of friends' behavior, and the primary person(s) with whom the adolescent lives.

Statistical analyses support the use of the AARS in both clinical and research applications. Therapists who employ anger control training may find the AARS a useful measure of behavior change. The AARS also can be used to help practitioners select the most appropriate intervention program for the specific type(s) of anger the adolescent typically experiences.

**Qualification Level:** B

**Purpose:** Assess level and type of adolescent response to anger

**Age:** 11-19 years

**Admin:** Self-report; Individual or group

**Time:** 5-10 minutes for individuals; 10-20 minutes for groups

**AARS Introductory Kit (includes AARS Professional Manual and 50 Test Booklets)**

- **Kit Value:** $184.00
- **Kit Price:** $167.00

**AARS Test Booklets (pkg/25)**

- **Price:** $60.00

**AARS Professional Manual**

- **Price:** $80.00

Kit Value: $184.00 Kit Price ...............$167.00
2-4 packages (price per package) ...........63.00
5 or more packages (price per package) .......$60.00

Kit Value: $178.00 Kit Price ...............$164.00
2-4 packages (price per package) ...........58.00
5 or more packages (price per package) .......$60.00

Kit Value: $172.00 Kit Price ...............$164.00
2-4 packages (price per package) ...........58.00
5 or more packages (price per package) .......$60.00

Kit Value: $180.00 Kit Price ...............$164.00
2-4 packages (price per package) ...........58.00
5 or more packages (price per package) .......$60.00
Conners Comprehensive Behavior Rating Scales™ (Conners CBRS™)
C. Keith Conners, PhD

Created in response to a growing demand for an assessment that identifies a multitude of disorders and concerns, the Conners CBRS aids psychology professionals in obtaining a comprehensive assessment of children and adolescents via a multi-informant rating process. The instrument assists with the diagnostic process through direct links to the DSM-IV-TR™ and the IDEA 2004 and identifies and qualifies students for inclusion in special education/research studies. In addition, the Conners CBRS assists in the development of intervention treatment plans, monitors the individual’s response to intervention/treatment, and evaluates the effectiveness of intervention/treatment.

Children and adolescents ages 6-18 years of age are able to benefit from the Conners CBRS Parent and Teacher Forms. Adolescents ages 8-18 years can complete the Self-Report Forms. The instrument includes DSM-IV-TR symptom scales that assess the following disorders:

- Generalized anxiety disorder
- Autistic disorder
- Separation anxiety disorder
- Asperger’s disorder
- Social phobia
- Attention-deficit/hyperactivity disorder
- Major depressive episode
- Oppositional defiant disorder
- Manic episode
- Conduct disorder

The Conners CBRS is composed of:

- **14 DSM-IV-TR Symptom scales**—ADHD Hyperactive/Impulsive, ADHD Inattentive, ADHD Combined, Conduct Disorder, Oppositional Defiant Disorder, Major Depressive Disorder, Manic Episode, Mixed Episode, Generalized Anxiety Disorder, Separation Anxiety Disorder, Social Phobia, Obsessive-Compulsive Disorder, Autistic Disorder, and Asperger’s Disorder.
- **3 Validity scales**—Positive Impression, Negative Impression, and Inconsistency Index.
- **11 Other Clinical Indicator scales**—Bullying Perpetration, Bullying Victimization, Enuresis/Encopresis, Panic Attack, Pervasive Developmental Disorder, Pica, Post Traumatic Stress Disorder, Specific Phobia, Substance Use, Tics, and Trichotillomania.

- **3 Impairment Item scales**—Schoolwork/Grades, Friendships/Relationships, and Home Life.
- **2 Critical Item scales**—Severe Conduct and Self-Harm.
- **2 Additional Question scales**—Other Concerns and Strengths.

**Administration, Scoring, and Reporting**

The Conners CBRS is administered via paper and pencil, using the Response Booklet. All Conners CBRS forms are scored by using the unlimited-use software, Conners CBRS™ for Windows®. The software offers two report options:

- **Assessment Report**—Provides information about the youth's scores and how they compare to those obtained by peers. The results are reported in relation to DSM-IV-TR diagnostic criteria and to special education eligibility categories found in IDEA (2004). The report also includes feedback forms that are helpful in summarizing results when presenting findings from the Parent, Teacher, and Self-Report Forms.
- **Progress Report**—Provides combined results of two to four administrations, highlighting important changes that have occurred over time.

The Conners CBRS was co-normed with the Conners 3™ (see page 30), reflecting the general population of the U.S. for gender, race/ethnicity, and parent education level (U.S. Census Bureau, 2000). The normative sample consisted of 1,000 youth rated by both parents and teachers and 1,000 youth self-reports. In addition, data were collected for a clinical sample (i.e., 558 parent, 506 teacher, 556 youth self-report). Reliability and validity were examined and are reported in the manual in terms of internal consistency, test-retest reliability, interrater reliability, standard error of measurement, standard error of prediction, factorial validity, construct validity, and discriminant validity.

**Purpose:** Assess a wide spectrum of behaviors and emotions

**Age:** 6-18 years

**Admin:** Self-report (8-18 years); Completed by parent or teacher (6-18 years)

**Time:** Approximately 20 minutes

**Qualification Level:** B

**Requirements:** Pentium® III or higher processor; Windows® 2000 SP3/XP/Vista™; USB 2.0 port, 512MB RAM; 500MB hard drive space

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**Spanish versions available for the following:**

- **BROC-6192-TB** Conners CBRS Spanish Parent Response Booklets (pkg/25) .................................................. 39.00
- **BROC-6193-TB** Conners CBRS Spanish Self-Report Response Booklets (pkg/25) .................................................. 39.00

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**Software–USB Drive**

- **Conners CBRS Unlimited-Use Scoring Software–USB Drive** .......................................................... $552.00

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**Response Booklets (pkg/25)**

- **Conners CBRS Self-Report Response Booklets** .......................................................... 39.00
- **Conners CBRS Parent Response Booklets** .......................................................... 89.00
- **Conners CBRS Teacher Response Booklets** .......................................................... 39.00

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**Manual**

- **Conners CBRS Manual** .......................................................... $552.00

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**Conners CBRS Software Kit–USB Drive**


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**2004 and identifies and qualifies students for inclusion in special education/research studies. In addition, the Conners CBRS assists in the development of intervention treatment plans, monitors the individual’s response to intervention/treatment, and evaluates the effectiveness of intervention/treatment.**
Conners 3rd Edition™ (Conners 3™)

C. Keith Conners, PhD

Based on the solid findings and key elements of its predecessor, the Conners’ Rating Scales – Revised (CRS-R™), the Conners 3 offers a more thorough assessment of ADHD. The Conners 3 now addresses comorbid disorders such as oppositional defiant disorder and conduct disorder. Each Parent, Teacher, and Self-Report Form is available in long and short versions.

What’s New in the Conners 3?

- A large normative sample representative of the latest U.S. Census data.
- A refined focus on ADHD in school-age children with a new age range (i.e., 6-18 years for Parent and Teacher Forms; 8-18 years for Self-Report Form).
- Strengthened DSM-IV-TR™ connections.
- Clear applications in educational settings that help identify children with clinical symptoms.
- A manual that provides step-by-step guidance on how to use the tool in intervention planning and monitoring.

The Conners 3 includes two popular indexes: the Conners 3 ADHD Index (Conners 3AI) and the Conners 3 Global Index (Conners 3GI). The Conners 3AI is ideal for users who need to quickly screen for ADHD, and works well for screening large groups of children and adolescents to see if additional assessment of ADHD is warranted. The Conners 3GI is a fast and effective measure of general psychopathology. It includes the 10 best-predictive items from the CRS-R parent and teacher rating scales.

Long Forms

The long form is a comprehensive assessment that can be used as part of the diagnostic process through direct links to the DSM-IV-TR™. The Parent Form includes 110 items, the Teacher Form includes 115 items, and the Self-Report Form includes 99 items. These forms are excellent for identifying the specific needs of each youth as well as areas that require attention and focus.

- Three new validity scales (i.e., Positive Impression, Negative Impression, and Inconsistency Index) increase confidence in the informant's responses.
- An assessment of executive functioning has been added to the Parent and Teacher Forms.
- Two new complete DSM-IV-TR symptom scales that measure oppositional defiant disorder and conduct disorder have been added for all informants.
- New severe conduct critical items identify youth who require immediate attention and intervention.
- Screener items for both anxiety and depression have been added.

Short Forms

The Conners 3 also gives clinicians the choice of using a short form. Consisting of 43 items on the Parent Form, 39 items on the Teacher Form, and 39 items on the Self-Report Form, the short form is an excellent tool for screening large groups of students who may require additional assessment. The short form includes the strongest items from the long form's empirical scales and includes Positive and Negative Impression Indexes for all informants. This form is beneficial when an assessment is repeated a number of times and/or when administration time is limited.

Scoring Options

The QuikScore™ forms convert raw scores to T scores, providing the user with a clear and easily understood profile of results, and are available for all Conners 3 forms. The unlimited-use Conners 3 software enables the user to score the test and to generate Assessment Reports and Progress Reports for all three forms.

Requirements:
Pentium® III or higher processor; Windows® 2000 SP3/XP/Vista™; USB 2.0 port, 512MB RAM; 500MB hard drive space
Clinical Assessment of Attention Deficit–Child™ (CAT-C™)
Bruce A. Bracken, PhD and Barbara S. Boatwright, PhD

The CAT-C is a 42-item assessment instrument with three parallel forms: a Self-Rating Form completed by the child/adolescent, a Parent Rating Form completed by one or both parents, and a Teacher Rating Form completed by the child’s or adolescent’s teacher(s). All three CAT-C Rating Forms are comprehensive, highly reliable, and sensitive to the symptomatology of attentional deficits both with and without hyperactivity in children and adolescents. The CAT-C closely resembles the adult version of the CAT. Item content, Clinical scales, Context clusters, and Locus clusters are similar and parallel between both forms. Together, the CAT-C and the CAT-A assess a continuum of behaviors and sensations across an individual’s life span.

- The CAT-C was standardized on a sample of 800 children and adolescents ages 8 to 18 years, 800 matched parents of these children, and 500 teachers of these children.
- Concurrent validity for both the CAT-C and the CAT-A was assessed via comparison with the Conners’ Rating Scales, the Attention-Deficit/Hyperactivity Disorder Test, the Clinical Assessment of Behavior™, and the Clinical Assessment of Depression™, revealing moderate-to-high correlations for both nonclinical and combined clinical samples across all three Rating Forms.
- The three Rating Forms can be hand scored or the item responses can be hand entered into the CAT Software Portfolio (CAT-SP™).

BROC-5652-KT
Kit Value: $321.00
Kit Price ...............$290.00

Clinical Assessment of Interpersonal Relationships™ (CAIR™)
Bruce A. Bracken, PhD

The CAIR helps you to measure the perceptions of youths ages 9 to 19 years (i.e., Grades 5 to 12) regarding the quality of their relationships with the most important individuals of their lives—mother, father, male and female peers, and teachers—in three primary contexts (i.e., Social, Family, Academic). Based on Dr. Bracken’s multidimensional, context-dependent model of adjustment, the CAIR helps with the early identification and remediation of a youth’s relationship difficulties and assists with the identification of emotional disturbance by assessing the quality of the youth’s primary relationships.

CAIR items reflect the 15 specific aspects of relationships that are commonly reported in the literature, thereby helping you to identify the specific relationship qualities that may be deficient and that may require intervention. All 35 items appear on each of five scales (i.e., Mother, Father, Male Peers, Female Peers, Teachers). All or a select number of scales may be administered.

Standardization, Reliability, and Validity
The CAIR’s normative sample was composed of 2,501 children ages 9 to 19 years enrolled in Grades 5 to 12. The instrument demonstrates exceptional technical adequacy, with reliabilities well above .90 for each of the five scales as well as for the Total Relationship Index (TRI). Each scale demonstrates internal consistency estimates that exceed .90 across all ages and both genders.

BROC-5921-KT
CAIR Introductory Kit (includes CAIR Professional Manual, 25 Rating Forms, and 25 Score Summary/Profile Forms)
Kit Value: $152.00
Kit Price ...............$140.00

Purpose: Comprehensive assessment of attention deficit with and without hyperactivity (ADD/ADHD)
Age: 8-18 years
Admin: Self-, parent, and/or teacher report; Individual
Time: 10-20 minutes
Qualification Level: B

Helps identify a student’s specific relationship qualities that are deficient and require intervention.

BROC-5922-TM
CAIR Professional Manual
.................................$7.00

BROC-5923-RF
CAIR Rating Forms (pkg/25)
.................................$7.00

BROC-5924-PF
CAIR Score Summary/Profile Forms (pkg/25)
...................................................28.00

Purpose: Assess student perceptions of relationships with his/her mother, father, male peers, female peers, and teachers
Age: 9-19 years
Admin: Individual
Time: 15 minutes
Qualification Level: B

Helps identify a student’s specific relationship qualities that are deficient and require intervention.

BROC-5925-KT
CAIR Introductory Kit (includes CAIR Professional Manual, 25 Rating Forms, and 25 Score Summary/Profile Forms)
Kit Value: $152.00
Kit Price ...............$140.00

Purpose: Comprehensive assessment of attention deficit with and without hyperactivity (ADD/ADHD)
Age: 8-18 years
Admin: Self-, parent, and/or teacher report; Individual
Time: 10-20 minutes
Qualification Level: B
Adolescent Psychopathology Scale™ (APS™)
William M. Reynolds, PhD

The APS measures three broad disorder-problem domains: Clinical Disorders (20 scales), Personality Disorders (5 scales), and Psychosocial Problem Content areas (11 scales). The APS also assesses other psychological problems and behaviors that may interfere with an adolescent’s psychological adaptation and personal competence, including substance abuse, suicidal behavior, emotional lability, excessive anger, aggression, alienation, and introversion. The Response Style Indicator scales (4 scales) include indexes of response consistency, response veracity, and unusual endorsement propensities. It has high reliability, validity, and clinical utility, and it provides a meaningful evaluation of a wide range of adolescent psychopathology.

**APS Scoring Program**
The APS must be scored using the APS Scoring Program. After paper-and-pencil administration, the user enters the adolescent’s responses to the 346 items using the APS Scoring Program and selects the appropriate normative comparison group. The program calculates scores for all scales. It automatically generates a Clinical Score Report that includes a summary of APS Scale Elevations, APS Score Summary Table, a Profile of APS Clinical Scales based on the selected normative comparison group, Critical Items Summary Form, and the Item Response Summary Table.


- **Kit Value:** $442.00
- **Kit Price:** $415.00

**BROC-4001 TM** APS Administration and Interpretation Manual

- **Kit Value:** $70.00
- **Kit Price:** $60.00

**BROC-4002 TM** APS Psychometric and Technical Manual

- **Kit Value:** $70.00
- **Kit Price:** $60.00

**BROC-4005 TB** APS Test Booklets (pkg/25)

- **2-4 packages (price per package):** $64.00
- **5 or more packages (price per package):** $61.00

**BROC-6287 CP** APS Software—CD-ROM (Unlimited-Use Software)

- **Price:** $238.00

**BROC-6287 UP** APS Software—CD-ROM Conversion (Unlimited-Use Software)

- **Price:** $114.00

**BROC-6286 CV** APS Software Vista™ Conversion—CD-ROM (For prior purchasers only)

- **Price:** $50.00

Adolescent Psychopathology Scale—Short Form™ (APS-SF™)
William M. Reynolds, PhD

The 155-item APS-SF is a multidimensional measure of psychopathology and personality characteristics derived from the APS to evaluate symptoms of psychological disorders and distress consistent with DSM-IV™ symptom specifications.

The APS-SF consists of 12 clinical scales and two validity scales. Six of the 12 APS-SF clinical scales focus on DSM-IV symptomatology associated with the following disorders: Conduct Disorder, Oppositional Defiant Disorder, Major Depression, Generalized Anxiety Disorder, Posttraumatic Stress Disorder, and Substance Abuse Disorder. The remaining six APS-SF clinical scales are not anchored to specific DSM-IV disorders and symptoms, but do evaluate related and important domains of adolescent psychosocial problems and competencies. These scales include Eating Disturbance, Suicide, Academic Problems, Anger/Violence Proneness, Self-Concept, and Interpersonal Problems. The two validity scales of Defensiveness and Consistency examine aspects of response validity.

**APS-SF Scoring Program**
The APS-SF must be scored using the APS-SF Scoring Program. In less than 5 minutes, the program calculates the T score for each scale and generates the APS-SF Clinical Score Report that includes Critical Item endorsements.


- **Kit Value:** $274.00
- **Kit Price:** $260.00

**BROC-4500 TM** APS-SF Professional Manual

- **Kit Value:** $70.00
- **Kit Price:** $60.00

**BROC-4515 TB** APS-SF Test Booklets (pkg/25)

- **2-4 packages (price per package):** $60.00
- **5 or more packages (price per package):** $58.00

**BROC-6285 CP** APS-SF Software—CD-ROM (Unlimited-Use Software)

- **Price:** $154.00

**BROC-6285 UP** APS-SF Software Only—CD-ROM Conversion (Unlimited-Use Software)

- **Price:** $98.00

**BROC-6284 CV** APS-SF Software Vista™ Conversion—CD-ROM (For prior purchasers only)

- **Price:** $50.00
The STAXI-2 C/A Is Sensitive to the Developmental Aspects of Anger in Children...

State-Trait Anger Expression Inventory-2™ Child and Adolescent (STAXI-2™ C/A)
Thomas M. Brunner, PhD and Charles D. Spielberger, PhD

The STAXI-2 C/A is a 35-item self-report measure designed to detect anger in children and adolescents ages 9-18 years. Based on the adult version of the instrument, the State-Trait Anger Expression Inventory-2 (STAXI-2), the STAXI-2 C/A is sensitive to the developmental aspects of anger in children. Like its parent version, the STAXI-2 C/A assesses both state and trait anger along with anger expression and control. The STAXI-2 C/A expression and control scales assess important dimensions that facilitate the evaluation and the subsequent placement of children with specific problem behaviors into groups based on distinguishable temperaments and/or externalizing or suppressive coping styles.

Special Features of the STAXI-2 C/A
• Distinguishes temporary anger states from more trait-like or enduring conditions (e.g., whether a temper tantrum is a hallmark of a personality trait vs. a transient state-like event).
• Enhances the ability to assess and diagnose the spectrum of conditions in which anger intensity as an emotional state is important (e.g., bipolar disorder, intermittent explosive disorder, reactive attachment disorder, oppositional defiant disorder, posttraumatic stress disorder).
• Assesses the degree to which a child reacts only to specific negative events or more generally responds to diverse environmental events.
• Assesses a child's habitual anger coping style as either externalizing or internalizing (i.e., suppressive).
• Assists in the determination of whether key aspects of a child's anger profile may be related to problems with his or her health status (e.g., problems exacerbated by intense and/or frequent anger suppression).
• Written at a 4th-grade reading level, the STAXI-2 C/A Rating Booklet is tailored for use by children and adolescents.
• Reflects the 2007 U.S. Census population parameters via a post-stratification weighting procedure that was applied to the STAXI-2 C/A normative sample of 838 public school children and adolescents.
• Provides raw score to percentile and T-score conversions for the STAXI-2 C/A scales and subscales for both the total normative sample and the six normative age-by-gender groups.
• Assesses the degree to which a child reacts only to specific negative events or more generally responds to diverse environmental events.
• Assesses a child's habitual anger coping style as either externalizing or internalizing (i.e., suppressive).

The STAXI-2 C/A may be used as part of the diagnostic process, as a tool for monitoring the long-term effects anger may have on children and adolescents, and as a complement to threat assessment measures and procedures in a variety of settings.

Special Introductory Prices!
Kit Value: $168.00 Kit Price $155.00
BROC-6657-TM STAXI-2 C/A Professional Manual
BROC-6658-RF STAXI-2 C/A Rating Booklets (pkg/25)
BROC-6659-PF STAXI-2 C/A Profile Forms (pad/25)

Overview of the STAXI-2 C/A Scales and Subscales

<table>
<thead>
<tr>
<th>Scale/Subscale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Anger (S-Ang)</td>
<td>Measures the intensity of angry feelings and the extent to which a youth feels like expressing anger at a particular time.</td>
</tr>
<tr>
<td>State Anger-Feelings (S-Ang/F)</td>
<td>Measures the intensity of the angry feelings a youth is currently experiencing.</td>
</tr>
<tr>
<td>State Anger-Expression (S-Ang/VP)</td>
<td>Measures the intensity of current feelings related to verbal or physical expressions of anger.</td>
</tr>
<tr>
<td>Trait Anger (T-Ang)</td>
<td>Measures how often angry feelings are experienced over time.</td>
</tr>
<tr>
<td>Trait Anger-Temperament (T-Ang/T)</td>
<td>Measures the disposition to experience anger without specific provocation.</td>
</tr>
<tr>
<td>Trait Anger-Reaction (T-Ang/R)</td>
<td>Measures the frequency that angry feelings are experienced in situations that involve frustration and/or negative evaluation.</td>
</tr>
<tr>
<td>Anger Expression-Out (AX-O)</td>
<td>Measures how often angry feelings are expressed in verbally or physically aggressive behavior.</td>
</tr>
<tr>
<td>Anger Expression-In (AX-I)</td>
<td>Measures how often angry feelings are experienced but not expressed (i.e., suppressed).</td>
</tr>
<tr>
<td>Anger Control (AC)</td>
<td>Measures how often a youth tries to control the inward or outward expression of angry feelings.</td>
</tr>
</tbody>
</table>
Structured Assessment of Violence Risk in Youth™ (SAVRY™)

Randy Borum, PsyD, Patrick Bartel, PhD, and Adelle Forth, PhD

The SAVRY is composed of 24 items in three risk domains (Historical Risk Factors, Social/Contextual Risk Factors, and Individual/Clinical Factors), drawn from existing research and the professional literature on adolescent development as well as on violence and aggression in youth. Each risk item has a three-level rating structure with specific rating guidelines (Low, Moderate, or High). In addition to the 24 risk factors, the SAVRY includes six Protective Factor items that are rated as either Present or Absent.

The SAVRY is useful in the assessment of either male or female adolescents between the ages of 12 and 18 years. It may be used by professionals in a variety of disciplines who conduct assessments and/or make intervention/supervision plans concerning violence risk in youth.

The SAVRY is not designed to be a formal test or scale; there are no assigned numerical values nor are there any specified cutoff scores. Based on the structured professional judgment (SPJ) model, the SAVRY helps assist in structuring an assessment so that the important factors will not be missed and, thus, will be emphasized when formulating a final professional judgment about a youth's level of risk.

Features of the SAVRY

- Systematic—The primary domains of known risk and protective factors are addressed, with clear operational definitions provided.
- Empirically Grounded—Items are based on the best available research and guidelines for juvenile risk assessment practice.
- Developmentally Informed—Risk and protective factors are based on their relationship to adolescents—not to children or adults.
- Treatment-Oriented—Items have direct implications for treatment, including the consideration of dynamic factors that can be useful targets for intervention in risk reduction.
- Flexible—Allows consideration of case-specific factors, along with those factors derived from research.
- Practical—Time-efficiency of the instrument offers the evaluator essential information for a competent and complete assessment.

Risk Item/factor | Items/Factors included in the SAVRY | Qualification Level: B or S

| Historical Risk Factors | • History of Violence | Exposure to Violence in the Home |
| • History of Nonviolent Offending | Childhood History of Maltreatment |
| • Early Initiation of Violence | Parental/Caregiver Criminality |
| • Past Supervision/Intervention Failures | Early Caregiver Disruption |
| • History of Self-Harm or Suicide Attempts | Poor School Achievement |

| Social and Contextual Risk Factors | • Peer Delinquency | Poor Parental Management |
| • Peer Rejection | Lack of Personal/Social Support |
| • Stress and Poor Coping | Community Disorganization |

| Individual/Clinical Risk Factors | • Negative Attitudes | Low Empathy/Remorse |
| • Risk Taking/Impulsivity | Attention Deficit/Hyperactivity Difficulties |
| • Substance-Use Difficulties | Poor Compliance |
| • Anger Management Problems | Low Interest/Commitment to School |

| Protective Factors | • Prosocial Involvement | Strong Attachments and Bonds |
| • Strong Social Support | Strong Commitment to School |
| • Positive Attitude Toward Intervention and Authority | Resilient Personality Traits |

"Although time may be consumed by including the SAVRY in a mental health assessment, that may be minor compared to the amount of clinical information and power gained. Data from this study suggest that inclusion of the SAVRY will yield the most accurate information... and is perhaps the most economical choice."


With its emphasis on dynamic factors, the SAVRY is designed to be useful in intervention planning and ongoing progress monitoring, including the formulation of clinical treatment plans, conditions of community supervision, or release/discharge planning.

Purpose: Assess risk of violence

Age: 12-18 years

Admin: Individual

Time: 10-15 minutes to administer

Kit Value: $108.00

Kit Price: $98.00

SAVRY Introductory Kit (includes SAVRY Professional Manual and 50 Rating Forms)

SAVRY Professional Manual

SAVRY Rating Forms (pkg/50)
Children’s Aggression Scale™ (CAS)

Jeffrey M. Halperin, PhD and Kathleen E. McKay, PhD

The CAS is a multi-informant (i.e., Parent, Teacher) rating scale designed to evaluate the setting-specific frequency and severity of aggressive acts of children and adolescents ages 5-18 years. Items describe actual acts of aggression versus a wide variety of behaviors that are associated with disruptive behaviors, which, in turn, facilitates the establishment of treatment planning and treatment monitoring. In addition, CAS items are weighted differentially depending on the severity of the act, with more severe acts of aggression weighted more heavily than less severe acts of aggression.

The CAS was standardized on a community sample of 438 parents and 516 teachers of children ages 5-18 years that was well-matched to U.S. population parameters for age and gender. In addition to the community sample, data were collected on a clinical sample of 247 parents and 252 teachers of children who had been diagnosed with one or more of the following: (a) ADHD, (b) oppositional defiant disorder (ODD), (c) conduct disorder (CD), and (d) social maladjustment (SM). Community and clinical norms are provided for both the Parent and the Teacher Rating Forms.

Reliability and Validity

- Internal consistency coefficients for the scales and Total Aggression Index of the CAS-Parent ranged from .60 to .83 and .58 to .92 for the community sample and clinical sample, respectively. Similar results were obtained for the scales and Total Aggression Index of the CAS-Teacher.

- Test-retest stability for the CAS scales, clusters, and index ranged from .69 to .99 and .84 to .99 for the Parent Form and the Teacher Form, respectively.

- Good interrater reliability coefficients were obtained, with median reliabilities of .87 and .97 for the Parent-Parent and the Parent-Teacher samples, respectively.

- Validity for the CAS was examined in terms of intercorrelations among the scales and clusters, convergent validity with existing behavioral measures (i.e., BASC-2, CBCL) and domain-specific assessments (i.e., OAS, CDS, IOWA Conners), and clinical validity among varying clinical samples (i.e., ADHD, ODD, CD, SM).

Firestone Assessment of Violent Thoughts™—Adolescent (FAVT™-A)

Robert W. Firestone, PhD and Lisa A. Firestone, PhD

The FAVT-A is designed to be a brief, efficient indicator of an individual’s violence potential. Based on the adult version of the FAVT, this 35-item self-report assesses the underlying thoughts that predispose violent behavior in individuals ages 11-18 years. It can help you screen for violence potential, determine whether or not a verbal threat will lead to a violent act, plan clinical intervention, and monitor progress and outcomes.

- The items on the FAVT-A are derived directly from clinical material gathered from violent individuals. The items represent thoughts these individuals experienced prior to committing violent acts. Because violent adolescents are able to recognize the exact content of their thoughts in the items, the FAVT-A taps directly into the cognitions of violent adolescents.

- FAVT-A items are organized into four Levels (i.e., Paranoid/Suspicious, Persecuted Misfit, Self-Depreciating/Pseudo-Independent, Overtly Aggressive) and two Theoretical Subscales (i.e., Instrumental/Proactive Violence, Hostile/Reactive Violence). This structure enables you to gain a better understanding of the individual and, thus, to offer more targeted treatment.

- Change score tables are provided across four different levels of significance for the four normative groups and for the two reference groups so that clinicians can easily find out if a significant change has occurred in an individual’s FAVT-A score over two administrations.

- The FAVT-A provides you with direct information about the content and intensity of thoughts the adolescent is experiencing along with a clear picture of the adolescent’s perceptions of himself or herself, of others, and of his or her social world. Its sound theoretical basis enables it to be integrated into many therapeutic approaches, including cognitive-behavioral therapy (CBT), psychodynamic/psychoanalytic therapy, and psychopharmacological treatment.

Assesses thoughts that direct adolescents to engage in violence.

Purpose: Assess the underlying thoughts that predispose violent behavior in adolescents

Age: 11-18 years

Admin: Self-report; Individual

Time: 15 minutes

Qualification Level: B
Psychosocial Evaluation & Threat Risk Assessment™ (PETRA™)

Jay Schneller, PhD

Following a threat of violence, the PETRA enables you to analyze the context of psychosocial, ecological, and coping/resiliency factors to assist in the identification, assessment, intervention and treatment planning, and behavioral management of adolescents who pose a risk of targeted violence toward others. This 60-item self-report instrument is designed for use with adolescents ages 11-18 years who exhibit threatening behavior, primarily in school. Critical Items identify known threat risk factors.

The PETRA provides four domain scores (i.e., Psychosocial, Resiliency Problems, Ecological, Total), eight cluster scores (i.e., Depressed Mood, Alienation, Egocentricism, Aggression, Family/Home, School, Stress, Coping Problems), two Response Style Indicators (i.e., Inconsistency, Social Desirability), and eight Critical Items. The PETRA Threat Assessment Matrix is used to help you classify the content of a threat as low, medium, or high risk based on the information gleaned from the threat itself.

Conversion tables for the domains, clusters, and Response Style Indicators are grouped by age and gender in the appendix of the Professional Manual to allow you to obtain T-scores, percentiles, and 90% confidence intervals from an individual’s raw scores. Interpretation of the PETRA is straightforward and incorporates a thorough five-step systematic methodology for gathering, guiding, and interpreting multisource data. Evaluation results should be considered in light of other data, including background information, information from other informants, and information gathered from follow-up interviews.

BROC-5788-KT PETRA Introductory Kit (includes PETRA Professional Manual, 25 Rating Forms, and 25 Score Summary/Profile Forms)
Kit Value: $142.00 Kit Price ...............$130.00

BROC-5789-TM PETRA Professional Manual
..............................57.00

BROC-5790-RF PETRA Rating Forms (pkg/25) ........................................57.00

BROC-5791-PF PETRA Score Summary/Profile Forms (pad/25).................................28.00

Adolescent & Child Urgent Threat Evaluation™ (ACUTE™)

Russell Copelan, MD and David Ashley

The ACUTE is a 27-item structured assessment that is based on information obtained through various sources including, but not limited to, patient interview, chart review (e.g., medical, school), and family interview. The ACUTE is designed to assist in the evaluation of a child’s or an adolescent’s actual, attempted, or threatened act to harm him- or herself or others. More specifically, the ACUTE was designed to assist in determining the associated level of risk for near-future violence (e.g., hours to days).

The measure provides you with an overall Threat Classification (i.e., Extreme Clinical risk factors, High Clinical risk factors, Moderate Clinical risk factors, Low Clinical risk factors) as well as additional cluster scores including Precipitating Factors, Early Precipitating Factors, Late Precipitating Factors, Predisposing Factors, Impulsivity, and the ACUTE Total score.

The standardization sample for the ACUTE included 542 children and adolescents ages 8-18 years. This sample consisted of four study groups: (a) Non-Threat, (b) Suicide Threat, (c) Homicide Threat, and (d) Homicide-Suicide Threat.

Applications of the ACUTE

- Within school settings, the ACUTE can be a part of a threat assessment by school psychologists, counselors, teachers, and/or threat assessment teams.
- In emergency settings, the ACUTE can be utilized by psychologists, physicians, nurses, and social workers to quickly identify high-risk situations.
- In outpatient care settings, the ACUTE can be used as a tracking tool to help determine risk levels in association with treatment plans, patient settings, and social and family situations.
- The ACUTE is particularly useful for improving diagnosis and treatment of unusual side effects in young patients receiving selective serotonin reuptake inhibitor (SSRI) antidepressant medication.
- The ACUTE assists clinicians, counselors, social workers, and educators in understanding the predisposing and precipitating factors, as well as other factors that relate to the detection, well-being, and treatment of violent or potentially violent youth.
- The ACUTE helps assess transitions from inpatient to outpatient care following hospital discharge or following an adverse drug reaction.

BROC-5766-KT ACUTE Introductory Kit (includes ACUTE Professional Manual and 50 Rating Forms)
Kit Value: $176.00 Kit Price ...............$160.00

BROC-5767-TM ACUTE Professional Manual
..............................57.00

BROC-5768-RF ACUTE Rating Forms (pkg/50) ........................................89.00
Parenting Stress Index (PSI), Third Edition
Richard R. Abidin, EdD

The PSI was developed on the theory that the total stress a parent experiences is a function of certain salient child characteristics, parent characteristics, and situations that are directly related to the role of being a parent. The PSI identifies dysfunctional parenting and predicts the potential for parental behavior problems and child adjustment difficulties within the family system. Although it focuses on the preschool-aged child, the PSI can be used with parents whose children are 12 years of age or younger.

The PSI is well-suited for use in primary health care and pediatric practices, as well as in other settings and programs that serve at-risk children and families or that provide early childhood educational and developmental experiences.

The PSI consists of 120 items and takes less than 30 minutes for the parent to complete. It yields a Total Stress Score, plus scale scores for both Child and Parent Characteristics, which pinpoint sources of stress within the family. It also is helpful in planning intervention and treatment, assessing child abuse, and completing forensic evaluations for child custody.

The PSI has been empirically validated to predict observed parenting behavior and children’s current and future behavioral and emotional adjustment, not only in a variety of U.S. populations but in a variety of international populations. The PSI was normed on more than 2,500 parents. Research has demonstrated that the PSI maintains its validity with diverse non-English-speaking cultures.

Parent subscales                  Child subscales
Depression                      Adaptability
Attachment                      Acceptability
Role Restriction                Demandingness
Competence                      Mood
Isolation                       Distractibility/Hyperactivity
Spouse                          Reinforces Parent
Health                          

Parent Adolescent Relationship Questionnaire™ (PARQ™)
Arthur Robin, PhD, Thomas Koepeke, PhD, and Anne Moye, PhD
Professional Manual by Arthur Robin, PhD, Thomas Koepeke, PhD, Anne Moye, PhD, and Rebecca Gerhardstein, PhD

The PARQ examines the relationships between adolescents and parents and enables you to plan effective treatments through an understanding of the multifaceted adolescent-parent relationship. Based in behavioral family systems therapy (BFST), the PARQ can help you improve the relationship between adolescents and their parents by inspecting views that fall into the following domains: Overt Conflict/Skill Deficits, Beliefs, and Family Structure. Clinicians then can emphasize problem-solving and communication skills, cognitive restructuring of extreme beliefs and distorted thinking, and/or specific problems in family functioning, depending on the interventions that are most needed.

In addition, the effectiveness of individual and family interventions can be measured by periodically readministering the PARQ to determine whether significant change has occurred. The PARQ also can be used as an outcome measure in treatment effectiveness research as well as a process measure in family interaction, adolescent development, and theoretical research.

• Separate forms for adolescents and parents are written at a 5th-grade reading level and in the first person to elicit current thoughts.

• Two validity scales and 12 clinical scales assess the parent-adolescent relationship in detail unmatched by other, similar assessments.

• T scores, percentile ranges, and reliable change scores are provided separately for adolescents, mothers, and fathers.

• Average profiles are included for ADHD, ODD, anxiety, depression, eating disorder, and spina bifida clinical groups.

Special Introductory Prices!

BROC-6578-KT PARQ Introductory Kit (includes PARQ Professional Manual, 10 Parent Reusable Item Booklets, 25 Parent Profile Forms, 10 Adolescent Reusable Item Booklets, 25 Adolescent Response Booklets, and 25 Adolescent Profile Forms) Kit Value: $290.00 Kit Price.............$240.00

BROC-6579-TM PARQ Professional Manual ........................................60.00

BROC-6580-TB PARQ Parent Reusable Item Booklets (pkg/10) ..........25.00

BROC-6581-RF PARQ Parent Response Booklets (pkg/25) ............50.00

BROC-6582-PF PARQ Parent Profile Forms (pad/25) ..............25.00

BROC-6583-TB PARQ Adolescent Reusable Item Booklets (pkg/10) ..........................25.00

BROC-6584-RF PARQ Adolescent Response Booklets (pkg/25) ..........50.00

BROC-6585-PF PARQ Adolescent Profile Forms (pad/25) ............25.00

Note: For information on the Parent Adolescent Relationship Questionnaire™ Scoring Program (PARQ™-SP), visit www.parinc.com.
**Unlike Other Autism/PDD Instruments, the PDDBI Assesses Problem Behavior(s) as Well as Appropriate Social, Language, and Learning/Memory Skills...**

The PDDBI is an informant-based rating scale that is designed to assist in the assessment of children who have been diagnosed with a pervasive developmental disorder (PDD) as defined by the DSM-IV™. PDD is characterized by severe and pervasive impairments in several areas of development (e.g., communication skills, reciprocal social interaction skills, presence of stereotypic behaviors/activities). Unlike existing assessments for autism/PDD, the PDDBI was developed to assess both problem behaviors as well as appropriate social, language, and learning/memory skills. It also was designed to provide age-standardized scores for both parent and teacher ratings.

The PDDBI can be utilized across a variety of settings. For example, it can be used as a clinical tool for assisting in diagnosis and treatment recommendations and for assessing change over time. In addition, the PDDBI can be useful in educational settings (e.g., placement decisions, intervention planning, evaluating outcomes) and research applications (e.g., dependent measure for treatment intervention).

The PDDBI materials include the Professional Manual, the Parent Rating Form, the Teacher Rating Form, the Parent Score Summary Sheet, the Teacher Score Summary Sheet, and the Profile Form. Each of the Rating Forms includes an extended set of items (Parent = PDDBI-PX, with 186 items; Teacher = PDDBI-TX, with 180 items) and a standard set of items (Parent = PDDBI-P and Teacher = PDDBI-T, each with 124 items), allowing you to decide on a case-by-case basis how you wish to administer the items. The extended form is appropriate for use when you wish to assess other aspects of the child’s behaviors beyond those that are specifically associated with autism. These other behaviors (e.g., fear, aggression) may be important if you are concerned with placement issues and treatment recommendations. The standard form is appropriate if the primary concerns are specifically related to autism (e.g., whether treatment is specifically affecting targeted behaviors).

The PDDBI Extended Rating Forms consist of 10 domains for both the parent and the teacher versions; the standard forms each consist of six domains. Each domain consists of a variable number of behavioral clusters that best represent that domain. The clusters help to identify the behaviors that contribute most to a child’s score on a given domain. Domain scores are divided into two sections: Approach/Withdrawal Problems and Receptive-Expressive Social Communications Abilities.

**PDD Behavior Inventory™ (PDDBI™)**

Ira L. Cohen, PhD and Vicki Sudhalter, PhD


**Kit Value:** $287.00  **Kit Price:** $255.00

**BROC-5752-KT**

**PDDBI Professional Manual**

$82.00

**BROC-5753-TM**

**PDDBI Parent Rating Forms (pkg/25)**

$69.00

**BROC-5754-RF**

**PDDBI Teacher Rating Forms (pkg/25)**

$69.00

**BROC-5755-SF**

**PDDBI Parent Score Summary Sheets (pad/25)**

$19.00

**BROC-5756-SF**

**PDDBI Teacher Score Summary Sheets (pad/25)**

$19.00

**BROC-5758-PF**

**PDDBI Profile Forms—Parent or Teacher (pkg/50)**

$29.00

“Because the PDDBI assesses assets as well as deficits, it provides the clinician with information on existing skills and on skills that need to be developed. It also allows the psychiatrist or neurologist who may be administering medication to control behaviors or seizures, to assess whether or not the medication is causing a specific improvement in behavior problems and not just an overall decrease in behavior, including declines in social communication skills. As a result of the No Child Left Behind Act of 2001 and the Individuals with Disabilities Education Improvement Act (IDEA) of 2004, school psychologists need to monitor the child as part of the Response to Intervention process. The PDDBI can be used for this purpose and is also useful in monitoring outcomes in clinical interventions (Ozonoff, Goodlin-Jones, & Solomon, 2005).”

Pediatric Behavior Rating Scale™ (PBRS™)

Richard M. Marshall, PhD and Berney J. Wilkinson, PhD

Appropriate for use with children and adolescents ages 3-18 years, the PBRS is a standardized, norm-referenced parent and teacher rating scale that assists in the identification of symptoms associated with severe emotional disturbances—specifically, early onset bipolar disorder. The instrument also aids in identifying comorbid disorders as well as in differentiating disorders that have similar symptoms and behavioral characteristics. Rather than rendering a clinical diagnosis, the PBRS focuses on symptom identification and analysis of items and profiles.

Standardization, Reliability, and Validity

The PBRS normative sample was composed of 541 parents and 610 teachers of children ages 3-18 years and was well-matched to the U.S. population for age and gender. In addition to the normative sample, data were collected on a combined clinical sample of 224 parents and 194 teachers of children who had been diagnosed with one or more of the following: (a) bipolar disorder, (b) ADHD, (c) oppositional defiant disorder, (d) conduct disorder, and (e) pervasive developmental disorder.

Special Introductory Prices!

- PBRS Introductory Kit (includes PBRS Professional Manual, 25 Reusable Parent Item Booklets, 25 Reusable Teacher Item Booklets, 25 Parent Response Booklets, 25 Parent Score Summary/Profile Forms, and 25 Teacher Score Summary/Profile Forms)
  - Kit Value: $250.00
  - Kit Price ...............$235.00
- PBRS Professional Manual
  - $52.00
- PBRS Reusable Parent Item Booklet (pkg/25)
  - $31.00
- PBRS Reusable Teacher Item Booklet (pkg/25)
  - $31.00
- PBRS Parent Response Booklets (pkg/25)
  - $47.00
- PBRS Teacher Response Booklets (pkg/25)
  - $47.00
- PBRS Parent Score Summary/Profile Form (pad/25)
  - $21.00
- PBRS Teacher Score Summary/Profile Form (pad/25)
  - $21.00

The PBRS-SP provides users with unlimited scoring and report generation for both PBRS Response Booklets (i.e., Parent, Teacher). After demographic information and item raw scores are manually entered from an individual’s completed Response Booklet, the PBRS-SP generates a Score Report that includes a Score Summary Table and a Validity Scale Table (i.e., Inconsistency scale). The report also includes a Critical Items Table, which allows the user to efficiently review individual Critical Items and quickly determine areas that require follow-up evaluation. Additionally, the Score Report includes both T-score and percentile profiles.

Special Introductory Prices!

- PBRS-SP–CD-ROM (includes PBRS-SP Unlimited-Use Scoring Software with On-Screen Help and Quick Start Guide)
  - $164.00
- PBRS/PBRS-SP Combination Kit–CD-ROM (includes PBRS Introductory Kit and PBRS-SP CD-ROM)
  - $414.00
  - Kit Value: $414.00
  - Kit Price ...............$388.00

Pediatric Behavior Rating Scale™ Scoring Program (PBRS™-SP)

Richard M. Marshall, PhD, Berney J. Wilkinson, PhD, and PAR Staff

The program enables the user to overlay profiles on-screen for the same individual (i.e., overlay a parent profile with a teacher profile, overlay a teacher profile with another teacher profile, overlay a parent profile with another parent profile). Client data can be exported to many spreadsheet and database programs, and client reports can be exported to common word processing programs.

Special Introductory Prices!

- PBRS-SP–CD-ROM
  - Qualification Level: B or S
  - Requirements: Windows® 2000/XP/Vista™; NTFS file system; CD-ROM drive for installation; Internet connection or telephone for software activation.

- PBRS/PBRS-SP Combination Kit–CD-ROM
  - Qualification Level: B or S
  - Requirements: Windows® 2000/XP/Vista™; NTFS file system; CD-ROM drive for installation; Internet connection or telephone for software activation.
Manage RTI and Other State-, District-, and School-Wide Programs With One Web-Based Solution...

**RTIPlus™: Solutions for Student Progress and Educational Accountability**

RTIPlus™: Solutions for Student Progress and Educational Accountability is a Web-based software solution created to assist school districts in managing and enhancing the response to intervention (RTI) process as well as other educational processes. A data management application that incorporates student information from all grade levels, RTIPlus is designed to accelerate response time, enhance student service delivery, and help ensure program and administrative integrity.

**Why Use RTIPlus?**

- **Provides multi-process capabilities:** RTIPlus is designed to handle multiple educational processes, including RTI and other state-, district-, and school-wide programs.
- **Offers form customization:** RTIPlus is fully customizable to your school district’s specific needs, including custom processes, forms, data verifications, system messages, and roles.
- **Streamlines communication:** System messages generated by RTIPlus inform appropriate users of important information (e.g., the completion of a necessary step in the process).
- **Increases accountability:** The use of customized verification helps to ensure program integrity, with each field verified for acceptable data.
- **Supports a three-tier model:** RTIPlus identifies students performing at or below the 25th percentile (or other predetermined level) based on school-wide performance data as well as students who are not reaching class benchmarks.
- **Facilitates the use of pre-approved interventions:** Users select from a list of pre-approved interventions from an RTIPlus Resource Library.
- **Meets national standards:** RTIPlus is Family Educational Rights and Privacy Act (FERPA) compliant.
- **Offers competitive pricing:** RTIPlus is priced below other data management tools, providing you with a significant competitive edge for less.

**RTIPlus supports a three-tier model of service delivery by allowing you to move students to tier 1, 2, or 3 and track their progress at each level. RTIPlus is simple to use and offers more features than other data management tools, providing you with a significant competitive edge for less.**


For more information on RTIPlus, visit [www.parinc.com](http://www.parinc.com) or contact our Customer Support Center at [1.800.331.8378](tel:1-800-331-8378) or [Custsup@parinc.com](mailto:Custsup@parinc.com).