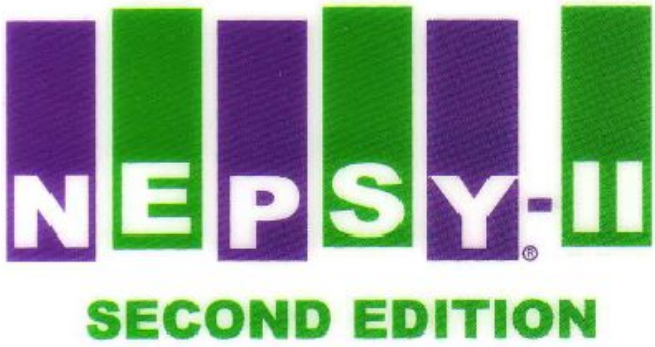

How to Report and Interpret the NEPSY-II Scores Within A School Neuropsychological Framework

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The NEPSY-II is a rich clinical assessment instrument. The process information included in the NEPSY-II far surpasses the amount of qualitative information generated from the original version of the NEPSY. This guide was developed to aid the NEPSY-II user in interpreting the test and to provide some structure on how report the large number of scores. The purpose of this document is to provide the NEPSY-II user with an interpretation guide.

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The document was created for use by TWU Doctoral School Psychology Students and students in the KIDS, Inc.'s School-Neuropsychology Post-Graduate Certification Program.

Until all practitioners gain more experience with the NEPSY-II, please consider this as a living document. Suggestions for the use of this form or how the NESPY-II data has been classified should be directed to Dr. Miller at dcmiller@kidsinc.com. The classification scheme outlined in this document represents the opinion of Dr. Miller alone and has not been endorsed by the authors or publishers of the NEPSY-II.

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I. A Note About Classification Labels:

The NEPSY-II will most often be used to measure neuropsychological deficits, so the authors put more emphasis on the lower half of the normal curve. Also the NEPSY-II does not have standard scores (mean of 100, with a standard deviation of 15) like the original version of the NEPSY. The NEPSY-II authors recommended descriptive classification for the scaled scores and percentile ranks as shown below:

SCALED SCORE	PERCENTILE RANK	CLASSIFICATION LABEL
13-19	>75	Above Expected Level
8-12	26-75	At Expected Level
6-7	11-25	Borderline
4-5	3-10	Below Expected Level
1-3	≤2	Well Below Expected Level

The question becomes how to classify the NEPSY-II scores so that the classifications will be consistent in a cross-battery school neuropsychological assessment. Please use the following hybrid classification table for reporting NEPSY-II and other tests with norm referenced scores:

STANDARD SCORE	SCALED SCORE	PERCENTILE RANK	CLASSIFICATION LABEL	NEPSY-II SCALED SCORE	NEPSY-II PERCENTILE RANK	CLASSIFICATION LABEL
>129	>15	>98%	Well Above Expected	13-19	>75	Above Expected
121-129	15	92-98	Above Expected			
111-120	13-14	76-91	Slightly Above Expected			
90-110	8-12	25-75	At Expected	8-12	26-75	At Expected
80-89	6-7	9-24	Slightly Below Expected	6-7	11-25	Slightly Below Expected
70-79	4-5	2-8	Below Expected	4-5	3-10	Below Expected
<70	0-3	≤2	Well Below Expected	1-3	≤2	Well Below Expected

II. Where Do the NEPSY-II Subtests Fit Within the School Neuropsychological Model?

This section details what NESPY-II scores should be reported in the report tables and which NEPSY-II scores should be reported in the report interpretative narrative only. The NEPSY-II scores have also been reclassified to fit within Miller's (2013) Integrated SNP/CHC school neuropsychological conceptual model.

Please use the data sheet in Appendix A to initially table your scores. As you transfer the scores from the Appendix A table into these report tables, it might be a good idea to highlight them with a highlighter as they are transferred so you make sure all of the data is reported.

Based on the child's age and referral question(s), not all NEPSY-II subtests will be administered. Delete the subtest scores that are not administered in each section.

The codes in the Score Type Column indicate what type of score should be entered into the table in the proper column:

(SS) – Scaled Score (mean = 10, SD = 3)
PRR – Percentile rank range
CPR – Cumulative Percentile Rank

A. Sensorimotor Report Table and Narrative (Interpret the Sensorimotor Subtests that were administered):

Fine Motor Functions								
Instrument – Subtest: Description	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Coordinated Finger/Hand Movements								
Fingertip Tapping Dominant Hand Combined: Dominant hand completion time for two fine motor tasks.	(SS)							
• **Dominant Hand Repetitions Completion Time**	*PPR*							
• **Dominant Hand Sequences Completion Time**	*PPR*							
Fingertip Tapping Non–dominant Hand Combined: Non–dominant hand completion time for two fine motor tasks.	(SS)							
• **Non-dominant Hand Repetitions Completion Time**	*PPR*							
• **Non-dominant Hand Sequences Completion Time**	*PPR*							
Dominant + Non-dominant Repetitions Completion Time Combined	(SS)							
Dominant + Non-dominant Sequences Completion Time Combined	(SS)							
Total Repetitions vs. Sequences Contrast Score	(SS)							
Imitating Hand Positions: Imitating hand positions shown by examiner.	(SS)							
• With Dominant Hand	*CPR*							
• With Non–dominant Hand	*CPR*							
Manual Motor Sequences Total: Sequencing motor acts with dominant hand.	*PRR*							

Note: Standard scores appear in normal font. Scaled scores appear in (parentheses). Percentile ranks of any kind appear in *italics*.

Fingertip Tapping Scores to Report:

- *Dominant Hand Combined Completion Time* (reported in table) – indicates poor dominant hand fine-motor control and motor programming. In the *narrative report* if there is a significant difference between the Dominant Hand *Repetitions* Completion Time (not reported in the table) and the Dominant Hand *Sequences* Completion Time (not reported in the table) mention the clinical implications:
  - *Low Dominant Hand Repetitions Completion Time* – indicates poor fine-motor control for simple hand movement in the child's dominant hand.
  - *Low Dominant Hand Sequences Completion Time* – indicates poor motor programming for more complex hand movement in the child's dominant hand.
- *Non-dominant Hand Combined Completion Time* (reported in table) – indicates poor non-dominant hand fine-motor control and motor programming. In the *narrative report* if there is a significant difference between the Non-dominant Hand *Repetitions* Completion Time (not reported in the table) and the Non-dominant Hand *Sequences* Completion Time (not reported in the table) mention the clinical implications:
  - *Low Non-dominant Hand Repetitions Completion Time* – indicates poor fine-motor control for simple hand movement in the child's non-dominant hand.
  - *Low Non-dominant Hand Sequences Completion Time* – indicates poor motor programming for more complex hand movement in the child's non-dominant hand.
- *Dominant vs. Non-dominant Contrast* (not reported in the table) – poor performance of one hand in relation to the other may give the examiner an indicator of the child's efficiency of functioning in the right and left hemispheres. A large difference between the two hands (high or low scores on the Dominant vs. Non-dominant Contrast Scaled Score) significantly more than would be expected for age and differences between the hands on Imitating Hand Position subtest and the Manual Motor Sequences subtest.
  - *Low Dominant vs. Non-dominant Contrast Scaled Score* – non-dominant hand fine-motor controls and programming are weaknesses compared to dominant hand control and programming.
  - *High Dominant vs. Non-dominant Contrast Scaled Score* – dominant hand fine-motor controls and programming are weakness compared to non-dominant hand control and programming.
- Report in the narrative the *Repetitions Dominant and Non-dominant Combined* scaled score (not reported in the table) and the *Sequences Dominant and Non-dominant Combined* scaled score (not reported in the table). Then report the *Repetitions vs. Sequences Contrast* scaled score:
  - *Low Repetitions vs. Sequences Contrast Scaled Score* – indicates that the child performs better on simple motor control than motor programming; motor programming ability is lower than expected given the child's simple motor control.

- *High Repetitions vs. Sequences Contrast Scaled Score* – indicates that the child performs better on motor programming than on motor control.

Imitating Hand Positions Scores to Report:

- *Imitating Hand Positions Total Scaled Score* (reported in the table) – indicates possible difficulty with the fine-motor coordination and the sensorimotor differentiation required to reproduce the positions. This is often based on inefficient processing of tactile or kinesthetic feedback.
- *Dominant Hand Cumulative Percentage* (reported in the table) and *Non-dominant Hand Cumulative Percentage* (reported in the table) – poorer performance on one hand than on the other in combination with similar findings on fingertip tapping could indicate lateralized sensorimotor impairments.

Manual Motor Sequences Scores to Report:

- *Manual Motor Sequences Total Percentile Rank* (reported in table) – poor score indicates that the child has a deficit in learning motor sequences. Such problems occur in children often described as clumsy and frequently co-occur with attentional problems. These children may do poorly in sports and dancing. Use confirming reports from teachers and parents to validate deficits in this area.

Visual – Motor Integration Skills								
Instrument – Subtest: Description	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Visual-Motor Copying Skills								
Design Copying General Score: Copying simple to complex designs on paper.	*PRR*							
Design Copy Process Total: The fine motor contribution to the overall visual-motor task.	(SS)							
• **Design Copying Process Motor:** This score represents the motor output portion of the overall score.	(SS)							
• **Design Copying Process Global:** Ability to recognize the overall configuration of the design.	(SS)							
• **Design Copying Process Local:** Ability to recognize details of the design.	(SS)							

Note: Standard scores appear in normal font. Scaled scores appear in (parentheses). Percentile ranks of any kind appear in *italics*.

Design Copying Scores to Report:

- *Design Copying General Total* (reported in the table) – a low score reflects poor visuoconstructional skills on two-dimensional tasks.
- *Design Copying Process Total* (reported in the table) – should be similar to the Design Copying General Total with a low score suggesting poor visuoconstructional skills on two-dimensional tasks.
  - *Design Copying Process Motor* (already reported in the sensorimotor processes section of the report, but repeated here for contrast with the Global and Local process scores) – a low score suggest that the child may have difficulty with the fine motor which could interfere with the drawing accuracy. (This is more of a sensorimotor deficit than a visuospatial deficit).
  - *Design Copying Global Score* (reported in the table) - a low score suggests that the child may have difficulty representing the overall gestalt of the design, resulting in problems identifying the overall configuration of the design.
  - *Design Copying Local Score* (reported in the table) – a low score suggests that the child has difficulty accurately representing the design features, which results in distorted representations of the designs.
  - *Design Copying Process Global versus Local* (reported in the table) – this contrast score will indicate whether there is a significant difference between the global and local process scores.

Visual Scanning/Tracking								
Instrument – Subtest: Description	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Indirect Measures of Visual Scanning/Tracking								
Picture Puzzles Total: A large picture divided by a grid with four smaller pictures taken from sections of the larger picture is presented. The student identifies the location on the grid of the larger picture from which each of the smaller pictures was taken.	(SS)							

Note: Standard scores appear in normal font. Scaled scores appear in (parentheses). Percentile ranks of any kind appear in *italics*.

Picture Puzzle Total Score (reported in the table) – a low score suggests difficulty with visual perception and scanning.

If you want to compare the base rate of qualitative behaviors to the student's age sample and to one of the NESPY-II clinical groups use the chart below. The clinical group base rates are found in Table D.4 in the NEPSY-II manual. The clinical groups include: ADHD, Asperger's (ASP), Autism (AUT), Deaf and Hard of Hearing (DHH), Emotionally Disturbed (ED), Language Disorders (LANG), Math Disorder (MD), Mild Intellectual Disability (ID), or Reading Disorder (RD). Determine what clinical group to compare the student based on the referral question or your final diagnosis.

Qualitative Behaviors for Sensorimotor Functions		
Qualitative Behavior: Description	**Total Age Sample Base Rate**	**(Specify) Clinical Sample Base Rate**
NEPSY-II: Fingertip Tapping		
- Visual Guidance: looking at fingers during the performance of task.	69% of children this age used visual guidance	65% of [clinical sample] used visual guidance
- Incorrect Position: wrong position of fingers.		
- Posturing: finger/hand on opposite side extended stiffly.		
- Mirroring: fingers on opposite side move involuntarily.		
- Overflow: the lips or mouth move involuntarily.		
NEPSY-II: Imitating Hand Positions		
- Mirroring: fingers on opposite side move involuntarily.		
- Other Hand Helps: the child uses the other hand to help model the position.		
NEPSY-II: Manual Motor Sequences		
- Rate Change: variable speed and tempo during performance of task.		
- Overflow: the lips or mouth move involuntarily.		
- Perseveration: movement continues for 3-4 sequences after being told to stop.		
- Loss of Asymmetrical Movement: loss of one side dominance on task.		
- Body Movement: extraneous whole body movements in conjunction with the movement sequences.		
- Forceful Tapping: tapping becomes louder during the production of the movement tasks.		
NEPSY-II: Visuomotor Precision		
- Pencil Lift Total: sum of the pencil lifts (a rule violation)		
- Quality of Pencil Grip: percentage of standardization sample with type of pencil grip.		

Fingertip Tapping Behavioral Observations reported in the narrative (if present):

- *Fingertip Tapping Rate Change* - report only if significant – use Table D1 – to determine the base rate (cumulative percentage) in the normative sample by age for the Fingertip Tapping Rate Change behavioral observation.
- For the other Fingertip Tapping behavioral observations (visual guidance, incorrect position, posturing, mirroring, or overflow) – report only if significant – use Table D2 – to determine the percentage of the normative sample that displayed one or more of the specific behavioral observations.
- Table D4 can be used to determine the base rate (cumulative percentage) in a specific clinical sample for the Fingertip Tapping Rate Change behavioral observation.
- Table D5 can be used to determine the percentage of a specific clinical sample for one or more of the specific behavioral observations.

Example: 8 Year-Old Child referred for ADHD

	Raw Score	Total Age Sample Base Rate	ADHD Clinical Sample
- Rate Change	5	3-10% Below Expected Level	3-10% Below Expected Level
	Behavior Present		
- Visual Guidance	yes	69% of children this age used visual guidance.	65% of ADHD children used visual guidance.
- Incorrect Position	yes	Only 32% of children this age had incorrect positions.	47% of ADHD children had incorrect positions.
- Posturing	yes	Only 37% of children this age had posturing behaviors.	36% of the ADHD children had posturing behaviors.
- Mirroring	yes	Only 27% of children this age had mirroring behaviors.	27% of the ADHD children had mirroring behaviors.
- Overflow	yes	Only 19% of children this age had overflow behaviors.	31% of the ADHD children had overflow behaviors

Imitating Hand Positions Behavioral Observations reported in the narrative (if present):

- *Behavioral Observations (Mirroring and Other Hand Helps)* (not reported in table – report in the narrative if observed) – use Table D.2 for base rate of normative sample or Table D.5 for the percentage of a clinical sample comparison group.

Manual Motor Sequences Behavioral Observations reported in a=narrative (if present):

- *Behavioral Observations (Rate Change, Overflow, Perseveration, Loss of Asymmetrical Movement, Body Movement, Forceful Tapping)* (not reported in the table – report in narrative if behavior is observed) – Use Table D.1 (Base Rate for Rate Change in the Normative Sample by age); use Table D.2 (percentage of normative sample displaying any of the other behavioral observations); and use Table D.5 (percentage of a specific clinical sample displaying any of the other behavioral observations).

B. Visuospatial Processes Report Tables and Narrative (Interpret the Visuospatial Subtests that were administered):

Visuospatial Perception								
Instrument - Subtest: Description	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Visual Discrimination and Spatial Localization								
Arrows Total: Two arrows from many are chosen by letter label which are thought to point to the center of the target.	(SS)							
Picture Puzzles Total: A large picture divided by a grid with four smaller pictures taken from sections of the larger picture is presented. The student identifies the location on the grid of the larger picture from which each of the smaller pictures was taken.	(SS)							
Route Finding Total: A schematic map with a target house is presented and the student is asked to find that house in a larger map with other houses and streets.	*PPR*							
Visual-Motor Constructions								
Block Construction Total: Reproducing 3-dimensional constructions from models or 2-dimensional drawings under time constraints.	(SS)							

Arrows Scores to Report:

- *Arrows Total* (reported in the table) – a low score suggests poor visuospatial skills in judging line orientation. The child may have difficulty in judging direction, in estimating distance, orientation, and angularity if line. Lack or previewing or advance planning (impulsivity) may also affect a child's performance.

Picture Puzzles Scores to Report:

- *Picture Puzzle Total Score* (reported in the table) – a low score suggests difficulty with visual perception and scanning.

Route Finding Scores to Report:

- *Route Finding Total Score* (reported in the table) – a low score suggests difficulty with visual-spatial relations and orientation.

Block Construction Scores to Report:

- *Block Construction Total* (reported in the table) – a low score reflects poor visuoconstructional skills on a three-dimensional task.

Visuospatial Reasoning								
Instrument - Subtest: Description	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Visuospatial Analyses with and without Mental Rotations								
Geometric Puzzles Total: A picture of a large grid containing several shapes is presented, then the student matches two shapes outside of the grid to two shapes within the grid.	(SS)							

Geometric Puzzles Scores to Report:

- *Geometric Puzzles Total Score* (reported in the table) – a low score suggests difficulty with visuospatial perception including mental rotation.

C. Auditory/Phonological Processes Report Table and Narrative (Interpret the Auditory/Phonological Subtests that were Administered):

Auditory/Phonological Processing								
Instrument - Subtest: Description	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Auditory / Phonological Processing								
Phonological Processing: Part 1: Word segment recognition Part 2: Phonological segmentation	(SS)							

Phonological Processing Scores to Report:

- *Phonological Processing Total Score* (reported in the table) – a low score suggests poor phonological awareness and processing.

D. Learning and Memory Processes Report Tables and Narrative (Interpret the Learning and Memory Subtests that were administered):

Rate of Learning								
Instrument - Subtest: Description	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Verbal Learning								
List Memory Learning Effect: The number of correctly recalled words on the last trial minus the number of correctly recalled words on the first trial.	*CPR*							
List Memory Interference Effect: Recalling a second list of words after the first list is presented.	*CPR*							
• **List Memory Repetitions:** The number of repeated words recalled from a list.	*CPR*							
• **List Memory Non-List (Novel) Words:** The number of words recalled that were not on the list (novel errors).	*CPR*							
• **List Memory Wrong List Words:** The number of words recalled from a previous list of words (interference effect).	*CPR*							

List Memory Scores to Report:

- *List Memory Learning Effect* (reported in the table) – a high learning effect (high percentile rank) suggests a good ability to memorize verbal material and benefit from repeated exposure. A low learning effect (low percentile rank) suggests that recall does not improve despite repeated exposure to stimuli, perhaps due to low effort or an auditory processing deficit.
- *List Memory Interference Effect* (reported in the table) – a high interference percentile indicates that presentation of new, similar information reduces recall of previously learned information. A low interference percentile indicates that the presentation of new, similar information does not reduce recall of previously learned information.
  - *List Memory Repetitions* (reported in the table) – a high number of repetitions (a low percentile rank) suggests difficulty monitoring recall for redundant information.
  - *List Memory Non-List Words (Novel)* (reported in the table) – a high number of non-list novel word errors (a low percentile rank) suggests difficulty monitoring recall for erroneous information not presented to the child during the task.
- *List Memory Wrong List Words (Interference)* (reported in the table) – a high number of interference errors (words from the interference list recalled on the first list) indicates that recall accuracy is negatively impacted (high error rates) by presentation of information that is similar to the target words (interference).

Enter Data for Learning Curve (add here):

	Trial 1	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6 Interference	Trial 7 Immediate Recall	Trial 8 Delayed Recall
Total Correct								
Mean Age Score (Table A.3)								

Immediate Verbal Memory								
Instrument - Subtest: Description	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Word Recall (No Contextual Cues)								
Word List Interference Repetition Total: Repeating an initial string of unrelated words.	(SS)							
Sentence Recall (with Contextual Cues)								
Sentence Repetition Total: Immediate recall of sentences of increasing length and complexity.	(SS)							
Story Recall (with Contextual Cues)								
Narrative Memory Free Recall: Details recalled from verbally presented stories.	(SS)							
• **Narrative Memory Recognition (3-10 years only):** Details recognized from verbally presented stories.	*PRR*							
• **Narrative Memory Free & Cued Recall:** Details recalled freely and with cues from verbally presented stories.	(SS)							
• **Free & Cued vs. Recognition Contrast Score (3-10 years only)**	(SS)							

Word List Scores to Report:

- *Word List Repetition Total Score* (reported in the table) – a low repetition total score suggests a limited capacity in working memory, possibly related to language difficulties.

Sentence Repetition Scores to Report:

- *Sentence Repetition Total Score* (reported in the table) – a low score suggests poor verbal short-term or immediate memory for meaningful sentences.

Narrative Memory Scores to Report:

- *Narrative Memory Free Recall Total* (reported in the table) – a good score suggests that the child has well developed abilities to encode and understand prose and to express the salient points that he/she has heard. Poor performance might suggest developmental or acquired receptive or expressive language deficits, poor access to language, or poor ability to organize and sequence language.
- *Narrative Memory Free & Cued Recall Total Score* (reported in the table):
  - *Low Free Recall and Low Free & Cued Recall Total Scores* – indicates poor ability to express organized information; encoding deficits may also exist.
  - *Low Free Recall and Average to High Free & Cued Recall Total Score* – indicates adequate encoding of information into memory but needs verbal prompts to help access that information, reflecting a problem of memory search or expressive language.
- *Low Recognition Total Score (ages 3-10 only)* (reported in the table) – a low recognition score suggests that providing information in a format that does not require active recall and expressive language skills does not improve memory functioning; in conjunction with a low Free & Cued Recall Total score indicates significant encoding difficulties.
- *Free & Cued Recall versus Recognition Contrast Score (ages 3-10 only)* (reported in the table):
  - *Low Free & Cued Recall versus Recognition Contrast Scaled Score* – suggests that recognition memory is significantly better than free recall, indicating a retrieval deficit or an expressive language problem. The child's performance on Free & Cued Recall was lower than expected given his or her recognition performance.
  - *High Free & Cued Recall versus Recognition Contrast Scaled Score* – an unusual finding that suggest superior free recall versus recognition; may suggest fading effort.

Immediate Visual Memory								
Instrument - Subtest: Description	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Abstract Designs with Motor Response (No Contextual Cues)								
Memory for Designs Total: Placing elements of an abstract design into a grid after briefly looking at an abstract design.	(SS)							
• **Memory for Designs Content:** Correctly identifying design elements.	(SS)							
• **Memory for Designs Spatial:** Correctly identifying spatial location of design elements.	(SS)							
• **Content vs. Spatial Contrast Score**	(SS)							
Faces with Verbal or Pointing Response (No Contextual Cues)								
Memory for Faces Immediate Recall: Picking out faces from many faces that were previously seen.	(SS)							

Memory for Designs Scores to Report:

- *Memory for Designs Total Score* (reported in the table) – a low score suggests difficulty with rote memorization for the detail and location of visual stimuli details in two-dimensional space.
- *Memory for Designs Content Score* (reported in the table) – a low score suggests difficulty learning visual details.
- *Memory for Designs Spatial Score* (reported in the table) – a low score suggests difficulty learning the location of objects in two-dimensional space.
- *Memory for Designs Content versus Spatial Contrast Score* (not reported in the table) – A low contrast score suggests difficulty with immediate spatial recall relative to visual detail. A high contrast score suggests that the child has difficulty with immediate recall of visual details relative to spatial memory.

Memory for Faces Scores to Report:

- *Memory for Faces Total Score* (reported in the table) – a low score suggests difficulties with initial encoding or discrimination of novel facts.

Delayed Verbal Memory								
Instrument - Subtest: Description	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Delayed Verbal Recall without Contextual Cues								
List Memory Delayed Effect: The number of correctly recalled words on Trial 5 minus the number of correctly recalled words on the delayed recall trial.	*CPR*							

List Memory Scores to Report:

- *List Memory Delayed Effect* (reported in the table) – a large negative delay effect represents a high rate of forgetting; the child loses more information over time than expected. A large positive delay effect suggests that the child's memory improves as information is given time to consolidate.

Delayed Visual Memory								
Instrument - Subtest: Description	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Delayed Visual Recall without Contextual Cues								
Memory for Designs Delayed Total: Delayed recall of the abstract designs.	(SS)							
• **Delayed Content:** Delayed recall of design elements.	(SS)							
• **Delayed Spatial:** Delayed recall of spatial location of design elements.	(SS)							
• **Delayed Content vs. Spatial Contrast Score**	(SS)							
• **Designs Immediate vs. Delayed Contrast Score**	(SS)							
Memory for Faces Delayed: Delayed recall of previously learned target faces.	(SS)							
Immediate Faces vs. Delayed Faces Contrast Score	(SS)							

Memory for Designs Delayed Scores to Report:

- *Memory for Designs Delayed Total Score* (reported in the table) – a low score suggests difficulty with long-term recall for the location of visual details in two-dimensional space.
- *Memory for Designs Delayed Content Score* (reported in the table) – a low score suggests difficulty with long-term recognition and recall for visual details.
- *Memory for Designs Delayed Spatial Score* (reported in the table) – a low score suggests difficulty with long-term recall of locations of objects in two-dimensional space.
- *Memory for Designs versus Memory for Designs Delayed Contrast Score* (not reported in the table):
  - Low Memory for Designs versus Memory for Designs Delayed suggests a high rate of forgetting for visual details and spatial location.
  - High Memory for Designs versus Memory for Designs Delayed Contrast Score suggests that memory for visual information consolidates over time, yielding better memory functioning over time.
- *Memory for Designs Immediate versus Memory for Designs Delayed Contrast Score* (not reported in the table):
  - Low Memory for Designs versus Memory for Designs Delayed suggests a high rate of forgetting for visual details and spatial location.
  - High Memory for Designs versus Memory for Designs Delayed Contrast Score suggests that memory for visual information consolidates over time, yielding better memory functioning over time.

Memory for Faces Delayed Scores to Report:

- *Memory for Faces Delayed Total* (reported in the table) – a low score suggests difficulties with recognition of newly learned faces from long-term memory.
- *Memory for Faces versus Memory for Faces Delayed Contrast Scaled Score* (reported in the table):
  - Low Memory for Faces versus Memory for Faces Contrast Score suggests a higher rate of forgetting than expected for newly learned faces.
  - High Memory for Faces versus Memory for Faces Delayed Contrast Score suggests that face recognition improves with consolidation over time.

Verbal-Visual Associative Learning and Recall								
Instrument - Subtest: Description	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Verbal-Visual Associative Learning								
Memory for Names Immediate Total: Recalling names associated with faces over repeated trials.	(SS)							
Verbal-Visual Associative Delayed Recall								
Memory for Names Delayed: Recalling names associated with faces after a delay.	(SS)							
Memory for Names Immediate + Delayed Recall Total Score:	(SS)							

Memory for Names Scores to Report:

- *Memory for Names (Immediate) Total Score* (reported in the table) – a low score suggests difficulties with verbal-visual associative learning.
- *Memory for Names Delayed Total Score* (reported in the table) – a low score suggests that the child has difficulty retaining verbal-visual associative learning pairs.
- *Memory for Names Immediate and Memory for Names Delayed Total Scaled Score* (reported in the table) - a low score for suggests poor learning and retrieval of verbal labels for visual information.

E. Executive Functions Report Table and Narrative (Interpret the Executive Functions Subtests that were administered):

Cognitive Flexibility or Set Shifting								
Instrument - Subtest: Description	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Verbal Cognitive Flexibility or Set Shifting								
Inhibition (Condition 3) Switching Combined: Rapidly and accurately name shapes while switching cognitive sets.	(SS)							
• **Switching Total Completion Time:** How quickly the task was completed (slower time = lower scaled score).	(SS)							
• **Switching Total Errors:** Total errors made on the task (more errors = lower % rank).	*PRR*							
• **Switching Uncorrected Errors:** Errors with no attempt to correct (more errors = lower % rank).	*PRR*							
• **Switching Self-Corrected Errors:** Errors that were self-corrected (more self-corrections = lower % rank).	*PRR*							

Inhibition Scores to Report:

- *Inhibition (Condition 3) Switching Combined* (reported in the table) – The Naming and Inhibition scores are to be reported in the Executive Functions section of the report. The Switching score from the Inhibition test are to be reported here in the shifting attention section. Low Inhibition Switching Combined score integrates error rates and completion time with more weight given to accuracy than speed. High scores indicate good control of switching (shifting attention) skills. Low scores could indicate very slow switching speed or poor control over switching behavior. Time and error scores should be evaluated separately to determine the reason for poor performance.
  - *Switching Total Completion Time* and *Switching Total Errors* (reported in the table) – Slow switching time and low or average number of switching errors suggests that cognitive processing is slowed by switching demands. Slow switching time and a high number of switching errors suggests switching demands can result in poor inhibition due to an impulsive approach. The child may have problems with impulsivity and cognitive flexibility.
  - Switching Uncorrected Errors (reported in the table) – when high errors rates are observed, evaluate the corrected versus uncorrected error rates. High uncorrected errors indicate that the child has poor self-monitoring skills.
  - Switching Self-Corrected Errors (reported in the table) - Self-corrected errors are reflective of good self-monitoring behavior. High rates of self-corrected errors indicate problems controlling switching behavior but with some compensatory self-monitoring behavior present.

Cognitive Flexibility or Set Shifting								
Instrument - Subtest: Description	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Verbal and Visual Cognitive Flexibility or Set Shifting								
Response Set Combined Score: Added shifting of attention while selectively responding to auditory target words and ignoring auditory non-target words over time.	(SS)							
• **Total Commission Errors:** Responding to non-target words that were to be ignored (more errors = lower % rank).	*PRR*							
• **Total Correct:** Responding correctly to target words (more correct = higher scaled score).	(SS)							
○ **Total Omission Errors:** Missing target words (more errors = lower % rank).	*PRR*							
○ **Total Inhibitory Errors:** Ignoring distracter words (more errors = lower % rank).	*PRR*							
Auditory Attention vs. Response Set Contrast Score	(SS)							

- *Response Set Combined Scaled Score* (reported in the table) – low score reflects poor selective and sustained attention; disinhibited or slowed responding; poor tracking or monitoring of task rules in working memory; poor working memory skills; poor ability to set shift or shift attentional focus.
  - *Response Set Total Correct* (reported in the table) – low score reflects poor sustained attention during high cognitive load and multitasking in working memory; poor ability to set shift or shift attentional focus.
    - *Response Set Total Commissions* (reported in the table) - A high number of commission errors (a low percentile rank range) may reflect a slow time in correct responding or impulsive or inattentive responding.
    - *Response Set Total Omission Errors* (reported in the table) – A high number of omissions (a low percentile rank range) reflects poor vigilance, selective or sustained attention, or poor comprehension of required response (failure to understand directions).
    - *Response Set Total Inhibitory Errors* (reported in the table) - A high number of inhibitory errors (a low percentile rank range) reflects impulsivity or difficulty switching from previously learned behavior to a novel response.
  - *Behavioral Observations (inattentive/distracted off-task behaviors or physical movement in seat off task behaviors)* (not reported in the table – reported in the narrative if behaviors observed) - report the percentage of the standardization (D.2) and/or clinical sample (D.5) that exhibited one of both of these clinical behaviors.
- *Auditory Attention versus Response Set Contrast Scaled Score* (not reported in the table) – A low Auditory Attention vs. Response Set Contrast Scaled Score (Response Set < Auditory Attention) may suggest that the child has greater difficulty on tasks that provoke impulsive reactions. The attentional load of working memory and executive control worsens sustained attention abilities. A high Auditory Attention vs. Response Set Contrast Scaled Score (Response Set > Auditory Attention) is atypical and suggests improved sustained attention when the cognitive load is increased; may be related to inattention on simple tasks but challenged by harder tasks.

Concept Recognition and Generation								
Instrument - Subtest: Description	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Concept Generation								
Animal Sorting Combined: A combination of the number of correct sorts and the number of errors. Measures initiation, cognitive flexibility, self-monitoring, and conceptual knowledge.	(SS)							
• **Animal Sorting Total Correct Sorts:** A high score suggests good initiation or sustained effort, good conceptual reasoning or semantic knowledge.	(SS)							
• **Animal Sorting Total Errors:** A low number of errors suggests good self-monitoring (more errors = lower % rank).	*PPR*							
○ **Animal Sorting Total Novel Sort Errors:** A high score suggests idiosyncratic or immature reasoning (more errors = lower % rank).	*PPR*							
○ **Animal Sorting Total Repeated Sort Errors:** A high score suggests poor cognitive flexibility and self-monitoring (more errors = lower % rank).	*PPR*							

- Animal Sorting Subtest Scores:
  - *Animal Sorting Combined Scaled Score* (reported in the table) – a low score suggests poor initiation, cognitive flexibility, and poor self-monitoring; poor conceptual knowledge.
    - *Animal Sorting Total Correct Sorts* (reported in the table) – a low score suggests poor initiation or sustained effort, poor conceptual reasoning or semantic knowledge.
    - *Animal Sorting Total Errors* (reported in the table) – a high number of errors suggests poor self-monitoring of responses for redundant behaviors or rule violations, or idiosyncratic conceptual reasoning.
  - Process Scores:
    - *Animal Sorting Total Novel Sort Errors* (reported in the table) – a high number of novel sort errors suggests idiosyncratic or immature reasoning.
    - *Animal Sorting Total Repeated Sort Errors* (reported in the table) – a high number of repeated sort errors suggests poor cognitive flexibility and self-monitoring.

Problem Solving, Reasoning, and Planning								
Instrument - Subtest: Description	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Visual Deductive and Inductive Reasoning								
Clocks: Recognizing time on analog clocks, and constructing clock faces.	(SS)							

Clocks Scores to Report:

- *Clocks Total Score* (reported in the table) – performance on the Clocks subtest may be affected by a child's knowledge of and exposure to analog clocks. A low score suggests poor visual planning and organization, or poor visuospatial abilities or clock reading ability.

Response Inhibition								
Instrument - Subtest: Description	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Verbal Response Inhibition								
Inhibition (Condition 2) Combined: Rapidly and accurately naming the opposite names of shapes (e.g., "circle" for "square").	(SS)							
• **Inhibition Total Completion Time:** How quickly the task was completed. (slower time = lower scaled score)	(SS)							
• **Inhibition Total Errors:** Total errors made on the task. (more errors = lower % rank)	*PPR*							
○ **Inhibition Uncorrected Errors:** Errors with no attempt to correct (more errors = lower % rank).	*PPR*							
○ **Inhibition Self-Corrected Errors:** Errors that were self-corrected (more self-corrections = lower % rank).	*PPR*							
Naming (Condition 1 vs. Condition 2) Contrast Score:	(SS)							
Inhibition (Condition 2) vs. Switching (Condition 3) Contrast Score	(SS)							
Total Errors (Conditions 1-3)	(SS)							
Motoric Response Inhibition								
Statue Total: Maintaining a body position during distractions.	(SS)							
• **Body Movement Inhibitory Error:** Number of times moved during the task.	*PPR*							
• **Eye Opening Inhibitory Error:** Number of times opened eyes during the task.	*PPR*							
• **Vocalization Inhibitory Error:** Number of times talked during the task.	*PPR*							

Inhibition (Condition 2) Scores to Report:

- *Inhibition (Condition 2) Combined Scaled Score* (reported in the table) – integrates error rate and time with an emphasis on accuracy of performance over speed. A low score indicates poor inhibitory control; however, performance could be due to very slow speed with few impulsive errors or a very high error rate with relatively good speed.
  - ○ Inhibition Total Completion Time (reported in the table) *& Inhibition Total Errors* (reported in the table) – low completion time scores suggest slow processing speed and high error rates must be interpreted in light of uncorrected and self-corrected errors.
    - Slow Inhibition Total Completion Time and low or average number of Inhibition Errors – suggests that inhibitory demands slow down cognitive processing speed.
    - Slow Inhibition Total Completion Time and high number of Inhibition Errors – suggests an impulsive response style with poorly controlled output.
    - *Inhibition Uncorrected Errors* (reported in the table) – When the Inhibition Total Errors Score is high, evaluate for uncorrected and self-corrected errors. A high number of uncorrected errors suggests that the child fails to recognize errors as they occur. The inability to recognize errors may suggest poor language skills or poorly developed self-monitoring.

- *Inhibition Self-Corrected Errors* (reported in the table) – A high number of self-corrected errors indicates that the child recognizes a mistake when he or she hears it and that self-monitoring of performance is occurring. These children may be impulsive and make simple mistakes in their work but have the ability to catch themselves.

- *Naming versus Inhibition Contrast Score* (reported in the table) – a low score indicate that the child performed poorly on the inhibitory task compared to children with similar levels of initial naming speed.
- *Inhibition versus Switching (see Attentional Processes – Shifting Attention section) Contrast Score* (reported in the table) – low scores indicate that a child did poorly on the switching aspect of the test relative to his or her level of inhibitory control. Sometimes low scores are a result of the increased cognitive load and the child lose the cognitive set to perform the task.
- *Total Errors* (reported in the table) – a low score is the sum of all errors across all three conditions and must be interpreted in light of uncorrected and self-corrected errors.

Statue Subtest Scores to Report:

- *Statue Total* (reported in the table) – a low score is thought to reflect poor inhibitory control and motor persistence.
  - *Body Movement Inhibitory Error* (reported in the table) – a low percentile rank indicates that the child was not able to remain still for the prescribed period of time without exhibiting extraneous body movements. This is a good predictor of hyperactivity.
  - *Eye Opening Inhibitory Error* (reported in the table) – a low percentile rank indicates that the child was not able to follow the directions to keep his or her eyes closed (poor receptive language skills) or had trouble maintaining his or her cognitive set.
  - *Vocalization Inhibitory Error* (reported in the table) - a low percentile rank indicates that the child was not able to follow the directions to keep his or her eyes closed (poor receptive language skills) or had trouble maintaining his or her cognitive set.

Qualitative Behaviors							
Instrument: Subtest	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Rule Violations During Task Performance (Impulsive Response Style or Oppositional Response Style)							
Memory for Designs and Memory for Designs Delayed				*CPR*			

Memory for Designs and Memory for Designs Delayed Scores to Report:

- *Behavioral Observations (Memory for Designs and Memory for Designs Delayed Rule Violations)* (not reported in table – reported in narrative if significant) - report the percentage of the standardization (D.2) and/or clinical sample (D.5) that exhibited one of both of these clinical behaviors. Rule violations suggest a failure to comprehend the instructions (receptive language deficit), or a failure to maintain the cognitive set of instructions to complete the task (an executive dysfunction), or poor attention and impulsivity.

Inhibition Behavioral Observations to Consider in Narrative:

- *Inhibition Behavioral Observations for the Naming, Inhibition, & Switching Conditions (points to stimuli)* (not reported in table – reported in narrative if significant) – may be reflective of poor oral expressive skills when the child does not name the stimuli as directed but rather points to the stimuli instead. Report the percentage of the standardization (D.2) and/or clinical sample (D.5) that exhibited this clinical behavior.

F. Facilitators/Inhibitors: Allocating and Maintaining Attention Report Tables and Narrative (Interpret the Attentional Facilitators/Inhibitors Subtests that were Administered):

Selective/Focused and Sustained Attention										
Instrument - Subtest: Description	Score Type	Selective	Sustained	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Auditory Selective/Focused and Sustained Attention										
Auditory Attention Combined: Selectively responding to auditory target words while ignoring auditory non-target words over time.	(SS)	X	X							
• **Total Commission Errors:** Responding to non-target words that were to be ignored (more errors = lower % rank).	*PRR*									
• **Total Correct:** Responding correctly to target words (more correct = higher scaled score).	(SS)									
○ **Total Omission Errors:** Missing target words (more errors = lower % rank).	*PRR*									
○ **Total Inhibitory Errors:** Ignoring distracter words. **(**more errors = lower % rank).	*PRR*									

Auditory Attention and Response Set Scores to Report:

- *Auditory Attention Combined Scaled Score* (reported in the table) - low score reflects poor selective and sustained attention due to either slow responding or inattentive erroneous responding.
  - ○ *Auditory Attention Total Correct* (reported in the table) – low score reflects poor selective and sustained attention perhaps due to distractibility.
  - ○ *Auditory Attention Total Commission Errors* (reported in the table) – a commission error is when the child responds to a non-target stimuli in which he/she was told to ignore. This score is presented as a percentile rank range. A high number of commission errors (a low percentile rank range) may reflect a slow time in correct responding or impulsive or inattentive responding.
    - ▪ *Auditory Attention Total Omission Errors* (reported in the table) – an omission error is when the child does not respond correctly to target stimuli (e.g., does not touch the red circle after the word red is presented). This score is presented as a percentile rank range. A high number of omissions (a low percentile rank range) reflect poor vigilance, selective or sustained attention, or poor comprehension of required response (failure to understand directions).
    - ▪ *Auditory Attention Total Inhibitory Errors* (reported in the table) – the child is taught to only respond to the word "red". If the child responds to other color words (e.g., yellow, blue), these are called inhibitory errors. A high number of inhibitory errors (a low percentile rank range) reflects impulsivity or difficulty switching from previously learned behavior to a novel response.

Attentional Capacity								
Instrument - Subtest: Description	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Attentional Capacity for Words and Sentences (Increased Meaning) with Verbal Response								
Sentence Repetition: Repeating sentences of increased length and complexity.	(SS)							
Attentional Capacity for Stories (Even more Contextual Meaning) with Verbal Response								
Narrative Memory Free Recall: Recalling verbally presented story details.	(SS)							

Sentence Repetition Scores to Report:

- *Sentence Repetition Total Score* (reported in the table) – a low score suggests poor verbal short-term or immediate memory for meaningful sentences.

Narrative Memory Scores to Report:

- *Narrative Memory Free Recall Total* (reported in the table) – a good score suggests that the child has well developed abilities to encode and understand prose and to express the salient points that he/she has heard. Poor performance might suggest developmental or acquired receptive or expressive language deficits, poor access to language, or poor ability to organize and sequence language.

Qualitative Behaviors for Attentional Processes		
Test/Qualitative Behavior	**Total Age Sample Base Rate**	**(Specify) Clinical Sample Base Rate**
NEPSY-II: Auditory Attention and Response Set:		
- Inattentive/Distracted Off-Task Behaviors	___% of children this age who exhibited inattentive/distracted or off-task behaviors	___% of [clinical sample] who exhibited inattentive/distracted or off-task behaviors
- Out of Seat/Physical Movement in Seat Off-Task Behaviors	___% of children this age who exhibited out of seat in off-task behaviors	___% of [clinical sample] who exhibited out of seat in off-task behaviors

Auditory Attention and Response Set Behavioral Observations to Report:

- *Behavioral Observations (inattentive/distracted off-task behaviors or physical movement in seat off task behaviors)* (not reported in the table – reported in the narrative if behaviors observed) - report the percentage of the standardization (D.2) and/or clinical sample (D.5) that exhibited one of both of these clinical behaviors.

G. Facilitators/Inhibitors: Working Memory Report Tables and Narrative (Interpret the Working Memory Subtests that were Administered):

Working Memory								
Instrument - Subtest: Description	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Verbal Working Memory								
Word List Interference Recall: Repeating an initial string of unrelated words after a second interference list of unrelated words is presented.	(SS)							
Word List Repetition vs. Recall Contrast Score:	(SS)							

Work List Interference Scores to Report:

- *Word List Interference Recall Total* (reported in the table) – a low recall score suggests limited capacity to maintain information in working memory in the presence of interfering stimuli and multitasking requirements.
- *Word List Repetition versus Recall Contrast Score* (not reported in the table) – a low contrast score indicates that for the level of memory span, the child has difficulty managing competing information in working memory. A high contrast score is an atypical finding as it would suggest that the child has very good ability to manage the interfering effects of competing information in working memory at their span level. This could be related to poor attention or inconsistent effort.

H. Facilitators/Inhibitors: Speed, Fluency, and Efficiency of Processing Report Tables and Narrative (Interpret the Speed, Fluency, and Efficiency of Processing Subtests that were Administered):

Performance Fluency								
Instrument: Subtest	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Psychomotor Fluency								
Visuomotor Precision Combined: Tracing a path from a start to finish quickly and while trying to stay within the lines.	(SS)							
• **Visuomotor Precision Total Completion Time:** (slower completion time = lower scaled score)	(SS)							
• **Visuomotor Precision Total Errors:** (more errors = lower % rank)	*PRR*							
• **Visuomotor Precision Pencil Lift Total:** (more lifts = lower % rank)	*PRR*							
Figural Fluency								
Design Fluency Total: Connecting dots with unique line patterns.	(SS)							
• Design Fluency Structured Array	*CPR*							
• Design Fluency Random Array	*CPR*							
Naming Fluency								
Inhibition: Naming Combined: Rapidly and accurately naming shapes.	(SS)							
• **Naming Total Completion Time:** How quickly the task was completed. (slower time = lower scaled score)	(SS)							
• **Naming Total Errors** Total errors made on the task. (more errors = lower % rank)	*PRR*							
○ **Naming Uncorrected Errors:** Errors with no attempt to correct (more errors = lower % rank).	*PRR*							
○ **Naming Self-Corrected Errors:** Errors that were self-corrected (more self-corrections = lower % rank).	*PRR*							
Speeded Naming Combined: Rapidly naming attributes of objects or a series of numbers and letters.	(SS)							
• **Speeded Naming Total Completion Time:** How quickly the task was completed. (slower time = lower scaled score)	(SS)							
• **Speeded Naming Total Correct:** How accurately the task was completed. (more correct = higher % rank)					*PRR*			
○ **Speeded Naming Total Self-Corrected Errors:** Awareness of errors made on the task with self-correction. (more self-corrections = lower % rank)					*PRR*			
Oral Motor Fluency								
Oral Motor Sequences Total: Repetition of articulatory sequences like tongue twisters.					*PRR*			
Repetition of Nonsense Words Total: Repetition of nonsense words.					(SS)			

Visuomotor Precision Scores to Report:

- *Visuomotor Precision Combined Scaled Score* (reported in the table) – reflects time, precision, and how successfully the child combines speed and precision. A poor score on this measure together with better performance on purely perceptual subtest such as Geometric Puzzles, Arrows, or Picture Puzzles, would support a hypothesis of manual fine-motor problems. This would be also supported by poor scores on the manual motor subtests: Imitating Hand Positions, Manual Motor Sequences, and Fingertip Tapping.
- *Visuomotor Precision Total Completion Time Scaled Score* (reported in the table) – this score reflects the speed with which the child carries out the manual motor task. Slow performance may be related to a general rate problem.
- *Visuomotor Precision Total Errors Percentile Rank* (reported in the table) – this score reflects the child's accuracy. Problems with precision are likely reflected in the Design Copying subtest and other manual motor subtests.

- *Visuomotor Precision Pencil Lift Total* (reported in the table) – a high pencil lift score would reflect a failure to follow directions (poor receptive language skills) or failure to maintain a cognitive set (an executive dysfunction).
- *Visual Motor Precision Behavioral Observation (pencil grip)* (not reported in the table – report in narrative if behavior is observed) – report the percentage of the standardization (D.2) or clinical sample (D.5).

Design Fluency Scores to Report:

- *Design Fluency Total Score* (reported in the table) – a low score suggests impaired initiation and productivity; poor cognitive flexibility; poor nonverbal fluency; and working memory (since the recall of the rules for a drawing throughout the task is required).
  - *Design Fluency Structured Array Score* (reported in the table) – a low score reflects the child's poor performance on the more structured stimuli.
  - *Design Fluency Random Array Score* (reported in the table) – a low score reflects the child's poor performance on the less structured stimuli.

Inhibition (Condition 1 - Naming) Scores to Report:

- *Naming Combined Scaled Score* (reported in the table) – integrates error rate and time with an emphasis on accuracy of performance over speed. A low score may indicate slow speed or very poor accuracy.
  - *Naming Total Completion Time* (reported in the table) & *Naming Total Errors* (reported in the table) – low scores may reflect poor naming ability, or slow processing speed, or may reflect a high number of self-corrected errors.
    - Slow Naming Total Completion Time & low or average number of Naming Errors – indicates slow psychomotor speed or a specific problem related to accessing semantic information.
    - Slow Naming Total Completion Time & high number of Naming Errors – indicates naming problem or poor self-monitoring.
    - *Naming Uncorrected Errors* (reported in the table) – When the Naming Errors Score is high, evaluate for uncorrected and self-corrected errors. A high number of uncorrected errors suggests that the child fails to recognize errors as they occur. The inability to recognize errors may suggest poor *language* skills or poorly developed self-monitoring.
    - *Naming Self-Corrected Errors* (reported in the table) – A high number of self-corrected errors indicates that the child recognizes a mistake when he or she hears it and that self-monitoring of performance is occurring. These children may be impulsive and make simple mistakes in their work but have the ability to catch themselves.

Speeded Naming Scores to Report:

- *Speeded Naming Total Completion Time Score* (reported in the table) - a low score suggests poor speed of processing, or difficulty with word retrieval, or difficulty in the production of verbal labels.
  - *Speeded Naming Total Correct Score* (reported in the table) – a low score suggests poor self-monitoring or impulsive responding.
  - *Speeded Naming Combined Scale Score* (reported in the table) – a low score suggests poor automaticity of naming, slow processing speed, or poor naming ability.
  - *Speeded Naming Total Self-Corrected Errors* (reported in the table) - Self-corrected errors are reflective of good self-monitoring behavior. High rates of self-corrected errors indicate impulsive behaviors but with some compensatory self-monitoring behavior present.

Oromotor Sequences Scores to Report:

- *Oromotor Sequences Total Score* (reported in the table) – a low score is thought to indicate poor motor control of speech production. When low scores are observed on this subtest, s thorough medical history is important.

Repetition of Nonsense Words Scores to Report:

- *Repetition of Nonsense Words Total Score* (reported in the table) – a low score suggests poor ability to analyze phonologically novel words and to articulate them.

Retrieval Fluency								
Instrument: Subtest	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Word Fluency								
Word Generation Semantic Total: Words recalled quickly that fit into a category.	(SS)							
Word Generation Initial Letter Total: Words recalled quickly that start with a particular letter.	(SS)							
Semantic vs. Initial Letter Contrast Score	(SS)							

Word Generation Scores to Report:

- *Word Generation Semantic Total Score* (reported in the table) – low scores may indicate poor executive control of language production, poor inhibition and ideation, or poor vocabulary knowledge. Look for loss of set errors (producing words outside of the specific category) or a lack of monitoring to avoid repeating words. A poverty of words produced may reflect a poor vocabulary as well.
- *Word Generation Initial Letter Total Score* (reported in the table) – the initial letter categories require more efficient executive functions than semantic word generation.
- *Word Generation Semantic versus Initial Letter Contrast Scaled Score* (not reported in the table) – high scores indicate that the child is able to produce language adequately and out forth effort on the task but does not have a good search strategy to retrieve information that is not categorically organized. Low scores are unusual, and would indicate less developed semantic association networks relative to overall word knowledge. Children with very good verbal repetition skills but poor comprehension may show this unusual pattern.

Put an "X" in the column that best describes the performance of the student on each subtest and use the chart below this one to interpret you results.

Tests	Average to Low Number of Errors			High Number of Errors		
	Fast Completion Time	Average Completion Time	Slow Completion Time	Fast Completion Time	Average Completion Time	Slow Completion Time
NEPSY-II Speeded Naming						
NEPSY-II Visual-Motor Precision						
NEPSY-II Inhibition: Naming						
NEPSY-II Inhibition: Inhibition						
NEPSY-II Inhibition: Switching						

I. Acquired Knowledge: Language Abilities

Oral Expression - Vocabulary Knowledge								
Instrument: Subtest	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Body Part Naming Total: Naming of body parts.	(SS)							

Body Part Naming and Identification Scores to Report:

- *Body Part Naming Total Score* (reported in the table) – a low score suggests poor expressive skills, or poor vocabulary, or poor word finding. The examiner should be aware that a low score may be reflective of poor knowledge of body parts only and not global expressive or vocabulary deficits. Look to the other assessment and real life data to validate an expressive language deficit.

Qualitative Behaviors of Oral Expression								
Instrument: Subtest	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Oral Motor Hypotonia: Low muscle tone that affects the oral production of speech.								
Oromotor Sequences	*CPR*							
Rate Change: Variability in the rate of motor output response.								
Oromotor Sequences	*CPR*							
Stable Misarticulations: Consistent misarticulations.								
Oromotor Sequences	*CPR*							
Repetition of Nonsense Words	*CPR*							

Oral Motor Sequences Behavioral Observation Scores to Report:

- *Oral Motor Sequences Behavioral Observations (Oromotor Hypotonia, Stable Misarticulations, and/or Rate Changes)* (not reported in table – reported in narrative if significant) - report the percentage of the standardization (D.2) and/or clinical sample (D.5) that exhibited one of both of these clinical behaviors. The presence of stable misarticulations on this subtest and on the Repetition of Nonsense Words subtest, along with a number of rates changes, may indicate a dysarthia, motor incoordination, or infrequently an oromotor hypotonia. Oromotor hypotonia may be indicated if the child has problems in chewing or swallowing (as reported in the history) or may indicate a more generalized impairment such as cerebral palsy.

Repetition of Nonsense Words Behavioral Observation Scores to Report:

- *Repetition of Nonsense Words Behavioral Observations (Stable Misarticulations)* (not reported in table – reported in narrative if significant) - report the percentage of the standardization (D.2) and/or clinical sample (D.5) that exhibited one of both of these clinical behaviors. The presence of stable misarticulations on this subtest and on the Oral Motor Sequences subtest may indicate a dysarthia.

Receptive Language (Listening Comprehension)								
Instrument: Subtest	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Receptive Language with Nonverbal Motor Response								
Body Part Identification Total: Pointing to body parts on self upon command.	(SS)							
Body Part Naming vs. Identification Contrast Score	(SS)							
Comprehension of Instructions Total: Respond quickly to verbal instructions of increasing complexity.	(SS)							

Body Part Naming and Identification Scores to Report:

- *Body Part Identification Total Score* (reported in the table) – a low score suggests poorly developed receptive vocabulary (general or specific to body parts).
- *Body Part Naming versus Body Part Identification Contrast Scales Score* (reported in the table) – a low contrast score indicates potential expressive language problems. The low score indicates that the child is performing lower than expected on an expressive naming task, given his or her knowledge of body parts. A high contrast score is unusual and may be related to

motivation. A high contrast score may suggest that the child may not be motivated to show body parts after having named them successfully.

Comprehension of Instructions Scores to Report:

- *Body Part Identification Total Score* (reported in the table) – a low score suggests poorly developed receptive vocabulary (general or specific to body parts).
- *Comprehension of Instructions Total Score* (reported in the table) – a low score suggests poor comprehension of linguistically and syntactically complex verbal instructions. Look at the types of errors made on the test. Consistent errors may be made on items that require the understanding of negation, temporal/sequential, or spatial concepts. These kinds of errors could indicate a problem with understanding spatial conceptual terms, which could relate to poor school performance in math and geography.

Qualitative Behaviors for Asking for Repetitions								
Instrument: Subtest	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Possible Attentional or Receptive Language Deficits								
Comprehension of Instructions	*CPR*							
Phonological Processing	*CPR*							
Possible Attentional, Receptive Language, or Verbal Immediate Memory Deficits								
Sentence Repetition	*CPR*							
Word List Interference	*CPR*							

- *Behavioral Observations (Asks for Repetitions Total)* (not reported in table – reported in narrative if significant) - report the percentage of the standardization (D.2) and/or clinical sample (D.5) that exhibited one of both of these clinical behaviors. A high number of asking for repetitions could suggest a failure to comprehend verbal instructions, or confusion, or a hearing loss.

J. Social Perception Report Table and Narrative (Interpret the Social Perception Subtests that were Administered):

Social Perception								
Instrument: Subtest	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Affect Recognition Total	(SS)							
• Total Happy Errors	*PPR*							
• Total Sad Errors	*PPR*							
• Total Neutral Errors	*PPR*							
• Total Fear Errors	*PPR*							
• Total Angry Errors	*PPR*							
• Total Disgust Errors	*PPR*							
Theory of Mind Total	*PPR*							
○ Theory of Mind Verbal Score	*PPR*							

Affect Recognition Scores to Report:

- *Affect Recognition Total* (reported in the table) – a low score suggests poor recognition of emotion in facial expressions. Children with low scores may have trouble with reciprocal relationships. Low scores may occur in children with poor visual attention, visual discrimination, or face recognition.
  - ○ *Total Happy Errors* (reported in the table) – a low percentile rank indicates a high number of errors. This score may be used to assist in intervention planning.
  - ○ *Total Sad Errors* (reported in the table) - a low percentile rank indicates a high number of errors. This score may be used to assist in intervention planning.
  - ○ *Total Neutral Errors* (reported in the table) - a low percentile rank indicates a high number of errors. This score may be used to assist in intervention planning.
  - ○ *Total Fear Errors* (reported in the table) - a low percentile rank indicates a high number of errors. This score may be used to assist in intervention planning.
  - ○ *Total Angry Errors* (reported in the table) - a low percentile rank indicates a high number of errors. This score may be used to assist in intervention planning.
  - ○ *Total Disgust Errors* (reported in the table) - a low percentile rank indicates a high number of errors. This score may be used to assist in intervention planning.

Theory of Mind Scores to Report:

- *Theory of Mind Total Score* (reported in the table) – a low score suggests poor ability to comprehend perspectives, experiences, and beliefs of others; or poor ability to match appropriate affect to contextual cues.
  - ○ *Theory of Mind Verbal Score* (reported in the table) – a low score suggests that any deficits in the ability to comprehend perspectives, experiences and beliefs of others may be related to language deficits.

Qualitative Behaviors of Spontaneous Comments								
Instrument: Subtest	Score Type	Well Below Expected Level	Below Expected Level	Slightly Below Expected Level	At Expected Level	Above Expected Level	Well Above Expected Level	Superior
Possible Impulsive or Socially Inappropriate Extraneous Comments								
Memory for Faces and Memory for Faces Delayed – Spontaneous Comments	*CPR*							
Affect Recognition – Spontaneous Comments	*CPR*							

- *Behavioral Observations (Memory for Faces and Memory for Faces Delayed Spontaneous Comments)* (not reported in table – reported in narrative if significant) - report the percentage of the standardization (D.2) and/or clinical sample (D.5) that exhibited one of both of these clinical behaviors. The presence of spontaneous comments can indicate that the child has difficulty maintaining the cognitive set required to work within the demands of the task. Spontaneous comments can also reflect impulsivity or socially inappropriate behaviors. The base rate of this behavioral observation should be considered in combination with the child's case history and presenting problems.
- Behavioral Observations (Spontaneous Comments) (not reported in the table – only reported in the narrative if behavior was observed) – report the percentage of the standardization (D.2) and/or clinical sample (D.5) that exhibited one of both of these

clinical behaviors. A high base rate compared to either the standardization or clinical samples indicates that the child had difficulty inhibiting extraneous responses.

IV. References

Kemp, S. L., & Korkman, M. (2010). *Essentials of NEPSY-II Assessment*. Hoboken, NJ: Wiley.

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