Psychometric test results

Student name											
This section in this page must be considered. been used. Sign	st be Infor	e compl mation r	eted. nay be	Only a trans	ass crib	essments ed from	conduction the rep	ted sin	ce 1 Dece	mber 2	2022 will
Write details below or						r c	,	<i>y</i> -			
): Profession:										
Contact details: A			10 1001(0)	•			•	10100010111			
							_				
E	mail:		Telephone:								
Signature:				Date of assessment:							
For students with	h spe	cific learr	ning dis	orders,	the	e assessme	ent tools	used m	ust be identif	ied, and	the
report should inc											
an indication of t											
expression in the	e clas	sroom ar	nd time	d asses	sm	ents. The	results	must be	summarise	d below.	
Provide a copy of t	he psy	chologist	's report.	•							
1. Academic Skil	lls										
Provide results of											
significance (specif								d indicate	whether tests w	ere timed	or
untimed. Passage i	reading	eading and passage writin			ires r	are important.					
Assessment date	Test	Test used			יי ?	Results of clinical significance					
2. Cognitive Abil	lity (\/c	rhal and N	lan varb	ol)							
Assessment date:	aij	Student's age at assessment:									
7.00000mont dato.									1		
	WIS	C V	Score	%ile	w.	J III/IV	Score	%ile	Other *	Score	%ile
										<u>. [_</u>	
Verbal	VCI				Gc				V		
Non-verbal	VSI				Gf				N-V		
****	FRI				G۷				<u> </u>	<u> </u>	
*If an alternative n scores. (See the A						provide nam	e of asses	ssment to	ol used and ve	rbal and n	on-verbal
3. Cognitive and	Phone	ological Pi	rocessin	a (ea W	/ISC	: \/ \W.1 III/I\/	CTOPP o	r equivaler	nt)		
<u> </u>	Test used		Score	g (e.g. WISC V, WJ III/IV, CTOPP or equivalent) Results of clinical significance							
Working memory		doca									
Processing speed											
Phonological											
•	PA										
	PM										
	ANI	I		1							-

4. Intervention Provide details of any known remediation, including duration, targeting the student's area of weakness prior to assessment.