## Psychometric test results

Student name:										
This section is this page must considered. Infoused. Signature I	be compl rmation ma	eted. C	Only as anscrib	sses ed	sments from the	conducte report	ed sinc	e 1 Decem	ber 202	1 will be
Write details below or	use official stamp									
Name of person who administered the test(s):							Profession:			
Contact details: Ad	dress:									
Er	Email:				Telephone:					
Signature:					Date of assessment:					
For students with report should incland indication of the expression in the	ude the resu ne level of ful classroom a	ults (inclu nctional and time	uding a impact d asse	stat the	ement o	f diagnosi experienc	is); an a es in re	nalysis of the ading and wr	se results itten	s; and
1. Academic Skill Provide results of s significance (specific untimed. Passage re	standardised as cally those resu	Its that su	ggest a s	sever	e functiona	al impact) ai	d written e	xpression. High e whether tests	light results were timed	of or
Assessment date	nent date Test used		Timed	-	Results of clinical significance					
2. Cognitive Abili	ty (Verbal and	Non-verb	oal)	04.	.d					
Assessment date:				Student's age at assessment:						
	WISC V Score		%ile	WJ	III/IV	Score	%ile	Other *	Score	%ile
Verbal Non-verbal	VCI VSI FRI			Gc Gf Gv				V N-V	_	
*If an alternative m scores. (See the Au	easure of cogi			ed, p	rovide na	me of asse	ssment to	ool used and v	erbal and n	on-verbal
3. Cognitive and	Phonological F Test used	Processir Score			V, WJ III/I'		or equivale	ent)		
Working memory										
Processing speed										
Phonological										
processing: P										
	PM AN									

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