S20r0 Testing Evaluation Form

Patient's Identification Number _____

Test Date (yyyy/mm/dd): _____

Correction:
- ☐ Yes
- ☐ No

1. Start Time (24-hour clock): _____

2. End Time (24-hour clock): _____

3. Examiner's Initials: _____

4. Current Grade in School (xx): _____

5. Who accompanied the patient to the test session?
- ☐ Biologic parent
- ☐ Adoptive parent
- ☐ Foster parent
- ☐ Family
- ☐ Unrelated

5A. If Unrelated, specify: _____

6. Did the patient take any medications today?
- ☐ Yes
- ☐ No

6A. Medication _____

6A-1. Time medication taken: _____

6B. Medication _____

6B-1. Time medication taken: _____

6C. Medication _____

6C-1. Time medication taken: _____

6D. Medication _____

6D-1. Time medication taken: _____

7A. What time did the patient have his/her last meal? _____

7B. How many hours did the patient sleep last night? (xx.x) _____

8. Did the patient have any sensory or motoric special needs that may have affected the testing?
- ☐ Yes
- ☐ No

8A. If Yes, please list: _____

9. Did the patient have any current or recent medical events that may have affected the testing?
- ☐ Yes
- ☐ No

9A. Event type:
- ☐ Pain crisis
- ☐ Blood transfusion unrelated to the trial
- ☐ Medical procedure
- ☐ Other

9A-1. If Other, specify: _____

10. What is the patient's primary language?
- ☐ English
- ☐ Spanish
- ☐ French
- ☐ Other

10A. If Other, specify: _____

11. How well did the patient understand the instructions?
- ☐ Completely
- ☐ Very well
- ☐ Fairly well
- ☐ Not too well
- ☐ Not well at all

12. How cooperative was the patient?
- ☐ Very
- ☐ Somewhat
- ☐ Not very
- ☐ Somewhat uncooperative
- ☐ Very uncooperative

13. How motivated was the patient to do well on the tests?
- ☐ Very
- ☐ Quite
- ☐ Somewhat
- ☐ Not too
- ☐ Not at all

14. How focused (non-circumstantial/tangential) was the patient during the session?
- ☐ Completely
- ☐ Very
- ☐ Fairly
- ☐ Not too
- ☐ Not at all

15. In general, how was the pace of this session?
- ☐ Much faster
- ☐ Somewhat faster
- ☐ About average
- ☐ Somewhat slower
- ☐ Much slower

16. Overall, how much did distractions and interruptions affect the session?
- ☐ Not at all
- ☐ Just a little
- ☐ Not much
- ☐ A moderate amount
- ☐ Quite a bit

17A. Which tests did the patient seem to enjoy the most? _____

17B. Which tests did the patient seem to enjoy the least? _____

18. In your opinion, are the results of any of the tests not valid?
- ☐ Yes
- ☐ No

18A. Which tests: _____

18B. Why: _____

19. Overall, in your opinion, are the results of this test session valid?
- ☐ Yes
- ☐ No

19A. If Yes, why: _____

20. Is the patient in a classroom where he/she receives special attention?
- ☐ Yes
- ☐ No

20A. If Yes, classroom type: _____

21. Has the patient ever had to repeat a grade?
- ☐ Yes
- ☐ No

21A. If Yes, what grade (xx): _____

Staff I.D. #: _____