RIVIER UNIVERSITY

**DIVISION OF EDUCATION**

# **SPECIALIST IN THE ASSESSMENT OF INTELLECTUAL FUNCTIONING PROGRAM**

AND

**ASSOCIATION OF SPECIALISTS IN ASSESSMENT OF**

**INTELLECTUAL FUNCTIONING (ASAIF)**

[**http://www.asaif.net**](http://www.asaif.net)

**Comments on Reports 9/9/13 # 247**

The **Association of Specialists in Assessment of Intellectual Functioning (ASAIF)** sponsors educational activities supporting the assessment of intellectual functioning, including this newsletter, co-sponsored by the Specialist in Assessment of Intellectual Functioning program at Rivier University,[[1]](#footnote-1) evening dinner-and-training events called "Shorties," and workshops. **ASAIF is now authorized by NASP to offer CPD credits.**  **If you have topics on which you would like ASAIF to do a workshop or Shorty, please tell me at** [johnzerowillis@yahoo.com](mailto:johnzerowillis@yahoo.com)**. We have worked with school districts to co-sponsor workshops in the districts. We are happy to travel outside New Hampshire if someone wants to pay the speaker's travel expenses.**

If you wish to receive your own copies of this newsletter, email me at [johnzerowillis@yahoo.com](mailto:johnzerowillis@yahoo.com). Email versions include notices of ASAIF and other conferences in and near New Hampshire.

**CONTENT**

**Latest corrections to the much-maligned DSM-5:** <http://www.dsm5.org/Documents/IMPORTANT%20CODING%20CORRECTIONS%20FOR%20DSM-5%208-9-13.pdf> Includes intellectual disability, language disorder, and selective mutism, among others. Other revisions may be found at <http://www.dsm5.org/Documents/Forms/AllItems.aspx>. Be the first kid on your block to handwrite changes in your $149.00 reference (or $88.21 if you waited for the price to come down at Amazon, which I did not). The whole, ugly story may be found at <http://www.dsm5.org/Pages/Default.aspx>. Just when you thought it was safe to diagnose!

**Corrections to the GORT-5:**

Western Psychological Services forwarded to their purchasers of Pro-Ed's Gray Oral Reading Test, Fifth Edition (GORT-5) an important 6/21/13 correction, which is available on Pro-Ed's Web site at <http://www.proedinc.com/Downloads/13926GORT-5_ExaminerManualPgs8-10_Errata.pdf>. Suzanne Antoniadis kindly showed me her letter from Western Psychological Services (which sells Pro-Ed's GORT-5 as a courtesy), which included corrections printed on sticky paper to allow the corrections to be stuck in the manual over the flawed text. The corrections are on pp. 8, 9, 10. If you download the corrections from Pro-Ed (link above), you will need your own peel-off sticky paper or scissors and tape. I bought my GORT-5 direct from Pro-Ed and have not heard from them yet.

Dear GORT-5 User,

Recently, several GORT-5 users have reported that the application of the basal rule for the Comprehension subtest printed in the manual inflates the scores of some students. After extensive review of the data and scoring procedures, we have verified that this is, in fact, the case. During the process of reviewing the scoring procedures, we discovered that the instructions provided in the manual differed from those that were used to prepare the normative tables and establish the test’s reliability and validity.

We then rescored the standardization data using the instructions in the manual and compared those scores with those actually used during the development of the GORT-5. Surprisingly, we found that in 94% of the sample the difference between the scorings was equal to or less than 1standard error of measurement (i.e., 1 scaled score point). For the remaining 6%, however, the Comprehension score was indeed inflated. Based on this, we concluded that the basal and ceiling rules in the manual should be replaced with the correct instructions (i.e., those used to prepare the normative tables and establish the test’s reliability and validity).

Enclosed you will find replacements for pages 8-10 of your GORT-5 manual. Simply place them over the pages they are replacing. If you need additional information, simply email PRO-ED at testquestion@proedinc.com.

Kind regards, Elizabeth A. Allen, Ph.D., Director of Research and Development

Pro-Ed reworded the basal and ceiling rules on pp. 8, 9, and 10 and altered two of the examples on p. 9 of the Manual, so I struggled to figure out just what the actual change was (so much for my silent fluency and comprehension!). Here is the difference. The newly published, but always correct rule is:

No basal or ceiling rules are applied to Comprehension. Instead, every story that is administered in the process of obtaining a Fluency basal and ceiling is also scored for Comprehension. When calculating the total raw score for Comprehension, sum the item scores for the *administered* Comprehension items and add 5 points for each *unadministered* story below the Fluency entry point or basal.

Stick with me here. You use the highest basal and lowest ceiling based on the fluency score. If you get false basals, you wind up awarding 5 points for Rate, 5 points for Accuracy, and 10 points for Fluency for stories below the highest (true) basal, even if the child actually earned fewer points. You do NOT do that for the Comprehension score. If the child earned fewer than 5 points for Comprehension on a story below the highest (true) basal, the child does not get 5 points (as she did for Rate and for Accuracy), but only the points actually earned.



For stories never administered below the entry point, the child still gets 5 points for Rate, 5 points for Accuracy, and 5 points for Comprehension for each story that was not administered.

For stories above the lowest (true) ceiling, the child does not get any points for anything.

All Comprehension items above the Fluency ceiling get zero points. **Note:** Never administer stories below the Fluency basal or above the Fluency ceiling for any reason. Doing so will result in invalid scores.

Faithful readers already know what's coming next. **Frequently check the Web pages for all tests that you use!** Errata, addenda, and warnings about lead paint and choking hazards on pre-school tests are eventually posted on those Web pages. New interpretive information is also posted. The Wechsler Scales, Woodcock-Johnson, Stanford-Binet, Reynolds Intellectual Assessment Scales, Differential Ability Scales, and others have articles and bulletins added from time to time to their pages.

**Comparison of previous and present test scores is always tricky.** If we write that Ecomodine's standard score in 2006 was 92 and that it is now 93, most readers will assume that she gained only one point in seven years on the same test by the same norms. Holy regression, Batman! It is prudent to write something like, "Ecomodine's 2006 score, by norms for age six, was 92. Her present score, by norms for age thirteen, is 93." That explanation probably will not work either, but at least we tried.

**Cognitive Referencing** is the practice of comparing a child's functioning level in something or other to the child's "mental age" or standard score on an IQ test. The best known example of cognitive referencing is, of course, the "severe discrepancy between intellectual ability and achievement" in the IDEA Regulations § 300.307 (a)(1), which says the state must no longer require that discrepancy between intellectual ability and achievement for identification of a specific learning disability (although the state may, as New Hampshire does, still permit it).

In June 2013, Guy McBride commented on the School Psychology Listserv   
<http://groups.yahoo.com/group/School-Psychology-Listserv>, "The evidence suggests that it doesn’t work for specific learning disabilities (See Pasternack’s Powerpoint (slightly modified) at:  <http://generative.edb.utexas.edu/classes/knl2010sp/knlppt/KnL06BioSpecialPopulations.pdf> or Rethinking Learning Disabilities: <http://www.dlc.org/documents/SpecialEd_complete_volume.pdf> or the Stakeholders' consensus that achievement ability formulas should not be used for SLD eligibility determinations: <http://www.nasponline.org/advocacy/SLD_OSEP.pdf>, or the Researcher’s Consensus Statement <http://www.nrcld.org/resources/ldsummit/conclusion.pdf>."

The concept has been extended occasionally to determining eligibility for speech or language services or occupational therapy or other interventions. The American Speech-Language-Hearing Association used to support cognitive referencing, but now (<http://www.asha.org/SLP/schools/prof-consult/Cognitive-Referencing/>) asserts (correctly in my opinion), "Cognitive Referencing is the practice of comparing IQ scores and language scores as a factor for determining eligibility for speech-language intervention. Cognitive referencing is based on the assumption that language functioning cannot surpass cognitive levels. However, according to research, some language abilities may in fact surpass cognitive levels. Therefore, ASHA does not support the use of cognitive referencing." ASHA provides links to several resources on cognitive referencing. A 1998 study (<http://journals.lww.com/pedpt/Abstract/1998/01010/Cognitive_Referencing_as_a_Method_of_OT_PT_Triage.2.aspx>) found that McCarthy Scales General Cognitive Index scores did not predict improvement on the Peabody Motor Development Scales after therapy. (See also <http://www.kidsot.com/kidsotweb_files/FAQ2.pdf>.)

The use of cognitive referencing is predicated on at least seven false or misleading assumptions.

1. IQ scores directly predict academic achievement, oral language skill levels, visual-motor integration, school achievement, life-time income, etc.

*Yes, IQ scores are correlated with all of these and other[[2]](#footnote-2) variables, and IQ scores are often the best single predictors of those variables. However, regression toward the mean[[3]](#footnote-3) tells us that the predicted score (e.g., achievement) will be closer to the mean (e.g., standard score 100, percentile rank 50) than the predictor (IQ score). On average, people with above-average IQs demonstrate lower achievement and persons with below-average IQs demonstrate higher achievement than their IQ scores.*

2. OK, then, at least we know the individual's achievement, oral language ability, etc. will be at the predicted level, albeit closer to the mean than is the IQ.

*No. As Kevin McGrew (*[*http://www.iapsych.com/iqach.pdf*](http://www.iapsych.com/iqach.pdf)*) tells us, about half the people will score higher than the prediction and about half will score lower than their predicted score. Some will score significantly higher or lower than predicted, and a few will score far higher or lower than predicted. IQs are pretty good predictors (taking regression into account) of many things for groups, but not so much for any one individual.*

3. Well, the correlations between IQ scores and tests of academic achievement or tests of oral language are high enough that we should still rely on the predictions for an individual.

*Actually, according to a study done by the publisher of both tests with 55 children (*<http://www.pearsonassessments.com/hai/images/resource/techrpts/CELF4_WISC4_TechReport.pdf>*), diagnosed with language disorders, the correlation between the Core Language score on the Clinical Evaluation of Language Fundamentals (CELF-4) and the Full Scale IQ (FSIQ) on the Wechsler Intelligence Scale for Children (WISC-IV) was .59. That means that about 35% of the variance in CELF-IV Core Language scores was predicted by WISC-IV FSIQs and about 65% was not. [For this sample, the mean FSIQ was 80 and the mean Core Language score was only 69.]*

*The Wechsler Individual Achievement Test (WIAT-III)* Technical Manual[[4]](#footnote-4) *gives a correlation of .82 between the WIAT-III Total Achievement and WISC-IV FSIQ for 116 children, indicating that about 67% of the variance of WIAT-III Total Achievement scores was accounted for by WISC-IV FSIQs and about 23% was not. [The means were almost identical: WISC-IV 101 and WIAT-IV 100.]*

4. At least the Mark Penalty is not involved.

*Wrong again. There is a good chance that the same basic process weakness may indeed be depressing both the FSIQ and the predicted measure, obscuring the difference between a child's intelligence and achievement, language ability, or other predicted skill. That is the Mark Penalty (*[*http://alpha.fdu.edu/~dumont/psychology/mnemonics\_for\_five\_issues.htm*](http://alpha.fdu.edu/~dumont/psychology/mnemonics_for_five_issues.htm)*). In the CELF-IV/WISC-IV study with 55 children with language disorders, the mean Perceptual Reasoning Index (PRI) was 89, eight points higher than the mean Verbal Comprehension Index (VCI) of 81.*

5. IQs from different tests are interchangeable for this purpose.

*The correlations between various IQ tests are fairly high for groups of people. However, no two IQ tests tap precisely the same cognitive abilities in the same proportion. For just one example, direct tests of short-term memory span and working memory and of visual-motor processing speed count as 40% of the total score on the WISC-IV FSIQ, 29% of the WJ-III GIA, 20% of the SB5 FSIQ, and 0% of the DAS-II GCA and RIAS CIX. An otherwise perfectly average child with narrow weaknesses in those skills might achieve very different total scores on four of those five tests.*

6. The system may be deeply flawed, but at least it is objective, fair, and balanced.

*Not really. Because of regression, you will identify and needlessly serve far too many children with high IQs and far too few with low IQs.*

7. It is unethical to provide services when you know the services cannot benefit the child.

*True enough, but how do you know that? How do you prove the negative? Perhaps by sad experience, perhaps by other information, but certainly not from the IQ.*

**Two Relatively New Tests**

**The Wechsler Preschool and Primary Scale of Intelligence—Fourth Edition (WPPSI-IV)** (<http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=WPPSI-IV>) has added a Working Memory Index (with visual tests rather than auditory; CHC purists would call that G*v* MV rather than G*sm*), has subdivided the old Perceptual Reasoning Index into Fluid Reasoning and Visual Spatial, switched from pencils to ink daubers for Processing Speed subtests (including a new paper version of the old Animal Pegs!), and included GAI and CPI norms in the interpretive manual. The silly General Language Index is now a sensible Vocabulary Acquisition Index. Those are dramatic improvements. Word Reasoning and Picture Completion were voted off the island. You need only five subtests at ages 2:6 to 3:11 (about 24 minutes) or six subtests at ages 4:0 to 7:7 (about 31 minutes) to obtain a Full Scale IQ (with only VCI added). At the younger ages, the extra time it takes to obtain the additional Primary Indexes is only about five minutes, while at the upper ages that difference jumps to almost 30 minutes. The WPPSI-IV offers "statistical linkage to WIAT®–III and updated validity studies with other measures including WPPSI–III, WISC®–IV, Bayley–III, DAS™–II, NNAT®2, selected NEPSY®–II subtests, WIAT–III, and select BASC™–2 scales. . . . [It was standardized on 1,700 children ages 2:6–7:7. The normative sample was stratified to match current U.S. census data based on sex, race/ethnicity, parent education level, and geographical region for each group." The WPPSI-IV project managers, Diane Coalson and Susan Engi Raiford, are publishing *Essentials of WPPSI-IV Assessment* in March 2014 or thereabouts (with a chapter on Strengths and Weaknesses by Dumont and Willis). ASAIF is considering a workshop on the WPPSI-IV this spring with Ron Dumont and John Willis if there is sufficient interest. Please let us know.

The **Leiter International Performance Scale – Third Edition** (<http://www.commercecorner.com/stoelting/3550/1467/1489/psychological/Leiter-3-International-Performance-Scale-Third-Edition> - scroll way down; <http://portal.wpspublish.com/portal/page?_pageid=53,289573&_dad=portal&_schema=PORTAL>) has adopted a block-and-frame format more like that of the original 1948 LIPS of my youth (let me know if you need to borrow that version), which I consider a huge improvement over the LIPS-R and which I hope will restore a great virtue of the old scale: more comfortable assessment of examinees who don't like to play the interactive testing game, such as kids on the Autism spectrum. That would be wicked cool. They have greatly reduced the number of subtests, which has obvious virtues, including the possibility that more examiners will include the attention and memory scales. However, I don't know yet whether it will lose diagnostic utility with fewer subtests.

Cognitive Scale Attention & Memory Scales

Sequential Order (SO) Forward Memory (FM)

Form Completion (FC) Attention Sustained (AS)

Classification and Analogies (CA) Reverse Memory (RM)

Figure Ground (FG) Nonverbal Stroop (NS)

Matching/Repeated Patterns (M/RP)- optional Attention Divided (AD)

"Normative data includes more than 1,600 individuals, representative of the most current general population, in terms of ethnicity/race, gender and age. The normative sample is also diverse in terms of parent/self education level and geographical region." If the new Leiter holds up under further scrutiny, ASAIF will consider a workshop on it. Please let me know if you would be interested.

**STYLE**

Don’t write merely to be understood. Write so that you cannot possibly be misunderstood.

– Robert Louis Stevenson

**Utilize**. Grammar Girl (Mignon Fogarty) (<http://grammar.quickanddirtytips.com/use-versus-utilize.aspx>) agrees with me that, except for a specific meaning in scientific writing, we should, as her guest blogger says, use "use" rather than utilize "utilize." *Ralph used his pencil to slowly and methodically clean his ear during the timed Coding subtest.*

**Commas following introductory words, phrases, and clauses** are falling out of fashion. Nonetheless, those commas help the struggling reader see where the introduction ends and the body of the sentence begins. Otherwise, the long-suffering reader may be well into the body of the sentence before realizing that (paraphrasing Dorothy Gale) we are not in the introduction any more. Then the reader must go back and figure out where the introduction ended and the body of the sentence began. That necessity is annoying and distracting. Consider the following sentence.

*Running quickly across the field Dorothy spotted Toto.*

[This is ambiguous, confusing, distracting, and, therefore, annoying.]

*Running quickly, across the field Dorothy spotted Toto.*

[Here, Dorothy, who is sprinting near the field, sees Toto on the other side.]

*Running quickly across the field, Dorothy spotted Toto.*

[Here, Dorothy runs across the field and, while running, sees the pooch somewhere.]

Lynne Truss (*Eats, Shoots & Leaves*[[5]](#footnote-5)) tells this story about commas after introductory statements:

Humorist James Thurber was once asked: "Why did you have a comma in the sentence, 'After dinner, the men went into the living room'?" And his answer was one of the loveliest things ever said about punctuation. "This particular comma was a way of giving the men time to push back their chairs and stand up."

**However**. When we impulsively cram "however" as a parenthetical comment into the middle of an unsuspecting sentence, we set it off with two commas.

*Ms. Taken, the Queen of Zero Tolerance, was****, however,*** *sympathetic when my gerbil died during the math test.*

If, however,we use "however" to introduce a new independent clause, we must end the first clause with a semicolon or period (or other terminal punctuation).

*Ms. Taken was the Queen of Zero Tolerance****; however,*** *she was sympathetic when my gerbil died during the math test.*

*Ms. Taken was the Queen of Zero Tolerance****. However,*** *she was sympathetic when my gerbil died during the math test.*

*Ms. Taken was the Queen of Zero Tolerance****! However,*** *she was sympathetic when my gerbil died during the math test.*

**Decreased** is popular medical jargon for "low," "weak, "poor," "below average," or "rotten." Native speakers of English, however, think it means "lower than it was the last time we looked." When we write, "Jaysonne exhibited decreased motor coordination," most parents and some teachers think we mean that Jaysonne's motor coordination has become even worse than it had been and begin fretting about a possible progressive neuromuscular disease or contact an attorney about the school's abject failure to help Jaysonne improve his motor coordination. I recommend never using "decreased" in our reports because most readers will think we mean "got worse" when we just mean "not so hot" and medically trained readers will think we just mean the skills were lousy when we really did mean this time that the skills actually had deteriorated.

**Discrepancy** immediately brings to mind for people involved in special education and spedlaw the much-maligned but enduringly popular "severe discrepancy between ability and achievement" or "hope and experience." If I am not referring to that specific legalistic concept, I try to use other words such as "disparity," "difference," "gap," "chasm," or "inconsistency."

When I do write about **differences**, I try always to indicate which was higher, e.g., "Prudence's executive functions were stronger than her academic achievement" or "Morten's reading comprehension score was dramatically lower than his reading decoding score." It does not help the reader much simply to write that "Rudy's reading and math scores were significantly different from each other" (or even worse, "Rudy's reading and math scores were significantly different" [from what?]). Readers can always shuffle back through the report seeking that information, but the necessity is annoying and interrupts the flow. Worse, readers may try to guess which was higher, with a 50/50 chance of getting it wrong.

**Be sure** that analogies, metaphors, similes, and **references will make sense** to your readers. See, for example, <http://www.beloit.edu/mindset/2017/>

**BOOKS, JOURNALS, NEWSLETTERS, URLS**

Debbie White kindly lent me David McRaney's ***You are not so Smart***(New York, NY: Gotham [Penguin], 2012). It is a delightful, entertaining, and informative discussion of 48 popular myths about the ways we think and behave, such as Priming, Confabulation, Confirmation Bias, and the Texas Sharpshooter Fallacy. It was humbling to learn how many applied to me. McRaney discusses each myth in a brief chapter (perfect for bedtime reading). He provides a reference list of published articles substantiating his arguments. I recommend reading it along with Keith Stanovich's *What Intelligence Tests Kiss: The Psychology of Rational Thought* (New Haven, CT: Yale University Press, 2009) and Jerome Groopman's *How Doctors Think* (Boston, MA: Houghton Mifflin, 2007). I think Stanovich is unfair to the better intelligence tests and testers, but his points about rationality (much of it taken from his work and Robert Sternberg's) are good and valuable. Most of Groopman's discussion of sources of medical diagnostic errors is directly applicable to educational evaluations. There are some convergences among the three books and I recommend all of them. [Stanovich should have read Alan Kaufman's *IQ Testing 101* (New York, NY: Springer, 2009). Kaufman's book is admirably clear for readers not involved in cognitive assessment yet informative for experts.]

The **Council for Exceptional Children** (CEC) offers a free on-line newsletter. You can sign up at <https://www2.smartbrief.com/signupSystem/subscribe.action?pageSequence=1&briefName=cec>

The U.S. Department of Health and Human Services is offering several free **Apps for mobile devices** at <http://www.hhs.gov/digitalstrategy/mobile/mobile-apps.html>. I do not understand what I just wrote, so look for yourself.

Chris Parent, Manager for Instructional Technology, Rivier University, kindly shared these **useful links for lost toys**:

Find My iPhone/iPad overview: [http://www.apple.com/icloud/features/find-my-iphone.html](https://email.rivier.edu/owa/redir.aspx?C=ojKjfrYDwUiq0ztocujJkL6XWoSmc9AIOQ7vccptrUTWJ42ZjgYHzOZLCdN42T1g7SKX8SNjTAI.&URL=http%3a%2f%2fwww.apple.com%2ficloud%2ffeatures%2ffind-my-iphone.html)

App: [https://itunes.apple.com/us/app/find-my-iphone/id376101648?mt=8](https://email.rivier.edu/owa/redir.aspx?C=ojKjfrYDwUiq0ztocujJkL6XWoSmc9AIOQ7vccptrUTWJ42ZjgYHzOZLCdN42T1g7SKX8SNjTAI.&URL=https%3a%2f%2fitunes.apple.com%2fus%2fapp%2ffind-my-iphone%2fid376101648%3fmt%3d8)

Ron Dumont sent me an interesting article on **Shifting Trends in Special Education**: <http://www.edexcellencemedia.net/publications/2011/20110525_ShiftingTrendsinSpecialEducation/ShiftingTrendsinSpecialEducation.pdf>

**TEST NORMING**

WPS invites you to join us in developing the **Adaptive Behavior Assessment System, Third Edition (ABAS-3).** If you are interested in this exciting research opportunity and would like more information, please complete and submit the [ABAS-3 Data Collector Questionnaire](http://wpspublish.us2.list-manage.com/track/click?u=5033258963cf5942bba612302&id=e7cde657e6&e=f631c908f2). If your population is a good match for the study, we will provide the materials and instruction you need to complete your part of the data collection. You will be compensated for your participation with either direct cash payment or WPS test materials, depending on your preference. We look forward to hearing from you. Best regards, Katie Jackson, Research Coordinator. 800.648.8857   [research@wpspublish.com](mailto:research@wpspublish.com)

[Note: this is old.] "I am contacting you about the **WISC 5 project by Pearson**. I am a field examiner for this exciting and long awaited project! The project has just started and the greatest challenge is finding candidates to take the test (for $ compensation). School districts who participate as an official site will be compensated as well. Testing does not have to be done at the school for participation or compensation. I am asking for your assistance so that our northeast region can be well represented! Please contact me at your earliest convenience so I can provide more information or get your input on how to get candidates. Thank you for your consideration." Sincerely, Valerie Caruso, School psychologist, 603-548-3855 [psych661@comcast.net](mailto:psych661@comcast.net)

**PRO-ED, Inc. is seeking Field Examiners.** Be the FIRST kid on your block to know about upcoming products!!

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(Signing up does not obligate you to participate). Please indicate the projects you are interested in, and you will be contacted for more detail.

PRO-ED, Inc. is pleased to announce the standardization of the Detroit Tests of Learning Aptitude— Fifth Edition (DTLA-5), authored by Donald D. Hammill, Ronnie L. McGhee, and David J. Ehrler. The DTLA-5 is a well-established, comprehensive assessment of general intelligence and cognitive ability in children and adolescents ages 6-0 through 17-11. The DTLA-5 includes 12 streamlined subtests and takes approximately 60 minutes to administer. We are currently seeking examiners to participate in field testing. The DTLA-5 can be administered by teachers, school psychologists, diagnosticians, or other related professionals with a background in standardized test administration. All administration items and materials will be provided. This test is appropriate for children and adolescents ages 6-0 to 17-11 years. We are interested in testing students of all ability levels and all race, ethnic, and gender categories, in all four main geographic regions of the United States. In conjunction with the normative study, we will also be collecting test-retest and validity studies. We will pay $40 per completed protocol. Once your data have been submitted and approved by PRO-ED, we will issue you a check within 2-3 weeks. Alternate payment (product credit, etc.) can be arranged upon request. To participate, please sign up at: <http://www.proedinc.com/Customer/researchStudy.aspx> and complete the requested information. We will contact you and provide you with all testing materials at no cost to you. PRO-ED will supply you with a postage paid return label to return the completed testing materials. If you have any questions, please contact Gwenda Zabor by phone at 800-897-3202, ext. 620 or by email at [gwendaz@proedinc.com](mailto:gwendaz@proedinc.com) or [fieldexaminer@proedinc.com](mailto:fieldexaminer@proedinc.com). Please forward to colleagues as appropriate

**Current Projects:**

* *Universal Nonverbal Intelligence Test-Second Edition*(UNIT-2)
* *Detroit Test of Learning Aptitude-Fifth Edition* (DTLA-5)
* *Young Children's Achievement Test-Second Edition* (YCAT-2)
* *Screening Assessment for Gifted Elementary and Middle School Students-Third Edition*(SAGES-3)
* *Developmental Tasks for Kindergarten Readiness-III* (DTKR-III)
* *Test of Early Language Development-Fourth Edition* (TELD-4)
* *Test of Early Reading Ability-Fourth Edition* (TERA-4)
* *Nelson-Denny Reading Test (NDRT)*
* *Receptive-Expressive Emergent Language Test-Third Edition* (REEL-4)
* *Test of Gross Motor Development-Third Edition* (TGMD-3)
* *Behavioral and Emotional Rating Scale-Third Edition*(BERS-3)
* *Test of Early Mathematics Ability-Fourth Edition*(TEMA-4)

**PRO-ED, Inc.,** 8700 Shoal Creek Boulevard, Austin, Texas 78757-6897

**URLS**

The Smithsonian Institute has a new Artifact **History of Disability** in America at <http://everybody.si.edu/>

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1. Neither ASAIF nor Rivier University is in any way, shape, or form responsible for the quirky personal opinions in this newsletter. They cannot be blamed for what is written here. [↑](#footnote-ref-1)
2. Arden, R., Gottfredson, L. S., Miller, G., & Pierce, A. (2009). [Intelligence and semen quality are positively correlated.](http://www.udel.edu/educ/gottfredson/reprints/2009semen.pdf) *Intelligence, 37*, 277-282.

   Pierce, A., Miller, G, Arden, R., & Gottfredson, L. S. (2009). [Why is intelligence correlated with semen quality? Biochemical pathways common to sperm and neuron function, and their vulnerability to pleiotropic mutations,](http://www.landesbioscience.com/journals/cib/article/8716) *Communicative & Integrative Biology, 2*(5), 385-387. [↑](#footnote-ref-2)
3. Galton, F. (1886). Regression towards mediocrity in hereditary stature. *Journal of the Anthropological Institute, 15*, 246-263. [↑](#footnote-ref-3)
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