

Test Taker ID: _____ Date: _____ Time: _____ Test Administrator: _____

Before Testing

1. Do you observe any of the following about this patient before the test?

☐ Stressed ☐ Agitated ☐ Tired/Fatigued ☐ Anxious ☐ Illness/Pain ☐ Caffeine ☐ Substance Use

2. Test Instructions and Ability Test

Comments

Seems to pay attention to test instructions	<input type="radio"/> Yes	<input type="radio"/> No	_____
Seems impatient during test instructions/interrupts	<input type="radio"/> Yes	<input type="radio"/> No	_____
Seems motivated to perform test	<input type="radio"/> Yes	<input type="radio"/> No	_____
Seems to have difficulties understanding instructions	<input type="radio"/> Yes	<input type="radio"/> No	_____

3. Instructions needed to be:

☐ Rephrased ☐ Simplified ☐ Interpreted (sign/2nd language) ☐ None

4. Note the number of times that you administered each of the following:

Video 1 2 3 Stimulus Card 1 2 3 Ability Test 1 2 3

During Testing

1. General Patient Observations

Repetitive movements (e.g. tics, tremors, rocking/sensory seeking behaviors)	<input type="radio"/> Yes	<input type="radio"/> No
Appears to be dazed/daydreaming (e.g. "staring into space")	<input type="radio"/> Yes	<input type="radio"/> No
Expresses frustration when making errors	<input type="radio"/> Yes	<input type="radio"/> No

2. Note events/observations that occur during the test in the Quartile box in which they occur. Examples: interruptions, auditory/visual distractions, restlessness, changing response hand, pausing responding, vocalizing/making sounds, etc. **Note any interaction with Test Administrator and redirection(s) used.** *Basic principle is to intervene as little as possible and keep prompting to a minimum.*

Quartile 1 Child Test (minutes) 0 – 3:45 Adol/Adult Test (minutes) 0-4:59	Quartile 2 Child Test (minutes) 3:46 – 7:30 Adol/Adult Test (minutes) 5:00 – 9:59
Quartile 3 Child Test (minutes) 7:31 – 11:15 Adol/Adult Test (minutes) 10:00 – 14:59	Quartile 4 Child Test (minutes) 11:16 – 15:00 Adol/Adult Test (minutes) 15:00 – 20:00

After Testing

1. How did the patient experience the test situation?

☐ Nothing special ☐ Easy ☐ Boring ☐ Difficult ☐ Tiring/Exhausting ☐ Other _____

2. Additional observations (e.g. patient remarks on strategies used): _____