



Comprehensive List of Assessment Services

YAI Sexual Consent Tool (David Hingsburger, trainer):

Link to information: [Click Here](#)

Abbreviated Instructions: This verbal informed consent tool should only be utilized by a qualified staff or someone familiar with supporting people with disabilities and addressing issues of sexuality. Staff must be qualified Behavior Support Professionals (BSP).

During the Individual interview, it is recommended that a second person (a “co-evaluator” or “witness”) be present. The Individual should be allowed to select whom they would like to be present for the interview. The BSP will lead the questions and discussions, and the “co-evaluator” or “witness” will assist in any communication difficulties or clarify and summarize the information discussed. Hence, adequate representation was captured from the interview.

The BSP does not need to go in a particular order regarding asking questions. Some have found that it is best to start with area #5 and work backward, as it is often challenging for Individuals to begin by discussing different sexual acts (area #1). It is okay to go back and revisit any of the areas once an Individual becomes more comfortable and collects additional information. It is also best to record the Individual’s answers, using direct quotes and responses, and retain this information directly on the screening tool.

Please note that this tool is an aid in helping to determine verbal consent but is not to be used as a sole or final determination. The overall impression of the information collected is the most important. The BSP will summarize information and share this, along with recommendations, to the team. One copy of this tool should always be retained in the Individual file.

OID Parenting Assessment:

The Office of Intellectual Disability Parenting Assessment is a competence-based assessment adapted for parents with intellectual disabilities and learning difficulties. It measures a parent’s ability to adequately nurture, protect, and meet the changing needs of their children.

The Office of Intellectual Disability has a team of Master’s and doctorate-level professional clinicians who perform parenting assessments. The OID parenting assessment team has vast experience conducting assessments and evaluations, working with individuals diagnosed with intellectual disabilities, and collaborating with human service delivery systems and court systems.

Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR):

Link to information: [Click Here](#)

1. Evaluators using The ERASOR to make decisions regarding an adolescent’s placement or treatment should have the following: (1) a high level of training and expertise regarding the assessment of adolescents and their families, (2) a high level of training and expertise regarding the etiology, assessment, and management of sexual violence, and (3) familiarity with the existing research regarding adolescent sexual recidivism, including the published follow-up research cited in this document (see Table 1 on page 39 for a listing of some of the pertinent research).
2. Evaluators should assess multiple domains of the offender’s functioning, including sexual (e.g., sexual arousal, sexual attitudes, sexual preoccupation), intrapersonal (e.g., affective expression, impulsivity), interpersonal (e.g.,

social involvement, aggression), familial (e.g., parent-child relationships, family distress), and biological (e.g., neurological, physical health).

3. Evaluators should use multiple data collection methods to form risk opinions. Methods could include clinical interviews, psychological tests, behavioral observations, medical examinations, and reviews of previous case records and reports. At a minimum, evaluators should collect information directly from the offender AND official records regarding the adolescent's sexual offense(s).

4. Evaluators should collect information from multiple sources, such as the offender, the victim(s), the police, family, friends, and other mental health professionals familiar with the offender and his/her family. At a minimum, evaluators should collect information from the offender, adults responsible for the adolescent's care, and official records regarding the adolescent's sexual offense(s).

5. Evaluators should collect information regarding static (historic and unchangeable) and dynamic (variable and potentially changeable) factors. Although research with adult sexual offenders has demonstrated that static factors are often the best predictors over lengthy time intervals, there is promise that several dynamic factors will be supported in future research (Hanson, 2000). Furthermore, information regarding dynamic factors will assist in treatment planning for those who will be helping the offender to manage risk.

6. Evaluators should always be conscious of the validity of the information they use to form risk predictions and should state any reservations or qualifications in their reports. It may also be desirable for multiple evaluators to participate in formulating an estimate of risk—perhaps independently at first, followed by a discussion of the findings.

7. Evaluators should recognize that risk assessments will become obsolete with time or following a change in any assessed risk factors. The 25 risk factors included in The ERASOR fall into five categories (please refer to Coding Form): (1) Sexual Interests, Attitudes, and Behaviors, (2) Historical Sexual Assaults, (3) Psychosocial Functioning, (4) Family/Environmental Functioning, and (5) Treatment. It is important to note that there is also a provision for an "Other Factor" when case-specific risk factors should be cataloged. For example, it may be the case that a particular adolescent presents the most significant risk when high or drunk. The current use of non-prescription drugs and alcohol would be necessary to rate. Similarly, if adolescents state that they are very likely to re-offend sexually, this should be taken into consideration.

The Assessment of Risk and Manageability of Individuals with Developmental and Intellectual Limitations who Offend - Armidilo-S (Jim Haaven, co-author, trained and supervised me for nearly ten years)

Link to Information: [Click Here](#)

Structured professional judgment approach

The structured professional judgment (SPJ) approach to risk assessment has gained popularity in the past two decades because of the growing evidence around their predictive validity with forensic and psychiatric populations and their practicality and usefulness in clinical forensic settings. It has also been more commonly used with the ID offender population, mainly due to a lack of actuarial data with this group of clients (Johnston, 2002). This approach combines empirical findings on risk factors with professional clinical judgment (Dolan & Doyle, 2000).

The SPJ risk assessment instruments aim to combine empirically based risk factors and clinical judgment to arrive at decisions about an individual's level of risk (e.g., Boer, Hart, Kropp, & Webster, 1997). While SPJ instruments and actuarial tests are often contrasted in research in terms of which sort of test has the best predictive validity, the SPJ tests warrant the same criticism as the actuarial tests - none of them have been designed with the specific needs or risk issues of the ID offender population in mind. Instead, such tests have been helpful by extrapolation, i.e., cross-validation.

To partially address this shortcoming, Boer and colleagues (2008a, b) developed some guidelines for using the HCR-20 and the SVR-20 to ID violent and sex offenders. However, the authors acknowledged the need for empirical support for these guidelines and empirical validation for their use with this group of clients.

Look Assessment:

The LOOK Assessment provides licensed clinicians with important information for evaluations and treatment case planning about the sexual interests and attractions of individuals who have committed a sex crime.

For Information, [Click Here](#)

Question:

Who can administer the LOOK Assessment?

Answer:

Clinicians licensed in their respective states are eligible to administer the LOOK Assessment. For more information, please call LOOK Assessment at (970) 232-2877.

Functional Behavior Assessments (Shawn McGill Consulting): We collect behavioral data through various motivational tools, surveys, and observations. We have formulated our behavior support plan, which summarizes and reports on the FBA findings.

Certified Investigations: ODP-certified to complete according to the incident management bulletin.

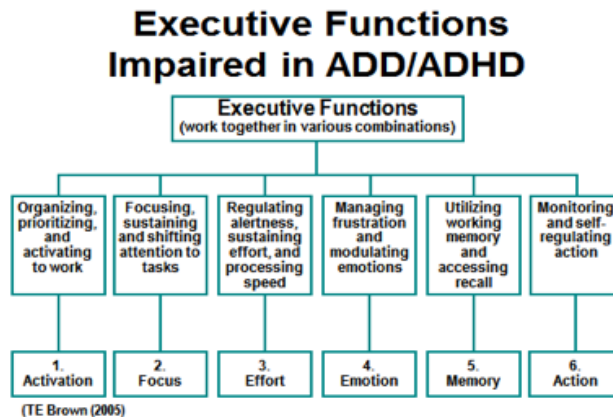
Marijayne Peer strictly conducts the following assessments under the supervision and license of Shawn McGill.

Brown Executive Function/Attention Scales: Ages 3-Adult

As an update to the widely used Brown ADD Scales™, the Brown EF/A Scales goes beyond other measures to screen and assess a broader range of executive functioning and attention impairments.

Benefits

- Addresses situational variability: Scales analyze an individual’s behavior using multiple perspectives (e.g., the examinee's self-perspective, the teacher's perspective, and the parents' perspective).
- Items are more specific and contextual: scales include more particular items and ask about difficulties in a specific context (e.g., difficulty remembering what has been read).
- Directly and more accurately reports symptoms: items focus on the severity of specific behaviors instead of frequency.



Features

Brown EF/A Scales is based on Dr. Brown's model of executive functions and includes:

- New and updated norms and test items that improve clarity and clinical relevance.
- New parent form available for adolescents.
- Both gender-specific and combined gender norms are available for all age groups.
- Digital administration and scoring (within Q-global).
- DSM-5 symptoms of ADHD and more.

Kaufman Brief Intelligence Test, Second Edition: Ages 4-90 years

A brief measure of verbal and nonverbal intelligence KBIT-2 Revised will enable you to:

- Estimate an individual's relative level of verbal and nonverbal ability compared to a representative national sample
- Identify learners who may benefit from educational enrichment or assistance programs
- Rapidly screen large populations of learners to identify those who would benefit from comprehensive psychoeducational evaluation.
- Administer the Nonverbal subtest in any language; Spanish instructions and teaching are available in the Stimulus Book/Administration Directions.
- Administer the Verbal subtests in English to assess bilingual examinees and accept correct responses in any language; Spanish responses are provided on the Record Form.

- Measure cognitive ability as part of a gifted/talented selection process
- Quickly assess the intellectual ability of adults in institutional settings such as prisons, group homes, rehabilitation clinics, or mental health centers
- Reevaluate the cognitive ability of a child or adult after a treatment or significant life event

What's new to KBIT-2 Revised?

Based on customer feedback, KBIT-2 Revised has been reviewed and modernized. Item art now includes modern technologies, reflects common object/device usage patterns, and strives to improve cross-cultural relevance. Changes to item content were carefully considered and implemented to support a possible range of responses seen during KBIT-2 Revised administrations.

Refreshed features of the KBIT-2 Revised include:

- New norms reflective of the most recent US census data available at publication
- Guidance for remote administration and normative data from remote-administered cases
- Item content that better reflects the realities of learners' lived experiences
- Updated intercorrelations with other tests/scores

System Checklist – 90- Ages 13 thru adult:

The SCL-90-R is an evolution of its un-normed precursor, the SCL-90 assessment. By developing norms for the revised assessment (SCL-90-R) and subsequently developing the BSI® assessment, anxiety scale issues were resolved, and the obsessive-compulsive scale was improved.

Benefits

- It supports the initial evaluation of patients at intake as an objective method for symptom assessment.
- Measures patient progress during and after treatment to monitor change.
- Measures outcomes for treatment programs and providers through aggregated patient information.
- It helps measure the changes in symptoms such as depression and anxiety.

Features

SCL-90-R helps measure nine primary symptom dimensions and provides an overview of a patient's symptoms and their intensity at a specific time.

- It contains only 90 items and can be completed in 12-15 minutes.
- Progress report graphically displays patient progress for up to 5 previous administrations.
- Assessment helps facilitate treatment decisions and identify patients before problems become acute by providing an index of symptom severity.
- The Global Severity Index can be used as a summary of the test.
- More than 1,000 studies demonstrate the instrument's reliability, validity, and utility.
- Normed into four groups: adult psychiatric outpatients, adult non-patients, adult psychiatric inpatients, and adolescent non-patients.

Vineland Adaptive Behavior Scales- Ages 0-90 years

Psychologists and other professionals rely on Vineland-3 to perform various tasks in multiple settings, including education, social services, health care, criminal justice, and the military.

Benefits

- Correspond scales to the three broad domains of adaptive functioning specified by the American Association on Intellectual and Developmental Disabilities and DSM-5 - Communication, Daily Living Skills, and Socialization.
- Access enhanced features, including new norms and improved items.
- Use for diagnosis, qualification for special programs, progress reporting, program and treatment planning, and research.
- Adapt to purpose, employing convenient rating forms or the respected semi-structured interview format, which focuses on discussion and gathers in-depth information.

Features

All Vineland-3 forms aid in diagnosing and classifying intellectual and developmental disabilities and other disorders. With Vineland-3, you can measure the adaptive behavior of individuals with the following:

- Intellectual and Developmental Disabilities
- Autism spectrum disorders (ASDs)
- ADHD
- Post-traumatic brain injury

- Hearing impairment
- Dementia/Alzheimer's disease

Beck Youth Inventories: Age Range 7-18

BYI-2 assesses symptoms of depression, anxiety, anger, disruptive behavior, and self-concept.

Benefits

- Save time with brief screening tools that gatekeepers can use and the ability to administer individually or in a group.
- Monitor response to interventions and track students over time on the same group of integrated instruments.
- Assess adolescents with special needs and low reading levels.
- Identify impaired children for referral to more extensive assessment services.
- Identify potential vulnerability to bullying/victimization.
- Align assessments with DSM-IV criteria and IDEA compliance needs.

Features

Five inventories contain 20 questions about thoughts, feelings, and behaviors associated with emotional and social impairment in youth. Children and adolescents describe how frequently the statement has been confirmed for them during the past two weeks, including today.

- **Depression Inventory:** In line with the depression criteria of the Diagnostic and Statistical Manual of Mental Health Disorders Fourth Edition (DSM-IV), this inventory allows for early identification of symptoms of depression. It includes items related to a child's or adolescent's negative thoughts about self, life, and the future, feelings of sadness and guilt, and sleep disturbance.
- **Anxiety Inventory:** Reflects children's and adolescents' specific worries about school performance, the future, adverse reactions of others, fears including loss of control, and physiological symptoms associated with anxiety.
- **Anger Inventory:** This evaluates a child's or adolescent's thoughts of being treated unfairly by others and feelings of anger and hatred.
- **Disruptive Behavior Inventory:** Identifies thoughts and behaviors associated with conduct disorder and oppositional-defiant behavior.
- **Self-Concept Inventory:** Taps cognitions of competence, potency, and positive self-worth.

Devereux Scales of Mental Disorders: Ages 5-18

DSMD is especially designed for treatment planning and outcome evaluation.

Benefits

- Evaluate behavior in a variety of settings.
- Compare results to a large national sample.
- Support analysis for treatment planning and evaluation of treatment effectiveness.

Features

The 111-item child form and the 110-item adolescent form cover a full range of psychopathology, including externalizing, internalizing, and critical pathology disorders.

- Consistently excellent composite scale reliabilities.
- Content validity is based on DSM-IV and the mapping of specific items to corresponding DSM-IV criteria.
- Factorially and logically derived scales reflect major dimensions of psychopathology.
- Validity studies utilizing inpatient and outpatient clinical groups.
- Any adult who has known the child for four weeks may serve as a rater.
- The same form is used for parent and teacher raters, with separate norms provided for each.

Children Depression Inventory 2: Ages 7-17 years

The Children's Depression Inventory 2 contains 28 items, each containing three statements. The individual is asked to select the statement that best describes their feelings for each item. The assessment is designed for various situations, including schools, child guidance clinics, pediatric practices, and child psychiatric settings.

Benefits

- Assess self-reported critical symptoms of depression, such as a child's feelings of worthlessness and loss of interest in activities.
- Support early identification and diagnosis.
- Conduct clinical research.
- Score and evaluate results quickly with the specially designed QuikScore format.

- Target core aspects of childhood depression with brief and easy-to-administer items.
- Administer a multi-rater system for a comprehensive evaluation or a short 10-item version.

Features

The CDI 2 normative sample includes 1,100 children aged 7 to 17 years from 26 different states in the U.S. Used by clinicians and counselors, The Children's Depression Inventory 2 tests using two scales: Emotional Problems and Functional Problems. Four subscales are also reported:

- Negative Mood/Physical Symptoms
- Negative Self-Esteem
- Interpersonal Problems
- Ineffectiveness

BASC-3: Behavior Assessment for Children: Ages 2-21

Solve behavior issues today. For better lives tomorrow.

Practical behavior assessment can help children thrive in their school and home environments. The BASC™ holds an exceptional track record for providing a complete picture of a child's behavior by applying a triangulation method for gathering information. BASC-3 uses a comprehensive set of rating scales and forms to provide a complete picture of a child's or adolescent's behavior and emotions.

Benefits

- Differentiate between hyperactivity and attention problems
- Identify behavior problems as required by IDEA and for developing FBAs, BIPs, and IEPs.
- A strong theory and research base gives a thorough set of highly interpretable scales.
- Access to efficient and extensive reports using computer scoring and interpretation. Choice of end-to-end digital assessment via Q-global®. Remove the need to find and send paper forms while reducing costs by only paying for returned digital forms.

Features

Analyze the child's behavior from three perspectives—Self, Teacher, and Parent using a comprehensive set of rating scales and forms to help you understand the behaviors and emotions of children and adolescents.

Teacher Rating Scales (TRS)

- Completed by: Teacher or other qualified professional
- Measures: Adaptive and problem behaviors in the preschool or school setting
- Forms: Preschool (ages 2 to 5), child (ages 6 to 11), and adolescent (ages 12 to 21)
- Administration Time: 10-20 minutes
- Number of items: 105-165, using behaviors that are rated on a four-point scale of frequency, ranging from "Never" to "Almost Always"
- Validity: Validity and response set indexes used to help judge the quality of completed forms are also available.

Parent Rating Scales (PRS)

- Completed by: Parent or caregiver
- Measures: Adaptive and problem behaviors in the community and home setting
- Forms: Preschool (ages 2 to 5), child (ages 6 to 11), and adolescent (ages 12 to 21)
- Administration Time: 10-20 minutes
- Number of items: 139-175 items, using a four-choice response format
- Validity: Validity and response set indexes used to help judge the quality of completed forms are also available.

Self-Report of Personality (SRP)

- Completed by: Self
- Measures: Insight into a child's or adult's thoughts and feelings
- Forms: SRP-I (ages 6 to 7), child (ages 8 to 11), adolescent (ages 12 to 21), college (ages 18 to 25), Spanish version available for the child and adolescent forms only
- Administration Time: 30 minutes
- Validity: This includes validity scales to help judge the quality of completed forms.

A Spanish version is available for the child and adolescent forms only.

BASC-3 Student Observation System (SOS)

- Completed by: Qualified Professional
- Records: Direct observations of a child's behavior in a classroom setting
- Assesses: Both adaptive and maladaptive behaviors, from positive peer interaction to repetitive motor movements

- Administration Time: Uses momentary time sampling during three-second intervals spaced 30 seconds apart over 15 minutes
- It can be employed for the direct observation portion of a Functional Behavior Assessment and can be used singly or with other BASC-3 components.
- Use your BASC-3 Q-global Administration/Report Digital usage (30866) to administer and generate a report.

EDQs Align with Constructs of ED

The BASC-3 Emotional Disturbance Qualification scales (EDQs) reflect new combinations of existing BASC-3 clinical and adaptive scales, explicitly grouped to align with the constructs of Emotional Disturbance (ED), as defined by the Individual with Disabilities Education Improvement Act (IDEA, 2004). The EDQs cover five out of the six IDEA criteria for ED, including:

- Unsatisfactory Interpersonal Relationships
- Inappropriate Behavior/Feelings
- Unhappiness or Depression
- Physical Symptoms or Fears
- Schizophrenia and Related Disorders of Thought

BASC-3 Behavioral and Emotional Screening System: Ages 3-18 years

The BASC-3 Behavioral and Emotional Screening System is designed for schools, mental health clinics, pediatric clinics, communities, and researchers to screen for various behavioral and emotional disorders that can lead to adjustment problems.

Benefits

- Assess a wide array of behaviors that represent both behavioral problems and strengths.
- Use forms that can be completed in approximately five minutes or less without specialized training.
- Utilize Spanish-language versions of the parent and student self-report forms.
- Using Total Score on the report is a reliable and accurate predictor of a broad range of behavioral, emotional, and academic problems.
- Explore indexes that identify responses that may be overly negative or inconsistent.

Features

The BASC-3 BESS consists of three brief forms, each containing 25 to 30 items, that teachers, parents, or students can complete.

- Teacher form with two levels: Preschool (for ages 3 through 5) and Child/Adolescent (for Grades K through 12)
- Student self-report form with one level: Child/Adolescent (for Grades 3 through 12)
- Parent form with two levels: Preschool (for ages 3 through 5) and Child/Adolescent (for Grades K through 12)
- College Student self-report form with one level: ages 18-25 and is a part of the BASC-3 Q-global BESS Screener Report.
- Normed on a representative sample that closely matches recent U.S. Census population characteristics.

Conners 4th Edition: Ages Parent Teacher 6-18 years, Self-Report 8-18 years.

Conners 4th Edition (Conners 4TM) is the highly anticipated revision of the Conners 3rd Edition (Conners 3[®]), a leading Attention-Deficit/Hyperactivity Disorder (ADHD) assessment. Conners 4 is an inclusive and fair measure that builds on the long history and strengths of the multi-informant Conners Rating Scales. With updated norms, improved workflows, and new and improved features, Conners 4 will be an invaluable part of your ADHD assessment battery.

New features

Improved efficiency and usability

Now fully digital, Conners 4 helps you gain valuable time with customizable reports, online scoring for better data visualization, easy inventory management, a digital manual, and printable forms.

Increased accuracy of assessment

Conners 4 updates allow you to:

- Address critical concerns with Severe Conduct and Self-Harm Critical Items and a Sleep Problems Indicator
- Measure impairments related to ADHD symptoms in the school, social, and family domains
- Evaluate new content areas and common co-occurring problems such as emotional dysregulation, depressed mood, and anxious thoughts.
- Apply a dimensional approach with an additional *DSM* Symptoms Scale - Total ADHD Symptoms.

Superior quantification of severity

Conners 4 helps you evaluate the severity of symptoms by comparing the child's results to an ADHD Reference Sample (children/youth already diagnosed with ADHD).

Enhanced collaboration with parents

Conners 4 facilitates collaboration with parents using an enhanced Parent Feedback Handout (easy-to-understand explanation and summary of results).

Increased fairness and inclusivity

Conners 4 improves fairness and inclusivity with gender-inclusive language, culturally sensitive items, and items and scales showing no measurement bias regarding gender, race/ethnicity, country of residence, or parental education level.

More informed intervention

Conners 4 allows evaluating a youth's relative strengths and weaknesses using within-profile comparisons for more informed intervention.

Easier administration

Take the guesswork out of your inventory management with a new way to order Conners 4 uses. You can purchase a general Conners 4 use and apply it across any Conners 4 form while generating reports.

Conners 4 and Q-global

The Conners 4 is 100% digital and offers digital scoring only. Online scoring is less prone to error than hand scoring and takes little time. Given the time, cost savings, and improvement in accuracy, online scoring was reported as the preferred option in market research. While hand scoring will not be available, paper administration will still be possible by printing a paper form from Q-global®. The responses from the paper form can then be entered for computer scoring and reporting.

The Early Screening Inventory: Ages 3-5 years

SI™-3 is a revision of the successful ESI™-R, a popular developmental screening instrument designed to be individually administered to children ages 3:0–5:11. It identifies children who may need special education services to perform successfully in school.

The advantages of parent involvement.

The ESI-3 now includes a questionnaire to capture the primary caregivers' perceptions of the child's development. Adapted from the ESI-R Parent Questionnaire, the ESI-3 Parent Questionnaire has added new items that reflect current research in social-emotional development and adaptive behaviors (e.g., interactions with adults and peers, social communication and self-help skills).

Scoring & Reporting

ESI-3 is available on Q-global®, Pearson's web-based administration, scoring, and reporting system. It enables you to quickly assess and efficiently organize examinee information, generate scores, and produce accurate, comprehensive reports anywhere, anytime, on any Internet-connected device.

Score Report: An online-generated report that includes research-based parent-child activities.

Parent Questionnaire Report: Details responses to the parent questionnaire, a qualitative questionnaire to capture the primary caregivers' perceptions of the child's development.

Manual Entry: Option to use paper forms to administer the questionnaires and the Q-global platform to score and generate reports.

What's new with ESI-3?

- Latest norms and validation studies
- Additional content to support social-emotional learning
- Administration in English or Spanish for dual-language settings (in digital and paper and pencil)
- Digital administration, scoring, and reporting
- Paper and pencil administration and scoring
- Revised Parent Questionnaire
- Research-based intervention recommendations in the form of parent-child activities

	ESi3 Early Screening Inventory THIRD EDITION	ESI-R Early Screening Inventory Revised
Age Range 3:0-5:11	✓	✓
Individual Administration	✓	✓
English & Spanish	✓	✓
DOMAINS		
Visual Motor/Adaptive	✓	✓
Language and Cognition	✓	✓
Gross Motor Skills	✓	✓
DELIVERY MODE		
Paper-and-Pencil Administration	✓	✓
Web-based Administration	✓	
SCORING AND REPORTING		
Manual Scoring	✓	✓
Web-based Score Report, and Parent Report with Intervention Recommendations	✓	
Total Screening Score	✓	✓
NORMS		
Reliability, Validity, Sensitivity and Specificity	✓ (2018)	✓ (2008)
ASSESSMENT APPROACH		
Observation in Assessment Session	✓	✓
Parent Questionnaire	✓	✓
Paper Administration	✓	✓
Remote Web-based Administration	✓	
Updated Items for Social-Emotional and Adaptive Behavior in the Parent Questionnaire	✓	
TRAINING		
Paper-based Training Manual and Training DVD		✓
Web-based Training Manual and Training Video	✓	

Bayley Scales of Infant and Toddler Development: Bayley III- Ages 1-42 months

Bayley-III uses caregiver or parent involvement to optimize input from the child's natural environment.

Benefits

- Identify infant and toddler strengths and competencies, as well as their weaknesses.
- Get normative information consistent with developmental domains identified by current IDEA early childhood legislation.
- Determine the need for further in-depth assessment.
- Administer one or more domain subtests individually.
- Use growth scores to chart intervention progress.

Features

Bayley-III combines superior psychometric standards with two additional scales and more clinically valuable features.

- A core battery of five scales.
- Playful, engaging toys and activities.
- Excellent validity and reliability.
- Scores: standard scores, age equivalents, percentiles, with cut and T scores.
- Optional training materials.

All clinicians with Shawn McGill Consulting are not just at the master's level but are also professionally licensed. We are not affiliated with any MCO.

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