

(Please print clearly)

Examiner Background Questionnaire

Mr. Ms. Mrs. Dr. Name: _____ Credentials: _____

Preferred mailing address: _____
(No P.O. Box Addresses)

City: _____ State: _____ Zip Code: _____

Day Phone: (____) _____ Evening Phone: (____) _____

Fax Number: (____) _____ Preferred E-mail address: _____

Shipping Address: _____
(No P.O. Box Addresses)

City: _____ State: _____ Zip Code: _____

Can your email receive attachments? Yes No Unsure

Were you referred by a current Pearson examiner? Yes No

Name of referring examiner: _____

The following information will help us ensure a pool of examiners that reflect the composition of the national population. This information will remain confidential.

Social Security Number: _____ - _____ - _____

Gender: (Optional) Male Female

Ethnicity: (Optional) Caucasian African American Hispanic Native American Asian

Other (please specify) _____

Employment Setting: (Check one) Public Schools Private Schools Rehab

Hospital Private Practice Clinic Long Term Care

Retired Other (please specify) _____

Profession: (Check one)

School Psychologist Clinical Psychologist Speech Language Pathologist

Industrial Psychologist Neuropsychologists Educational Diagnostician

Developmental Psychologist Occupational Therapist Physical Therapist

Early Childhood Educator Graduate Student – SLP Graduate Student – Psychology

Teacher Industrial Organizational Psychologist

Other (please specify) _____

Educational Background:

School attended	Degree Received	Students: Degree Seeking & Graduation Date
Please list any certifications or licensures obtained:		

Have you successfully completed a graduate work course in Diagnostic Assessment? Yes No

Do you have experience administering any of the following types of tests: (check all that apply)

- Speech-Language Intelligence Personality Achievement
 Neuropsychological Sensory Motor/Physical Hearing
 Other (please specify) _____

Do you have access to a nonclinical or non-disordered population? Yes No

Do you have access to a clinical or disordered population? Yes No

If yes, indicate which types of clinical or disordered populations: (check all that apply)

- Mental Retardation Hearing Impairment Autism
 Learning Disability Traumatic Brain Injury Stroke/Cerebrovascular Accident (CVA)
 Attention Deficit/Hyperactivity Disorder Dementia English as a Second Language/Limited English Proficiency
 Developmental Delay Speech-Language Delay/Disorder
 Emotional/Behavior Disorder Drug and Alcohol Abuse Pervasive Developmental Disorder
 Visual Impairment Gifted and Talented Physical Disabilities
 Motor Impairment Alzheimer's Other (please specify) _____

What age categories are your clinical or disordered populations? (Check all that apply)

	nonclinical or non-disordered	clinical or disordered
Infants	<input type="checkbox"/>	<input type="checkbox"/>
Preschoolers	<input type="checkbox"/>	<input type="checkbox"/>
Elementary	<input type="checkbox"/>	<input type="checkbox"/>
Secondary	<input type="checkbox"/>	<input type="checkbox"/>
High School	<input type="checkbox"/>	<input type="checkbox"/>
College	<input type="checkbox"/>	<input type="checkbox"/>
Adult	<input type="checkbox"/>	<input type="checkbox"/>
Geriatric	<input type="checkbox"/>	<input type="checkbox"/>

Are you proficient in administering tests in Spanish? Yes No

To ensure our research samples are representative of the national population, please indicate the population(s) to which you have access for testing purposes of children and adults:

RACE: Caucasian African American Hispanic Native American Asian Other

EDUCATION LEVELS

	Children (parents education level)	Adults (their education level)
8 th grade or less	<input type="checkbox"/>	<input type="checkbox"/>
9 th grade or higher with no High School Diploma	<input type="checkbox"/>	<input type="checkbox"/>
High School Diploma or Equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Attended College but no degree	<input type="checkbox"/>	<input type="checkbox"/>
Associates Degree or Technical School	<input type="checkbox"/>	<input type="checkbox"/>
College Degree	<input type="checkbox"/>	<input type="checkbox"/>

Do you have access to children or adults whose primary language is other than English? Yes No

Does your English as a Second Language population include newcomers to the United States (lived in the United States four or fewer years)? Yes No

Please list the primary language (other than English) of the population you have access to and indicate their length of time living in the United States.

	Less than 1 yr	Less than 2 yrs	Less than 3 yrs	Less than 4 yrs	4 yrs or more
Language: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What tests do you have access to and routinely administer?

Speech / Language

- Boehm – 3 Test of Basic Concepts
- Boehm – 3 Preschool Test of Basic Concepts
- Boston Diagnostic Aphasia Examination – Third Edition
- Bracken Basic Concepts Scale – Revised (BBCS-R)
- Bracken School Readiness Assessment
- Clinical Evaluation of Language Fundamentals – Third Edition (CELF-4)
- Clinical Evaluation of Language Fundamentals – Preschool (CELF-P2)
- Clinical Evaluation of Language Fundamentals – Spanish Edition Fourth Edition
- Clinical Evaluation of Language Fundamentals – Screening Test Fourth Edition
- Cognitive Linguistic Quick Time (CLQT)
- Comprehensive Assessment of Spoken Language (CASL)
- Denver Developmental
- Goldman-Fristoe Test of Articulation – 2
- Oral and Written Language Scales (OWLS)
- Peabody Picture Vocabulary Test – Third Edition (PPVT- III)
- Preschool Language Scale – Fourth Edition (PLS-4)
- Rice Wexler Test of Early Grammatical Impairment
- Ross Information Processing Assessment – Second Edition (RIPA-2)
- Ross Information Processing Assessment – Geriatric (RIPA-G)
- Sequenced Inventory of Communication Development – Revised (SICD-R)
- Test of Early Language Development – Third Edition (TELD-3)
- Test of Adolescent Language – Third Edition (TOAL-3)
- Test of Language Development – Third Edition (TOLD-3)
- Test of Language Development (TOLD)
- Test of Pragmatic Language (TOPL)
- Western Aphasia Battery (WAB)
- Verbal Motor Production Assessment for children (VMPAC)

Cognitive / Neuropsychology

- Developmental Assessment of Neuropsychological Functions (NEPSY)
- Delis-Kaplan Executive Function System (D-KEFS)
- Kaplan Baycrest Neurocognitive Assessment (KBNA)
- Wechsler Memory Scale – Third Edition (WMS-III)

Intelligence

- Differential Ability Scales (DAS)
- Naglieri Nonverbal Ability Test – Individual Administration (NNAT-I)
- Test of Nonverbal Intelligence – Third Edition (TONI-3)
- Wechsler Adult Intelligence Scale – Third Edition (WAIS-III)
- Wechsler Individual Scale of Intelligence for Children – Fourth Edition (WISC-IV)
- Wechsler Preschool and Primary Scales of Intelligence – Third Edition (WPPSI-III)
- Wechsler Individual Scale for Children – Fourth Edition as a Process Instrument (WISC-IV PI)
- Wechsler Test of Adult Reading (WTAR)

Achievement

- Process Assessment of the Learner (PAL)
- Wechsler Individual Achievement Test – Second Edition (WIAT-II)
- Woodcock-Johnson Psychoeducational Battery – Third Edition (WJ III)

Developmental

- Bayley Scales of Infant Development – Second Edition (Bayley-III)
- Adaptive Behavior Assessment System – Second Edition (ABAS-II)

Other

- Beery-Buktenica Developmental Test of Visual-Motor Integration – Fifth Edition (BVMII)
- Brown Attention-Deficit Disorder Scales
- California Verbal Learning Test - Second Edition (CVLT-II)
- Other (please specify) _____

Return (along with the Examiner Agreement Form) to:

Attn: Field Research
NCS Pearson. Inc.
19500 Bulverde Road
San Antonio, TX 78259

1.800.233.5686
1.800.727.0811 (Fax)