FLEXIBILITY IN ADMINISTRATION, SCORING, AND REPORTING

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SAY GOODBYE TO LUGGING HEAVY TEST KITS...
HELLO Q-INTERACTIVE™!

Q-interactive™ is a digital system that streamlines the entire assessment process. Test administration occurs using two Apple® iPads that “talk” to each other via Bluetooth® connection. The clinician use tablet to read test instructions, record and score responses, take notes, and control visual stimuli. The examine use the other tablet to view and respond to stimuli.

EXPERIENCE THE BENEFITS OF Q-INTERACTIVE™

- No more cumbersome manuals, stimulus books, and record forms.
- Access your favorite tests—the CELF®-5, GFTA™-2, and PPVT-4, anytime, anywhere.
- Engage more with the examinee and spend less time remembering basal and ceiling rules—they are automatically built into the system.
- Save time with immediate, accurate scoring and instant view of examinee’s test performance.

Discover Q-interactive. Sign up for a free trial at HelloQ.com/free trial.

ADMINISTRATION, SCORING & REPORTING

The Q-global® system provides you convenient 24/7 secured access to all of your scoring and reporting as well as other digital test options.

Scoring and Reporting Services
- Input raw scores on any laptop, tablet, or mobile device
- Automatically converts total raw scores to standard scores
- Generates graphs and narrative reports
- Choose from two pricing options: unlimited use subscription or pay-per-use

Sample reports, training materials, and PPVT-4 and EVT-2 Manuals and Digital Stimulus books (Forms A and B) are available on Q-global.

Connecting Assessment to Intervention—Instantly

Five levels of intervention activities are targeted to age and grade (pre-school, lower elementary, upper elementary, middle school, high school/adult), and are offered at the end of selected individual and group Q-global reports based on the calculated scores. They are ready to use when you print the report. The activities are evidence-based, encourage student involvement, and provide repeated exposure to multiple words.

The intervention activities are designed to accelerate vocabulary growth—an essential building block of long-term academic success.

Also, appropriate links are provided to suggested activities in the popular intervention resource by Dr. Judy Montgomery, The Bridge of Vocabulary. This book is sold separately.

QUICK, EASY, AND RELIABLE AS EVER... AND NOW DIGITAL, TOO!
DIGITAL®

Q-global™ (web-based) or
Scoring Options:
Growth Scale Value (GSV) equivalents (NCEs), stanines, M scores (= 15), SD scores.

Age- and grade-based standard scores such as age norm, grade norm, and RTI Tiers:
1, 2, and 3 Progress, and Multiple-Groups Progress, and Receptive Expressive Score Summary, Single-Group Reports:
Progress, and Receptive Expressive Score Summary, Diagnostic Analysis, and reporting

Validity and Reliable Scores You can Interpret with Conﬁdence

Measures Vocabulary Growth Easily
Performance on the PPVT-4 and EVT-2 tests can be measured by a Growth Scale Value (GSV) score. The GSV scale is a set of absolute performance standards that range from the very lowest scores to the very highest scores. It is based on a scale of 0 to 100 for each test. As such, the GSV allows teachers to track individual student growth over time to assess growth. The GSV scale is based on the Rasch ability scale. Highly reliable and accurate scores allow for greater sensitivity to change.

Thoroughly Compare Receptive and Expressive Performance
The co-naming of the PPVT-4 and EVT-2 scales provides strong support for testing hypotheses about the basic vocabulary problems. You can use one or more of the following approaches to supplement the qualitative information provided by the GSV score alone:

Improvement of Standard Score Differences
Classification by Part of Speech (noun, verb, and attribute)
Classification by Home versus School Vocabulary
Classification by a Teacher's Rating (adapted from the work of Beck et al. 2002, Bringing Words to Life)
Crossover Vocabulary Similarity (crossover scores across forms)

INTEGRATE INTO YOUR WORK WITH GREATER VERSATILITY
Designed for ages 2 through 16+, these variable instruments are appropriate for screening, progress monitoring, program evaluation, and as part of a diagnostic assessment process. They also are applicable in all tiers of the Response-to-Intervention (RTI) model.
DIGITAL*

Scoring Options:
percentiles, normal curve

M = 100,

Paper-and-pencil, Q-global®,

Completion Time:
2:6–90+

Publication Date:
American English.

vocabulary for Standard

Q-global® 1, 2, and 3

RTI Tiers:
Progress, and Multiple-Groups

Group Reports:
Score Summary, Diagnostic Analysis,

Individual Reports:

PPVT-4 Technical Report

EVT-2 Technical Report

PPVT™-4 helps you to measure receptive vocabulary for Standard American English and
eVT™-2 measures expressive vocabulary and word retrieval for Standard American English.

RIGOROUS, MULTI-STAGE DEVELOPMENT PROCESS
The five-year development process of the PPVT-4 and EVT-2 tests began with an update and expansion of the test items with these purposes in mind:

To incorporate recommendations from users and expert reviewers
To use the statistical item-level information that had been gathered on the
to reflect changes in language use

PPVT-4 items were updated to include a range of 1,453 individuals.
The re-norming of the PPVT-4 and EVT-2 tests reflects this more
representative sample of the population.

To reflect changes in language use

Paper-and-pencil, Q-global

Administration:
10–20 minutes

Qualification Level:
B

2007

Paper-and-pencil, Q-interactive®

Completion Time:
B

Publication Date:

American English.

vocabulary and word retrieval for Standard

Paper-and-pencil, Q-global

Completion Time:
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Publication Date:

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CONNECTING ASSESSMENT TO INTERVENTION—INSTANTLY

Five levels of intervention activities are targeted to age and grade (pre-school, lower elementary, upper elementary, middle school, high school/adult), and are offered at the end of selected individual and group Q-global reports based on the calculated scores. They are ready to use when you print the report! The activities are evidence-based, encourage student involvement, and provide repeated exposure to multiple words. The activities are primarily focused on vocabulary growth—an essential building block of long-term academic success. Also, appropriate links are provided to suggested activities in the popular intervention resource by Dr. Judy Montgomery, The Bridge of Vocabulary. This book is sold separately.

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ADDITIONAL TRAINING ITEMS

Sample Training Items

PPVT-4 and EVT-2

Q-global Reports

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Lloyd M. Dunn, PhD & Douglas M. Dunn, PhD

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Also, appropriate links are provided to suggested activities in the popular intervention resource by Dr. Judy Montgomery, The Bridge of Vocabulary. This book is sold separately.

**QUICK, EASY, AND RELIABLE AS EVER... AND NOW DIGITAL, TOO!**
**PPVT-4** helps you to measure receptive vocabulary for Standard American English and EVT-2 measures expressive vocabulary and word retrieval for Standard American English.

**RIGOROUS, MULTI-STAGE DEVELOPMENT PROCESS**

The five-year development process of the PPVT-4 and EVT-2 tests began with an update and expansion of the norms with this purpose in mind:

- To incorporate recommendations from expert and research reviewers
- To use the statistical methods used in testing that had been developed on the PPVT-3 to reflect changes in language usage

Item Development

- Items expanded: More stimulus words are on the PPVT-4 test (228 per form), with better representation of world types across all difficulty and more evidence for diverse populations.
- Final item set, which had met both quantitative and qualitative criteria of difficulty, validity, and clinical relevance, was standardized from fall 2005 to spring 2006 at over 400 sites around the United States on a sample of over 6,000 people.

- All items were introduced in 2004 on a national sample of 1,453 individuals. In a second national tryout in early 2005, revised and newly created items were administered to 850 people. The final item set, which had met both quantitative and qualitative criteria of difficulty, validity, and clinical relevance, was standardized from fall 2005 to spring 2006 at over 400 sites around the United States on a sample of over 6,000 people.

- The PPVT and EVT-2 tests are normed on the identical sample (3,142 cases for age norms and a subset of 2,803 cases for grade norms). All members of the norm sample were proficient in English. This age norms and grade norms samples nearly match the national population (less than 1% variance, according to 2004 U.S. Census data) in terms of the following demographic variables:
  - Sex
  - Race/ethnicity (including the distributions of SES and geographic region within race/ethnicity groups)
  - Geographic region
  - Socioeconomic status (SES) indexed by parental or examiner education level
  - Special education, ADHD, or gifted/talented status

**VALID AND RELIABLE SCORES YOU CAN INTERPRET WITH CONFIDENCE**

**Measure Vocabulary Growth**

Performance on the PPVT-4 and EVT-2 tests can be measured by a Growth Scale Value (GSV) scale. The score functions as a probability distribution that ranges from the very lowest scores to the very highest, extending to a low score of 10 and a high score of 30702, and covering a standard deviation of 15. The GSV scale is based on the Rasch ability scale. Highly reliable and accurate scores allow for greater sensitivity to change.

**Thoroughly Compare Receptive and Expressive Performance**

The co-norming of the PPVT-4 and EVT-2 scales provides strong support for testing hypotheses about the basis of vocabulary problems. You can use one or more of the following methods provided by the PPVT-4 and EVT-2 scores.

- Hypothesis about Standard Score Differences
  - Binomial test of 'better-than-chance' on each test
  - Chi-square test of differences in form A and B scores over time to assess growth. The GSV scale is based on the Rasch ability scale. Highly reliable and accurate scores allow for greater sensitivity to change.
  - **Integration into Your Work with Greater Viability**

Designed for ages 2 through 81+, these versatile instruments are appropriate for screening, progress monitoring, peer evaluation, and as part of a diagnostic assessment process. They also are applicable to all tiers of the Response-to-Intervention (RtI) model.