

4-YEAR PSYCHOLOGICAL TEST SUMMARY

1. PATIENT IDENTIFICATION

2. NAME OF CHILD

3. DATE OF BIRTH MO. DAY YEAR	4. AGE	5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE 1 2	6. RACE <input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> OR 1 2 3 <input type="checkbox"/> PR <input type="checkbox"/> OTHER 4 8
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7. EXAMINED BY	8. DATE OF EXAM MO. DAY YEAR
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CLINICAL IMPRESSION

16. COMMENTS

9. INTELLIGENCE *

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Superior	Average	Borderline	Mentally Defective

10. FINE MOTOR DEVELOPMENT

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Normal	Suspect	Abnormal

11. GROSS MOTOR DEVELOPMENT

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Normal	Suspect	Abnormal

12. CONCEPT FORMATION

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Normal	Suspect	Abnormal

13. BEHAVIORAL

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Normal	Suspect	Abnormal

14. ADEQUACY OF EXAMINATION

1 <input type="checkbox"/>	2 <input type="checkbox"/>
Adequate	Not Adequate (<i>Explain</i>)

15. SUMMARY STATEMENT (OVERALL IMPRESSION)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Normal	Suspect	Abnormal

*For Summary Sheet Purposes and Guidelines:

SUPERIOR AND AVERAGE = NORMAL
 BORDERLINE = SUSPECT
 MENTALLY DEFECTIVE = ABNORMAL