

## OVER 8 LITERACY INITIAL ASSESSMENT

<b>Name</b>		<b>Client I.D Number</b>	<b>Date 1:</b>	<b>Clinic 1</b>
			<b>Date 2:</b>	<b>Clinic 2</b>
<b>DOB</b>		<b>Age</b>	<b>School:</b>	<b>Grade:</b>

Vision:	Required y/n				Relative Strength	+
Visual Perception:					Relative Weakness	-
Test of Visual Perception (TVPS-4) Substitute Allowed: No		Raw Score	Scaled Score	Percentile Rank	Age Equivalent	
Visual Discrimination	yes					
Visual Memory	yes					
Form Constancy	yes					
Visual Closure	yes					
Phonological Awareness:						
Lindamood Auditory Conceptualisation Test (LAC) Substitute Allowed: No						
Student Score:	yes					
Recommended Score:	yes					
Equivalency	yes	Year level:				
QLD University Inventory of Literacy (QUIL) Substitute Allowed: Yes		Raw Score	Standard Score	Percentile Rank	Rating	
Non-Word Spelling	yes					
Syllable Segmentation	yes					
Phoneme Segmentation	yes					
Reading:						
Woodcock Reading Mastery Test (WRMT) G / H		Raw Score	Standard Score	Percentile Rank	Age Equivalent	
Word Identification	preferred					
Word Attack: Substitute Allowed: Yes	yes					
Passage Comprehension	preferred					
Gray Oral Reading Test – 5 (GORT – 5) Substitute Allowed: No		Raw Score	Standard Score	Percentile Rank	Age Equivalent	
Reading Rate	preferred					
Reading Accuracy	preferred					
Reading Fluency	preferred					
Reading Comprehension	preferred					
Language		Raw Score	Standard Score	Percentile Rank	Comment	
CELF-5 Substitute Allowed: No						
Core Language Score	preferred					
Receptive Language	preferred					
Expressive Language	preferred					
Language Content	preferred					
Language Memory	preferred					
Working Memory	preferred					

**Signature:** \_\_\_\_\_

**Epilepsy Waiver**

Does the patient or has the patient ever presented with Epilepsy (please circle)    Yes    No

Print your Name \_\_\_\_\_

(if yes, you must indemnify Behaviouralreading from any and all liabilities in the event of complications by

**signing here:** \_\_\_\_\_