

*Alaska Multidisciplinary FASD Teams  
Chart Review Data*

*FAS-Related Report Technical Report No. 34*

*Submitted by:  
Behavioral Health Research and Services (BHRS)  
University of Alaska Anchorage  
P. O. Box 241626  
Anchorage, Alaska 99524-1626*

*November 30, 2005*

This research was supported by Grant Number 5 UD1 SP09198, from the Center for Substance Abuse Treatment and the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services. Contents are solely the responsibility of the authors and do not necessarily represent the views of the funding agency.

## *Table of Contents*

<i>Table of Contents</i> .....	<i>1</i>
<i>Background Information</i> .....	<i>3</i>
<i>Fetal Alcohol Spectrum Disorder Prevalence Rates</i> .....	<i>4</i>
<i>FASD and Alaska</i> .....	<i>4</i>
<i>Methodology for the Chart Review Study</i> .....	<i>5</i>
<i>Study Participants</i> .....	<i>5</i>
<i>Chart Review Procedures</i> .....	<i>6</i>
<i>Description of Study Datasheets</i> .....	<i>7</i>
<i>Confidential Data Receipt and Storage</i> .....	<i>8</i>
<i>Data Editing, Entry and Analyses</i> .....	<i>9</i>
<i>Data Analyses and Notable Findings</i> .....	<i>9</i>
<i>Clinical Information</i> .....	<i>10</i>
<i>Referral Information</i> .....	<i>11</i>
<i>Testing and Assessment</i> .....	<i>12</i>
<i>Non-Reportable Data</i> .....	<i>14</i>
<i>Data Tables</i> .....	<i>16</i>
<i>References</i> .....	<i>17</i>
<i>Tables</i> .....	<i>19-51</i>
<i>Appendices</i> .....	<i>53</i>
<i>Appendix A: University of Washington, FAS Diagnostic Form Section II</i>	
<i>Appendix B: FASD Chart Review Sheet</i>	
<i>Appendix C: Chart Supplemental Form</i>	



## ***Alaska FASD Multidisciplinary Diagnostic Teams Chart Review Data***

*Prepared by BHRS Staff  
November 30, 2005*

### ***Background Information***

Fetal Alcohol Spectrum Disorder (FASD) is the leading known preventable birth defect in the United States and affects millions of individuals annually (National Center on Birth Defects and Developmental Disabilities, 2004). FASD is caused by maternal consumption of alcohol during pregnancy. Drinking alcohol during pregnancy destroys growing and developing cells in the fetus, causing permanent malformations to the brain. One does not outgrow FASD nor does one become cured of FASD. However, the manifestations of the disorder may change with age and may be successfully managed with appropriate and early diagnosis, treatment, and care.

FASD has been broadly characterized by pre- and postnatal growth deficiency, a characteristic set of minor facial anomalies, and evidence of prenatal alterations in brain function, such as microcephaly from birth, neurological problems without postnatal antecedents, or complex patterns of functional disability (Astley & Clarren, 1999). With regard to Fetal Alcohol Syndrome (FAS), the physiological presentation lies at the extreme end of the continuum of alcohol effects on the fetus, with heavy and persistent maternal alcohol consumption during pregnancy contributing most significantly to the full blown syndrome.

Fetal Alcohol Syndrome (FAS) is often referred to as only the tip of the iceberg of prenatal alcohol effects. According to Streissguth (1997), full fetal alcohol syndrome comprises only about 10% of the spectrum of fetal alcohol-related disorders. The other 90% of children with FASD may have fewer or no visible physical symptoms, yet have significant structural and functional abnormalities in the brain. Intellectual impairment of children affected by FASD can range from average intellectual functioning to severe mental retardation. Other effects of FASD include neurological abnormalities, delays in development, poor affective management and modulation, inadequate social skills, learning or behavioral disabilities, and other types of central nervous system impairment. Streissguth (1997) further asserts that children with FASD may experience more severe symptomatology than those with FAS and are at significant risk for developing secondary disabilities due to the "hidden" nature of their disorder.

The range of challenging behaviors associated with FASD spans from mild to severe, with some disabilities preventing the individual's ability to cope with even simple day-to-day tasks. For many children, the behavioral difficulties caused by the effects of prenatal alcohol exposure present the primary challenges to treatment and symptom management. Every child with FASD has unique abilities, needs, and challenges necessitating individualized and thorough assessment.

Once a thorough assessment has been completed, practitioners are better equipped to provide adequate and complete treatment services for the child and family.

### ***Fetal Alcohol Spectrum Disorder Prevalence Rates***

The Centers for Disease Control (CDC) National Center on Birth Defect and Developmental Disabilities (2004) have reported wide variation in the prevalence rates of FAS depending on the population studied and the surveillance methods used; however, more recent FAS prevalence rates range from 0.2 to 1.5 per 1,000 live births. Further, prevalence rates for other prenatal alcohol-related conditions were reported to occur approximately three times as often as FAS. May and Gossage (2001) summarized research since the late 1970s to determine overall prevalence rates of FASD in the United States and concluded that "FAS prevalence in the general population of the U.S. to be estimated between 0.5 and 2 per 1,000 births, and the prevalence of FAS and ARBD combined is likely to be at least 10 per 1,000 or 1 percent of all births" (May & Gossage, 2001, p. 64). Although the prevalence of FAS has declined in recent years, the fact that children continue to be born with a life-long physically and mentally disabling condition that is completely preventable is disheartening.

In Alaska, the population prevalence rate of 1.5 per 1,000 live births between 1995 and 1997 was approximately four times higher than the prevalence rates in Arizona, Colorado, and New York – other states in the CDC Fetal Alcohol Syndrome Surveillance Network (DHSS, 2002). More recently, the Alaska Fetal Alcohol Syndrome Surveillance Project (Schoellhorn et al., 2003) reported 15 Alaska infants born each year with FAS, based on all recorded births during the years 1995 to 1999. Additionally, an average of 163 infants born each year during 1995 to 1999 was identified as being affected by maternal alcohol use during pregnancy (Schoellhorn et al., 2003). These numbers underscore the need for prevention and early detection to minimize the human and economic burdens of this set of disorders.

### ***FASD and Alaska***

FASD prevention efforts are currently underway in many US states and Alaska is leading the way. A central aspect of the Alaska FAS Prevention Project are the *FASD Multidisciplinary Diagnostic Team*. These teams are involved in the fight against FASD through early identification, screening, diagnosis, and making recommendations for services for individuals affected by prenatal alcohol exposure throughout the state of Alaska. The teams are clearly making progress in identifying individuals with FASD early, coordinating and making recommendations to appropriate services, and subsequently reducing the risk for the development of secondary disabilities. Adequate supports in the home, school, and community for individuals affected by FASD, significantly reduce risk factors for experiencing ongoing difficulties related to emotional and behavioral functioning, social skills, and independent living.

As part of the conditions of funding the statewide Alaska FAS Prevention Project, SAMHSA required that the project be evaluated by an independent team of evaluators. This evaluation contract was awarded to the Center for Human Development (CHD) at the University of Alaska Anchorage (UAA), with the request that the evaluation be conducted by an interdisciplinary team of evaluators from across the UAA campus. Staff at CHD subsequently selected various

professionals from the UAA community to build the Evaluation Team and to divide the work involved in the evaluation of the Alaska FAS Prevention Project. The Behavioral Health Research and Services (BHRS) program in the College of Arts and Sciences was one of the groups approached by CHD to participate in the evaluation. Since the Alaska FAS Prevention Project inception, BHRS has conducted numerous evaluation activities for the *FASD Multidisciplinary Diagnostic Teams*.

At the request of the DHSS Office of FAS, BHRS conducted chart reviews to explore the impact of an FASD diagnosis in Alaska. Between December 2004 and May 2005, on behalf of the State Office of FAS, BHRS staff conducted site visits to seven *FASD Multidisciplinary Diagnostic Teams* in Alaska to extract chart review data for 352 individuals who received multidisciplinary diagnostic assessments. This *Alaska FASD Multidisciplinary Diagnostic Teams Chart Review Data Report* presents a comprehensive overview of the chart review data to provide an overview of the information that is available about individuals who have been assessed by the *Alaska FASD Multidisciplinary Diagnostic Teams* in hopes of ultimately providing a basis for future programmatic planning efforts. As such, this report includes initial findings from diagnostic assessments completed between June 1999 and March 2004, for children and adolescents aged one to 18. The primary purpose of this report is to present information about referral services, coexisting disorders, special education qualifications, other health impaired categories, and classroom behaviors. This report does not present data that are routinely reported in the FAS Data Reports that are based on the datasheets completed by the *FASD Multidisciplinary Diagnostic Teams* for each multidisciplinary assessment and sent to the State Office for FAS and the State of Alaska Section of Epidemiology.

### *Methodology for the Chart Review Study*

#### *Study Participants*

Potential study participants were all *FASD Multidisciplinary Diagnostic Teams* in the state of Alaska. To assure useful data, several inclusion criteria were established by the State of Alaska Office of FAS in collaboration with BHRS. Specifically, a decision was made to include teams that met the following requirements:

- *FAS Multidisciplinary Community Diagnostic Teams* that are sufficiently functional to conduct diagnostic assessments based on the University of Washington 4-digit diagnostic code and that maintain charts of completed diagnostic assessments
- *FAS Multidisciplinary Community Diagnostic Teams* that completed diagnostic assessments between June 1, 1999 and March 30, 2004
- *FAS Multidisciplinary Community Diagnostic Teams* that conducted diagnostic assessments with children and adolescents age one to 18 years
- *FAS Multidisciplinary Community Diagnostic Teams* that have at least 10 charts for individuals age one to 18 years, that include the University of Washington 4-digit diagnostic code, and that were compiled between June 1, 1999 and March 30, 2004

Nine *Alaska FASD Multidisciplinary Diagnostic Teams* met the established inclusion criteria for the chart review process. After all chart review procedures and guidelines were approved by the

University of Alaska Anchorage Institutional Review Board in October 2004, these nine diagnostic teams were approached by the State of Alaska Office of FAS about participating in the chart review process. Of the nine eligible teams, ultimately only seven were able to participate. One team wanted to take part in the study but was faced with incomplete chart contents and difficulty accessing chart information as data for individuals who had been assessed were not kept in a single chart, but were spread across many charts of all the different providers who contributed aspect of the diagnostic assessment. Another eligible team refused participation. One of the seven participating teams only contributed half of all its charts due to incomplete assessments in the remaining charts. Information about the number of charts reviewed for each of the seven participating teams is shown in Table One.

*Table One*  
*Number of Charts Reviewed by Diagnostic Team*

<i>Diagnostic Team</i>	<i>Number of Charts</i>	<i>Percent of Total</i>
Southcentral Foundation FAS Diagnostic Team	182	51.7%
Kenai Peninsula Multidisciplinary FAS diagnostic Team	51	14.5%
Fairbanks Fetal Alcohol Community Evaluation Service Team	42	11.9%
Ketchikan FASD Diagnostic Clinic	24	6.8%
Sitka Neurodevelopmental Clinic	20	5.7%
Bristol Bay FAS Community Diagnostic Team	19	5.4%
Mat-Su Fetal Alcohol Resource Project	14	4.0%

### ***Chart Review Procedures***

To facilitate identification of charts to be reviewed at each team site, BHRS staff used existing data from the required datasheets to prepare a list of all individuals assessed to date by each *FASD Multidisciplinary Diagnostic Team*. Identification numbers were used to make these lists and keep individuals' identity confidential. These lists were provided to each Team Coordinator to enable them to prepare all needed charts for the chart review visit by BHRS staff.

BHRS staff worked closely with each Team Coordinator to identify each team's chart structure and contents. Once an initial review of the chart was completed, data for the *Alaska FASD Multidisciplinary Diagnostic Teams Chart Review Data* report were recorded on several specially prepared data collection sheets that mirrored existing datasheets in existing charts as closely as possible. Each of these datasheets is described in more detail below to outline the specific contents recorded on each.

Between December 1, 2004 and May 30, 2005 BHRS staff traveled to each diagnostic team site to extract chart information. This process was followed for all but one *FASD Multidisciplinary Diagnostic Team*, which opted to provide chart review data via one final, comprehensive report that was brought to the BHRS office. Across the seven participating teams, a total of 352 charts was reviewed (also see Table One above). Data were extracted on site from each chart to the degree available and were recorded on the three specially developed datasheets. No identifiers, such as names, social security numbers, or Medicaid eligibility numbers were extracted. Wherever possible, items on the datasheets were phrased in such a manner that reviewers simply checked a list of response options, a presentation that enhances interrater reliability and reduces error.

### ***Description of Study Datasheets***

#### *FAS Diagnostic Form of the University of Washington*

This datasheet was the only datasheet that did not have to be developed for the chart review study, but rather relied on an existing datasheet that is used by all *FASD Multidisciplinary Diagnostic Teams* in Alaska. This document, the *FASD Diagnostic Form (Version 1/1/99)* was developed by researchers Astley and Clarren at the University of Washington (1999) and guides multidisciplinary diagnostic teams in the collection, recording, and interpretation of key information necessary to derive an FASD diagnosis. This form provides increased diagnostic precision across the full spectrum of fetal alcohol-related disorders. It includes a 4-Digit Diagnostic Code that reflects the magnitude of expression of potentially FAS-related symptoms and the strength of evidence to support the presence of an organic cause for brain dysfunction. Specifically, for each assessed individual, one code is derived for each of the following four areas:

- (1) growth deficiency,
- (2) facial phenotype,
- (3) gestational alcohol exposure, and
- (4) identifiable organic cause for brain dysfunction.

Each of these four key diagnostic features is ranked separately using a 4-point Likert scale, ranging from 1 (*complete absence of expression*) to 4 (*strong presence of the FAS feature*). A copy of the document is included in Appendix A. It should be noted that only selected sections of the *FASD Diagnostic Form* were extracted from the charts given information that other data fields were not regularly used by teams (in the appendix the extracted sections of the form are highlighted).

#### *FASD Chart Review Sheet*

The *FASD Chart Review Sheet* was specially developed for purposes of chart data extraction and was used to record information of special interest to the evaluation effort about the FAS Prevention Project. Specifically, this form was used to extract information about school status, special education qualifications and categorization, services received at school prior to referral, classroom behaviors, referrals made to a specific provider or a specific service, and general recommendations made to guardians and academic environments after completion of the diagnostic assessment. A copy of this datasheet is included in Appendix B.

### *Chart Supplemental Form*

The *Chart Supplemental* data collection form was created to facilitate chart extraction of all testing and assessment results used across the *Alaska FASD Multidisciplinary Diagnostic Teams* for purposes of FASD diagnostic assessments. Results from various intellectual, achievement, neuropsychological, adaptive, behavioral and social, neuromotor, and speech and language-related standardized test instruments were recorded directly onto the Chart Supplemental Form, a copy of which is included in Appendix C. The Chart Supplemental Form was used to record data from instruments such as the following:

- Wechsler Intelligence Scales (various age versions and editions)
- Stanford-Binet Intelligence Scales (various editions)
- Kaufman Intelligence Scales (various versions and editions)
- NEPSY: A Developmental Neuropsychological Assessment
- Vineland Adaptive Behavior Scale
- Behavior Assessment System for children (various versions)
- Peabody Picture Vocabulary Test (PPVT-III)
- Clinical Evaluation of Language Fundamentals
- Expressive One Word Picture Vocabulary Test
- Lindamood Auditory Conceptualization Test
- Quick Neurological Screening-II (QNST-II)
- Sensory Profile

### *Confidential Data Receipt and Storage*

The chart review extraction process was carefully worked out by BHRS, DBH management, and Team Coordinators to assure consumer confidentiality. Identifying information (e.g., name, date of birth, ethnicity, etc.) was not recorded on any of the datasheets. All datasheets in transit between the respective sites and the BHRS office were secured in a folder and marked confidential with the BHRS address and confidentiality signet clearly indicated in case of an accident during transport.

Once at the BHRS office, all datasheets were stored in secure, locked file cabinets in a locked fire-proof room, where they were kept at all times, except while being reviewed by an authorized BHRS staff. Only authorized BHRS staff members had access to the file room and keys to the file cabinets containing the hardcopy datasheets. Datasheets and electronic data will remain under lock and key until such time that hardcopy data are ready to be destroyed. Datasheet destruction via shredding will occur once the evaluation project and all related activities are concluded and the State of Alaska Office of FAS and BHRS staffs agree that the hardcopy datasheets are no longer needed.

All hardcopy data were edited and double-keyed into electronic data files (see below). Once in electronic form, data were stored in the BHRS server, a secure Digital Equipment Corporation Alpha 4000 server, housed at the University of Alaska Anchorage. This server is located in a double-locked room, inside a locked suite, inside a locked building on the university campus. The operating system used for this server, OpenVMS, is a relatively secure system compared to

other operating systems such as UNIX or Windows. OpenVMS is not a Windows environment, and as such is less prone to being targeted by hackers and less vulnerable to viruses (as the latter are usually 'designed' to work in Windows environments). The server is connected to several individual PCs at the remote BHRS Office Suite. PathWorks networking software is used to establish the connections between the individual PCs and the secure server. No guest accounts exist (i.e., only BHRS staff members are on the network), and unique OpenVMS and PathWorks passwords are required for each person connected to the network to access any data on the server. All passwords must be unique (i.e., not previously used by that person), cannot be words found in the dictionary, and are set to expire every three months.

### *Data Editing, Entry, and Analyses*

Each chart extraction protocol was reviewed immediately after completion and any inconsistencies or blanks were resolved with an additional, brief review of the chart at each respective site. Once protocols were transported to the BHRS office, a data editor reviewed all chart extraction protocols. If any blanks or inconsistencies were found, the protocol was returned to the original chart reviewer for corrections. After corrections were made, a second data editor reviewed the protocols before data were entered. Data entry was accomplished using Viking data entry software that requires rekey verification and can limit data fields so as to allow only the entry of characters or numbers that are specified as valid options. This data entry procedure guarantees virtually error-free data entry.

Once data from the chart reviews were edited and cleaned, extracted information was entered into a SAS<sup>®</sup> database that was used to conduct all subsequent analyses and generate the tables contained in this report. Descriptive analyses (e.g., frequencies, means) were calculated for all relevant data points.

### *Data Analyses and Notable Findings*

Descriptive data analyses were calculated for all variables for which sufficient data could be extracted from the charts to make analyses representative of the overall sample. These descriptives included means and standard deviations for variables of a continuous nature, such as growth and facial features, maternal alcohol use, IQ scores, and various other assessment results. Frequencies and percentages for variables of a nominal nature, such as school status, special education qualifications, services received prior to referral, referrals made after assessment, and classroom behaviors are provided as well. A large number of variables had to be excluded due to teams not completing this information on their medical charts. These variables are listed below for informational purposes only. Chart data highlighted many important facts (listed below) about the individuals who were assessed by *Alaska FASD Multidisciplinary Diagnostic Teams* in the past five years. The highlights listed below should not take the place of a thorough review of all data tables as only the most notable findings are summarized here.

## *Clinical Information*

### *Basics*

- Approximately 60% of assessed children were male; 40% were female
- Over 75% were Alaska Native or American Indian descent and 15% Caucasian
- Diagnosis was made at an approximate age of 11 or 12 years
- Average birth weight of the assessed children was 6 lbs 15 ozs
- Average length (or height) was 19.6 inches

### *Psychiatric Diagnosis*

- Nearly 50% of the individuals who were assessed by a diagnostic team were diagnosed with ADHD or ADD prior to referral. However, post-assessment, this percentage dropped to 13%.
- A range of additional psychiatric diagnoses was identified among the students who were tested by diagnostic teams. The most common psychiatric diagnoses were as follows:
  - ADD/ADHD (13%)
  - Communication disorder (13%)
  - Learning disability (12%)
  - Depression (11%)
  - PTSD (11%)
  - Conduct or disruptive behavior disorder (10%)
  - Adjustment disorders (5%)
- The most commonly prescribed medication was Ritalin (13%), followed by Concerta (6%), and Adderall (6%).

### *Birth Mother Information*

- Alcohol consumption by the birth mother was most commonly reported for the first trimester (49%), followed by the second trimester (38%), and the third (31%).
- Over 28% of birth mothers drank throughout the entire pregnancy
- Many birth mothers also used the following additional substances during their pregnancy with the assessed child:
  - nicotine (29%)
  - cocaine (17%)
  - marijuana (11%)
- Nearly half of the birth mothers had a confirmed diagnosis of alcohol dependence or abuse at the time of their pregnancy
- Nearly 25% of birth mothers had confirmed or suspected poor prenatal care

### *Abuse and Neglect*

- Of the assessed children nearly 40% have been physically abused and over 20% were sexually abused; neglect was reported for nearly 40%

- Nearly a quarter of the assessed children have been in multiple out-of-home placements, with the average number of placements being 4.7
- Fewer than 20% of assessed children live with a biological parent; over 30% are in OCS custody
- Current adverse home environments were reported for over 10% and over 5% of assessed children had witnessed domestic violence

### *Educational Information*

- Half of the children who were assessed qualified for special education, most commonly under the categories of other health impairment (25%), specific learning disability (24%), or speech and language impairment (21%)
- Only 25% of the assessed children were in special education at the time of assessment and only 37% had a current IEP
- Most of the assessed children have some form of disruptive classroom behavior, with most common concerns being related to:
  - short attention spans (55%)
  - impulsivity (42%)
  - hyperactivity (40%)
  - poor social skills (34%)
  - temper tantrums (28%)
  - physical or verbal aggression (28% and 20%, respectively)
  - defiance (22%)
  - inability to understand consequences (22%)
  - poor judgment (21%)
- The most common services received at school prior to FASD diagnostic assessment referral included speech and language therapy (22%), psychological testing (11%), tutoring (8%), infant learning programs (7%), occupational therapy (6%), counseling (5%), HeadStart program (4%), and classroom shadow (3%).

### *Referral Information*

Specific service referrals were frequently made to both guardians and school personnel after an FASD diagnostic assessment was completed. More often than not, more than one specific service referral was made.

### *Recommendations to Guardians and Parents*

- The most common referrals conveyed to guardians or parents were for individual therapy (50%), social skills groups (40%), and parental support groups (36%), followed by after-school activities (31%)
- The most needed professionals to whom guardians or parents were referred appear to be psychologists, psychiatrists, and mental health counselors (40%); followed by occupational therapists (33%), speech and language therapists (31%), audiologists (18%), optometrists (18%), and pediatricians (17%)

- The most common general day-to-day needs and supports as recommended by the diagnostic teams to guardians and parents were for structure and routine (61%), physical activity (44%), targeted praise (37%), healthy nutrition (18%), and brain gym activities (11%)
- The most common strategies recommended by speech and language therapists to guardians and parents were for visual prompts (56%), single-step instructions (44%), cues and hints for recall (39%), and demonstration of target skills (30%)
- The most common recommendations by occupational therapists to guardians and parents were for breaks (39%), individual physical activity (35%), and private space for regrouping (26%)
- To improve memory and attention, teams recommended multi-sensory learning environments (51%), avoidance of information overload (47%), sequential rather than simultaneous learning opportunities (39%), and use of day planners (28%) to guardians and parents

### *Recommendations to Schools and Teachers*

- The most common referrals and recommendations conveyed to schools and teachers were for school-based speech and language therapy (28%), encouragement of participation in individual sports (22%), school-based mentoring by safe adults (21%), school-based occupational therapy (20%), functional behavior assessments (13%), school-based behavior management plans (13%), and job skills training (10%).
- The most commonly recommended strategies recommended to teachers for classroom management and learning enhancement were as follows:
  - Time to think and breaks (49%)
  - Use of multi-sensory teaching strategies (40%)
  - Physical activity (36%)
  - Avoidance of timed activities (32%)
  - Regrouping space (31%)
  - Assistance with transitions (30%)
  - Shortened assignments and shortened homework (30%)

### *Testing and Assessment*

- A wide variety of assessment instruments were used by the diagnostic teams to assess for intelligence, achievement, and other cognitive functioning. Following is summary of the most frequently used tests by assessment category:
  - *Intellectual Tests*: some version of a Wechsler intelligence scale was the most commonly used intelligence test and was used by nearly 80% of all teams
  - *Achievement Tests*: some version of the Woodcock-Johnson Tests of Achievement was the most commonly used achievement test and was used by over 17% of all teams
  - *Neuropsychological Tests*: The Developmental Neuropsychological Assessment (NEPSY) was the most commonly used neuropsychological test battery and was used by nearly 40% of all teams

- *Adaptive Functioning Tests*: The Vineland Adaptive Behavior Scale was the most commonly used adaptive functioning assessment and was used by over 60% of all teams
- *Behavior Assessments*: some version of the Behavior Assessment System for Children was the most commonly used behavioral assessment test and was used by over 60% of all teams
- *Language Tests*: The Peabody Picture Vocabulary Test was the most commonly used language test and was used by 37% of all teams; second most commonly used was the Clinical Evaluation of language Fundamental (36%)
- *Neuromotor*: The Quick Neurological Screening Test was the most commonly used neuromotor assessment and was used by nearly 40% of all teams
- Average Full Scale IQ, Verbal IQ, and Performance IQ as measured by the *Wechsler Intelligence Scale for Children – Third Edition* (WISC-3) for children as categorized by absence or presence of diagnosed CNS impairment (brain damage) was as follows (where 85 to 115 indicates average intelligence, with a mean of 100):
  - For those with no brain damage: 108.3 FSIQ, 105.9 VIQ, 108.6 PIQ
  - For those with possible brain damage: 96.5 FSIQ, 94.3 VIQ, 100.7 PIQ
  - For those with probable brain damage: 85.0 FSIQ, 81.8 VIQ, 92.1 PIQ
  - For those with definite brain damage: 74.2 FSIQ, 71.8 VIQ, 81.0 PIQ
- The composite total score on the *Vineland Adaptive Behavior Rating* scale as categorized by absence or presence of diagnosed CNS impairment (brain damage) was as follows (where 85 to 115 indicates average language functioning, with a mean of 100):
  - For those with no brain damage: 82.3
  - For those with possible brain damage: 73.8
  - For those with probable brain damage: 66.5
  - For those with definite brain damage: 57.6
- Externalizing Problems, Internalizing Problems, Behavior Symptoms and Adaptive Skills as measured by the *Behavior Assessment System for Children – Parent Version* for children as categorized by absence or presence of diagnosed CNS impairment (brain damage) was as follows (T scores and percentiles by gender and age are calculated for the general population and a clinical population):
  - For those with no brain damage:
    - Externalizing Problems 57.0
    - Internalizing Problems 59.0
    - Behavior Symptoms 60.4
    - Adaptive Skills 46.6
  - For those with possible brain damage:
    - Externalizing Problems 61.0
    - Internalizing Problems 55.6
    - Behavior Symptoms 61.5
    - Adaptive Skills 39.4
  - For those with probable brain damage:
    - Externalizing Problems 65.0
    - Internalizing Problems 53.8
    - Behavior Symptoms 64.9

- Adaptive Skills 38.3
  - For those with definite brain damage:
    - Externalizing Problems 72.6
    - Internalizing Problems 57.2
    - Behavior Symptoms 72.0
    - Adaptive Skills 34.8
- The total score on the *Peabody Picture Vocabulary Test* as categorized by absence or presence of diagnosed CNS impairment (brain damage) was as follows (where 85 to 115 indicates average language functioning, with a mean of 100 ):
  - For those with no brain damage: 101.9
  - For those with possible brain damage: 93.7
  - For those with probable brain damage: 88.6
  - For those with definite brain damage: 74.2

### ***Non-Reportable Data***

Several variables were originally slated for data collection but not included in this report due to insufficient information being locatable in the charts that were reviewed. For most of these variables, diagnostic teams failed to provide the given data points consistently and the resulting missing data were so large as to make any analyses of these variables meaningless. The variables that were consistently incomplete in charts across most teams and not included in the analyses shown in this report are listed below as they appear on the forms used for the chart review study.

### FAS DIAGNOSTIC EVALUATION FORM

#### At Birth

Gestational Age at Birth

Highest Weight and Height

Weight, Height, Age

Lowest Weight and Height

Weight, Height, Age

Current Weight and Height

Height, Age

Birth Parent's Heights

Mother's heights, Father's height

ABC-Score for Growth Deficiency

Height, Weight

### FACIAL FEATURES

Current Phenotype

Upper Lip Circularity

Past Phenotype

Right PFL, Left PFL, ICD, Upper Lip Circularity

## BRAIN FUNCTION

### Structural

- OFC cm and years of age
- Structural Anomalies on CT/MRI Severity Scale
- Structural Anomalies on CT/MRI Descriptions
- Other Severity Scale
- Other Descriptions

### Neurological

- Seizure Disorder Type Severity Scale
- Seizure Disorder Type
- Seizure Disorder; Age at Onset
- Fine Motor Severity Scale
- Quick Neurological Screen Test Severity Scale
- Other Neurological Signs Severity Scale

### Psychometric

- Intellectual Severity Scale
- Achievement Severity Scale
- Adaptation Severity Scale
- Neuropsychological Severity Scale
- Mental State Reasoning Test Severity Scale
- Narrative Test Severity Scale
- Language Severity Scale
- Developmental Severity Scale

### Caregiver Interview

- Planning-Other Severity Scale and Description
- Behavioral Regulation/Sensory Motor Integration-Other Severity Scale and Description
- Abstract Thinking/Judgment-Other Severity Scale and Description
- Memory/Learning/Information Processing-Other Severity Scale and Description
- Spatial Memory-Other Severity Scale and Description
- Social Skills and Adaptive Behavior-Other Severity Scale and Description
- Motor/Oral Motor Control-Other Severity Scale and Description
- Behavioral/Social Competence-Other Severity Scale and Description

## MATERNAL ALCOHOL USE

### Alcohol Consumption of the Birth Mother

#### Before Pregnancy

- Average number of drinks per drinking occasion
- Maximum number of drinks per occasion
- Average number of drinking days per week
- Type of alcohol consumed (beer, wine, liquor, other)

#### During Pregnancy

- Average number of drinks per drinking occasion
- Maximum number of drinks per occasion
- Average number of drinking days per week
- Type of alcohol consumed (beer, wine, liquor, other)

## COMORBIDITIES

### Prenatal

Risk

Genetics

Parental learning difficulties

Mother

Father

If yes, specify

### Postnatal

Risk

### *Data Tables*

An overview of the salient findings from the chart reviews was provided above. On the following pages, descriptive statistics are provided for all usable variables that were extracted during the chart review process. These statistics are presented in easy-to-read tables that can be reviewed by the reader in detail to gain an appreciation of the breadth and depth of data that are now available for analysis. These data can also be used to gain a better understanding of the individuals who have been screened by the *FASD Multidisciplinary Diagnostic Teams* over the course of the past five years.

### References

- Abel, E.L., & Sokol, R.J. (1987). Incidence of fetal alcohol syndrome and economic impact of FAS-related anomalies. *Drug and Alcohol Dependence*, 19, 51-70.
- Astley, S.J., & Clarren, S.K. (1999). *Diagnostic guide for Fetal Alcohol Syndrome and related conditions: The 4-digit diagnostic code*. Seattle: University of Washington Publication Services.
- Bearer, C.F. (2001). Markers to detect drinking during pregnancy. *Alcohol Research & Health*, 25(3), 210-218.
- Centers for Disease Control. (2002). Fetal alcohol syndrome: Alaska, Arizona, Colorado, and New York, 1995 – 1997. *Morbidity and Mortality Weekly Report*, 51(20), 433-435.
- Centers for Disease Control (August 4, 2004). *Tracking fetal alcohol syndrome*. National Center on Birth Defects and Developmental Disabilities, retrieved from <http://www.cdc.gov/ncbddd/fas/fassurv.htm>
- Department of Health and Social Services. (2002). Fetal alcohol syndrome prevalence in Alaska: New findings from the FAS surveillance project. *Family Health Dataline*, 8(2). Juneau, AK: Author.
- Department of Health and Social Services. (2003). *Alaska Maternal and Child Health Data Book*. Juneau, AK: Author.
- May, P. A., & Gossage, J. P. (2001). Estimating the prevalence of fetal alcohol syndrome. A summary. *Alcohol Research and Health*, 25, 159-167.
- McLean, C. (2000). The fetal alcohol crisis. *The Report*, 32-36.
- National Center on Birth Defects and Developmental Disabilities. (2004, August). *Fetal alcohol syndrome*. Center for Disease Control, retrieved from <http://www.cdc.gov/ncbddd/fas/fasask.htm#how>
- Schoellhorn, J., Wiens, H. N., & Perham-Hester, K. (2003). *Alaska Maternal and Child Health Data Book 2003*. Anchorage, AK: Department of Health and Social Services, Division of Public Health, Section of Maternal Child and Family Health, Maternal and Child Health Epidemiology Unit.
- Short, R.H., & Hess, G.C. (1995). Fetal Alcohol Syndrome: Characteristics and Remedial Implications. *Developmental Disabilities Bulletin*, 23(1), 12-29.
- Streissguth, A. (1997). *Fetal alcohol syndrome: A guide for families and communities*. Baltimore: Paul H. Brookes.
- Streissguth, A., & Kanter, J. (Eds.). (1997). *The challenge of fetal alcohol syndrome: Overcoming secondary disabilities*. Seattle: University of Washington Press.

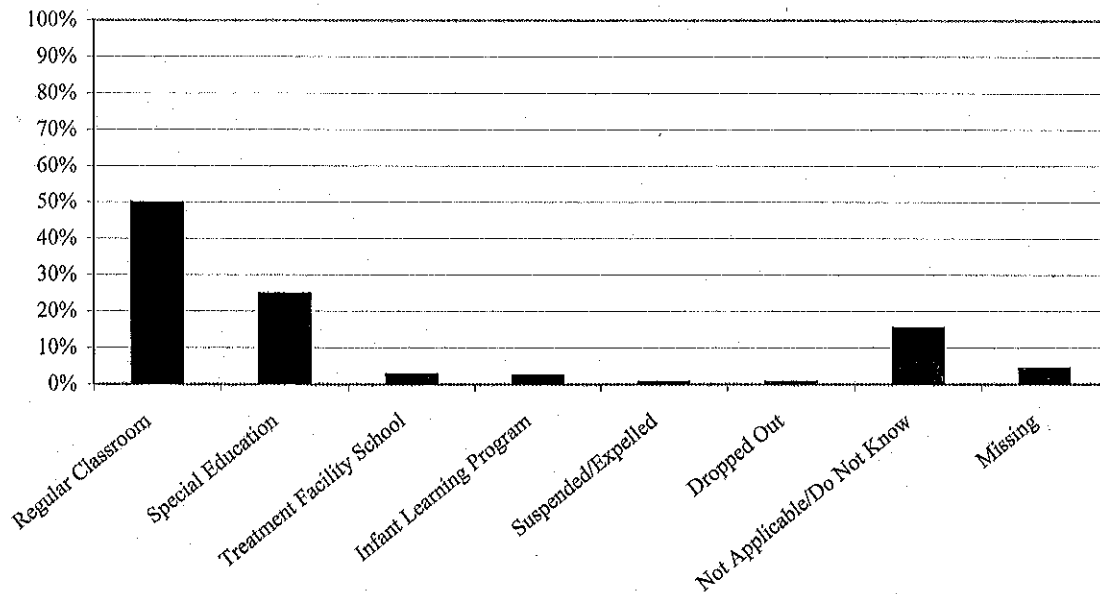


**Education Information**

**School Status**

<i>School Status</i>	<i>n = 352</i>	
	<i>n</i>	<i>%</i>
Regular Classroom	175	49.7%
Special Education	87	24.7%
Treatment Facility School	9	2.6%
Infant Learning Program	8	2.3%
Suspended/Expelled	2	0.6%
Dropped Out	2	0.6%
Not Applicable/Do Not Know	54	15.3%
Missing	15	4.3%

**School Status**



***Education Information***

**Special Education**

<b><i>Qualify for Special Education</i></b>		<i>n = 352</i>	
		<b><i>n</i></b>	<b><i>%</i></b>
	Yes	196	55.7%
	No	114	32.4%
	Not Applicable/Do Not Know	26	7.4%
	Missing	16	4.5%

<b><i>Current IEP</i></b>		<i>n = 352</i>	
		<b><i>n</i></b>	<b><i>%</i></b>
	Yes	130	36.9%
	No	78	22.2%
	Not Applicable/Do Not Know	107	30.4%
	Missing	37	10.5%

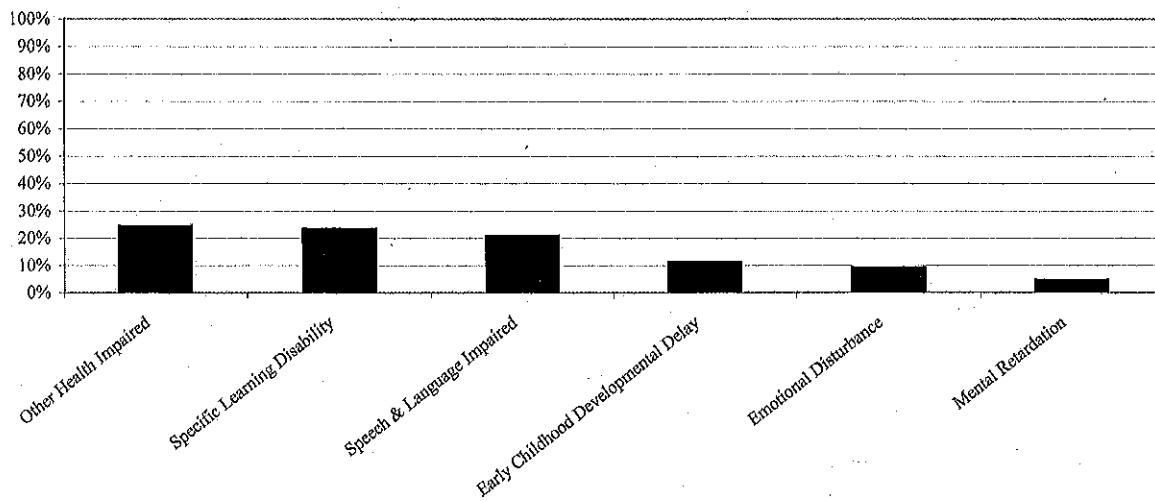
**Education Information**

**Special Education**

<i>Special Education</i>	<i>n = 196</i>	
	<i>n</i>	<i>%</i>
Other Health Impaired	48	24.5%
Specific Learning Disability	46	23.5%
Speech & Language Impaired	41	20.9%
Early Childhood Developmental Delay	22	11.2%
Emotional Disturbance	18	9.2%
Mental Retardation	9	4.6%
Deafness	1	0.5%
Multiple Disability	1	0.5%
Orthopedic Impairment	1	0.5%
Autism	0	0.0%
Deaf-Blindness	0	0.0%
Hearing Impairment	0	0.0%
Traumatic Brain Injury	0	0.0%
Visual Impairment	0	0.0%
Other	7	3.6%
Unknown	2	1.0%
Missing	27	13.8%

62 Chart Reviews Not Applicable  
Total May Add Up To More Than 100%.

**Top Special Education Categories**



**Education Information**

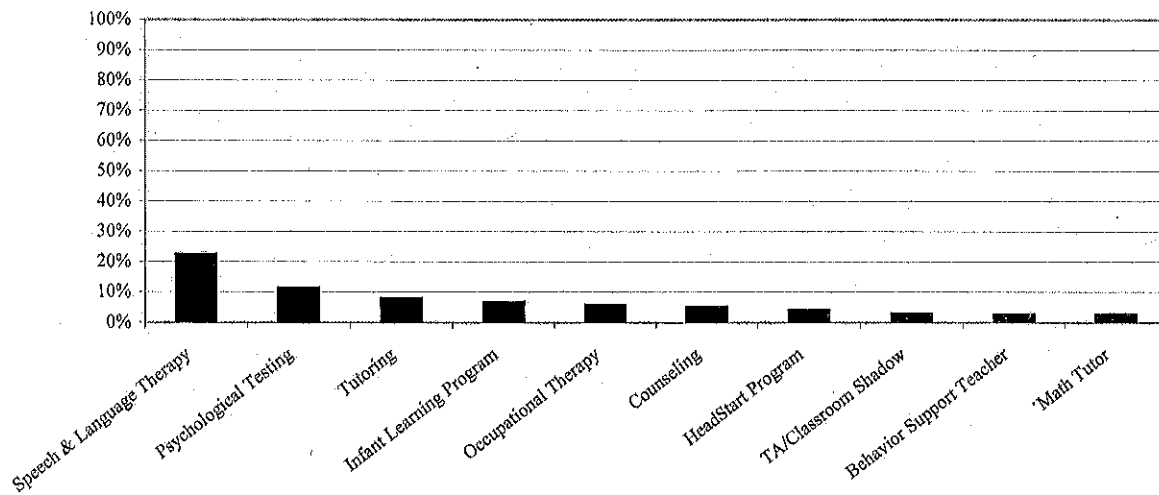
**Services Received at School Prior to Referral**

<i>Services Received</i>	<i>n = 352</i>	
	<i>n</i>	<i>%</i>
Speech & Language Therapy	79	22.4%
Psychological Testing	40	11.4%
Tutoring	28	8.0%
Infant Learning Program	23	6.5%
Occupational Therapy	20	5.7%
Counseling	18	5.1%
HeadStart Program	14	4.0%
TA/Classroom Shadow	10	2.8%
Behavior Support Teacher	9	2.6%
Math Tutor	9	2.6%
Case Management	8	2.3%
Functional Assessment	7	2.0%
Enrichment Program	6	1.7%

Reading Tutor	5	1.4%
After School Program	2	0.6%
Skills For Life	2	0.6%
Slingerland Program	2	0.6%
On-Target Program	1	0.3%
School Consistency	1	0.3%
Special Education	1	0.3%
Spelling Tutor	1	0.3%
Writing Tutor	1	0.3%
Social Worker Support	0	0.0%
Missing	69	19.6%
Not Applicable	48	13.6%

Total May Add Up To More Than 100%

**Top Services Received Prior to Referral**



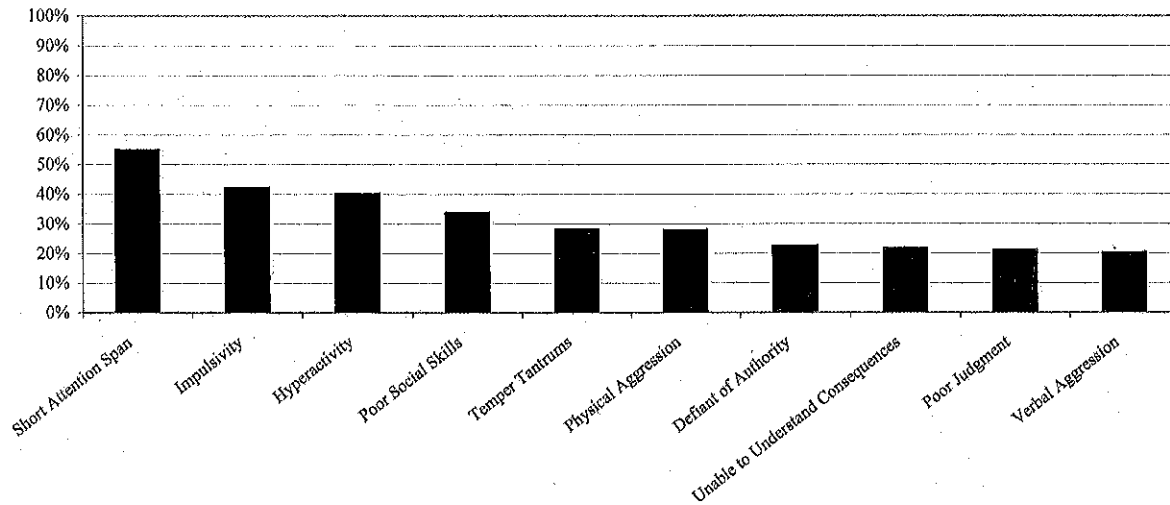
*Education Information*

**Classroom Behaviors**

<i>Classroom Behavior</i>	<i>n = 352</i>			<i>n</i>	<i>%</i>
	<i>n</i>	<i>%</i>			
Short Attention Span	193	54.8%	Property Destruction	24	6.8%
Impulsivity	148	42.0%	Mental Health/Emotional Problems	24	6.8%
Hyperactivity	141	40.1%	Academic Problems	21	6.0%
Poor Social Skills	119	33.8%	Sensory Motor Difficulties	17	4.8%
Temper Tantrums	99	28.1%	Withdrawn	19	5.4%
Physical Aggression	98	27.8%	Self-Harm	14	4.0%
Defiant of Authority	79	22.4%	Executive Functioning Deficits	13	3.7%
Unable to Understand Consequences	76	21.6%	Anxious	11	3.1%
Poor Judgment	74	21.0%	Inappropriate Sex Behavior	12	3.4%
Verbal Aggression	71	20.2%	Profanity	5	1.4%
Easily Influenced	66	18.8%	Easily Distracted	1	0.3%
Lying Or Stealing	59	16.8%	Sensitive To Change	1	0.3%
Low Self-Esteem	57	16.2%	Not Applicable	16	4.5%
Anger Management Problems	31	8.8%	Missing	38	10.8%
Memory Deficit	26	7.4%	Unknown	3	0.9%

Total May Add Up To More Than 100%

*Top Classroom Behaviors*



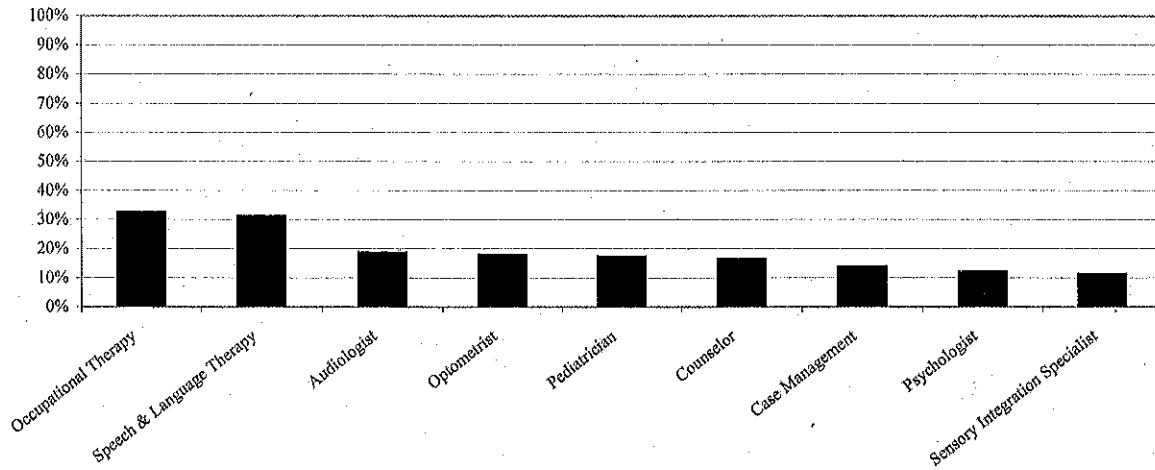
**Referral Information**

**Service Referrals**

<i>Service Referrals to Guardian</i>		<i>n = 231</i>			
	<i>n</i>	<i>%</i>		<i>n</i>	<i>%</i>
Occupational Therapy	75	32.5%	Physical Therapist	13	5.6%
Speech & Language Therapy	72	31.2%	Ophthalmologist	10	4.3%
Audiologist	43	18.6%	Nutritionist	8	3.5%
Optometrist	41	17.7%	Functional Assessment Evaluation	8	3.5%
Pediatrician	40	17.3%	Tutoring	7	3.0%
Counselor	38	16.5%	Dentist	7	3.0%
Case Management	32	13.9%	Orthodontist	7	3.0%
Psychologist	28	12.1%	Otolaryngologist	6	2.6%
Sensory Integration Specialist	26	11.3%	Endocrinologist	2	0.9%
Psychiatrist	24	10.4%	Nurse Practitioner	1	0.4%
Respite Care	22	9.5%	Kid's Corporation	1	0.4%
Parent Advocacy Group	22	9.5%	Neurologist	1	0.4%
Group Therapy	19	8.2%	Obstetrician/Gynecologist	1	0.4%
Physician	17	7.4%	Social Worker	1	0.4%
Support Group	15	6.5%			

121 chart reviews not applicable  
Total May Add Up To More Than 100%

**Top Service Referrals to Guardian**



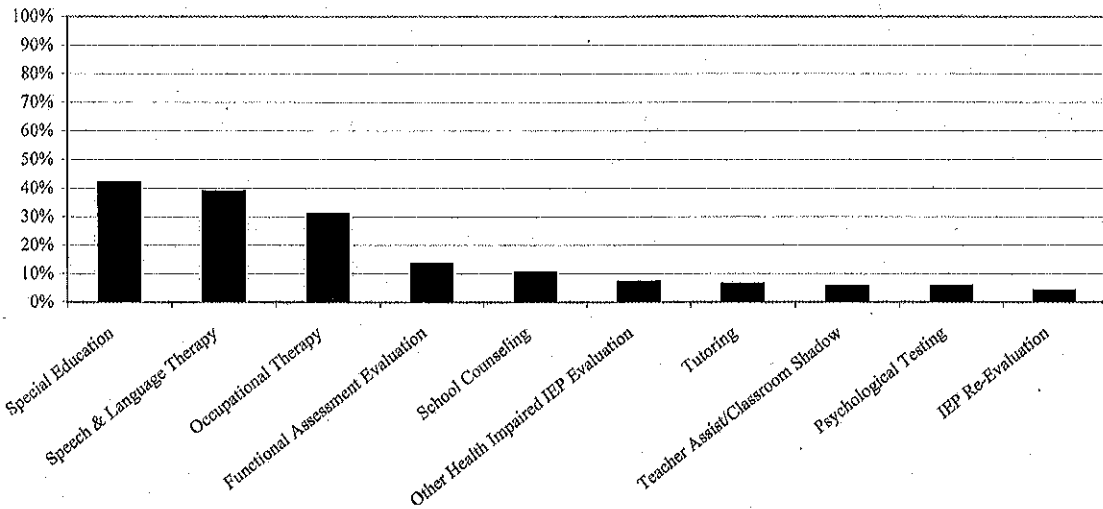
**Referral Information**

**Service Referrals**

<i>Service Referrals to School</i>		<i>n = 126</i>			
<i>School</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	
Special Education	53	42.1%	IEP Evaluation	4	3.2%
Speech & Language Therapy	49	38.9%	Reading Specialist	4	3.2%
Occupational Therapy	39	31.0%	Education Specialist	3	2.4%
Functional Assessment Evaluation	17	13.5%	Social Worker Support	2	1.6%
School Counseling	13	10.3%	Auditory Learning	2	1.6%
Other Health Impaired IEP Evaluation	9	7.1%	Career Training	2	1.6%
Tutoring	8	6.3%	Developmental Pre-School	1	0.8%
Teacher Assist/Classroom Shadow	7	5.6%	Math Specialist	1	0.8%
Psychological Testing	7	5.6%	Slingerland Program	1	0.8%
IEP Re-Evaluation	5	4.0%			

226 Chart Reviews Not Applicable  
Total May Add Up To More Than 100%

**Top Service Referrals to School**



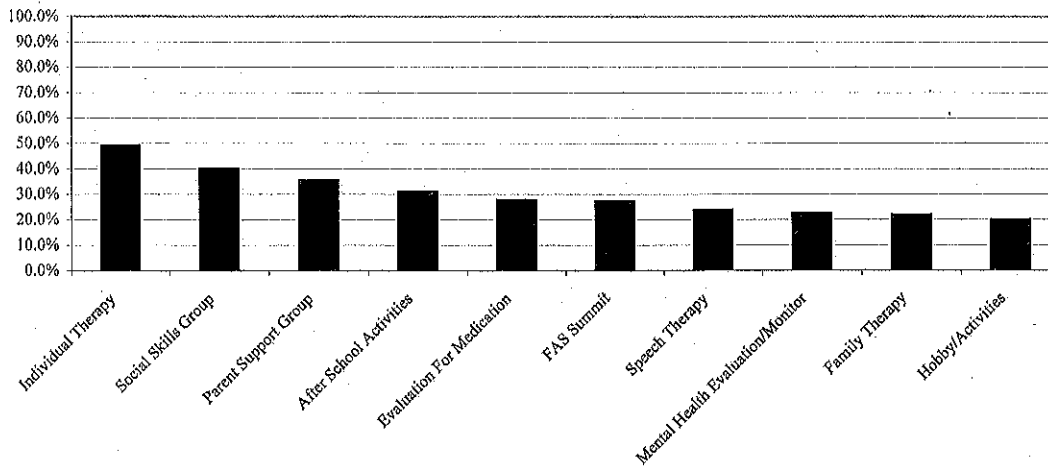
**Recommendation Information**

**Recommendations to Guardian**

<i>Recommendations to Guardian: Services</i>		<i>n = 352</i>			
<i>Guardian: Services</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	
Individual Therapy	173	49.1%	Sensory Integration Evaluation	25	7.1%
Social Skills Group	141	40.1%	F.I.S.H.	24	6.8%
Parent Support Group	125	35.5%	Disability Law Center	23	6.5%
After School Activities	109	31.0%	Substance Abuse/Addiction Education	23	6.5%
Evaluation For Medication	97	27.6%	P.A.R.E.N.T.S.	17	4.8%
FAS Summit	96	27.3%	Second Opinion On Medication	16	4.5%
Speech Therapy	84	23.9%	Birth Control	14	4.0%
Mental Health Evaluation/Monitor	79	22.4%	Career Training	14	4.0%
Family Therapy	77	21.9%	Developmental Disability Services	14	4.0%
Hobby/Activities	70	19.9%	Group Therapy	14	4.0%
Annual Vision Evaluation	69	19.6%	Residential Treatment	11	3.1%
Big Brother/Big Sister	67	19.0%	Job Skill Training	10	2.8%
Parent Advocate	59	16.8%	Drivers Education	10	2.8%
Complete Hearing Exam	59	16.8%	Infant Learning Program	9	2.6%
FASD Re-Evaluate	56	15.9%	Mentor/Role Model	9	2.6%
Medical Services	55	15.6%	Orthodontia Evaluation	8	2.3%
Sex Education	54	15.3%	Arts/Crafts	1	0.3%
Traditional Native Activities	52	14.8%	Behavior Management	1	0.3%
Play Therapy	51	14.5%	Developmental Family History	1	0.3%
Martial Arts	49	13.9%	Individual Living Skills	1	0.3%
Parenting Groups	47	13.4%	Medical Bracelet	1	0.3%
Therapeutic Massage	39	11.1%	Parental Self-Care	1	0.3%
Summer Camp	38	10.8%	Self-Care	1	0.3%
School Based Mentor/Safe Adult	38	10.8%	Sign Language	1	0.3%
Special Olympics	35	9.9%	Teach Hygiene	1	0.3%
Parent Advocacy Group	34	9.7%	Wraparound	1	0.3%
Music Lessons	34	9.7%	Missing	4	1.1%
Community Service	30	8.5%			

Total May Add Up To More Than 100%

**Top Recommendations to Guardian: Services**



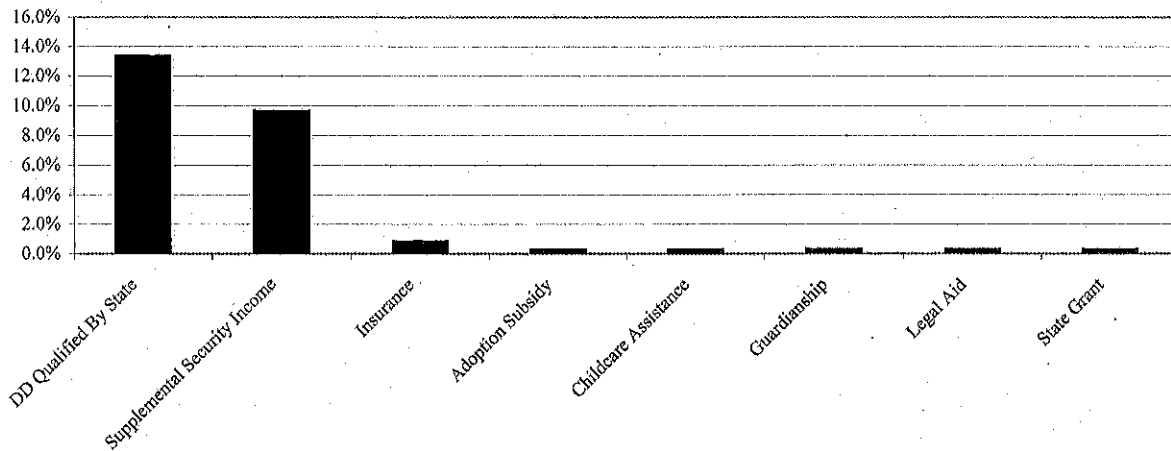
*Recommendation Information*

**Recommendations to Guardian**

<i>Recommendations to Guardian: Financial</i>	<i>n</i>	<i>%</i>
DD Qualified By State	47	13.4%
Supplemental Security Income	34	9.7%
Insurance	3	0.9%
Adoption Subsidy	1	0.3%
Childcare Assistance	1	0.3%
Guardianship	1	0.3%
Legal Aid	1	0.3%
State Grant	1	0.3%
Missing	3	0.9%

250 Chart Reviews Not Applicable

*Top Recommendations to Guardian: Financial*



*Recommendation Information*

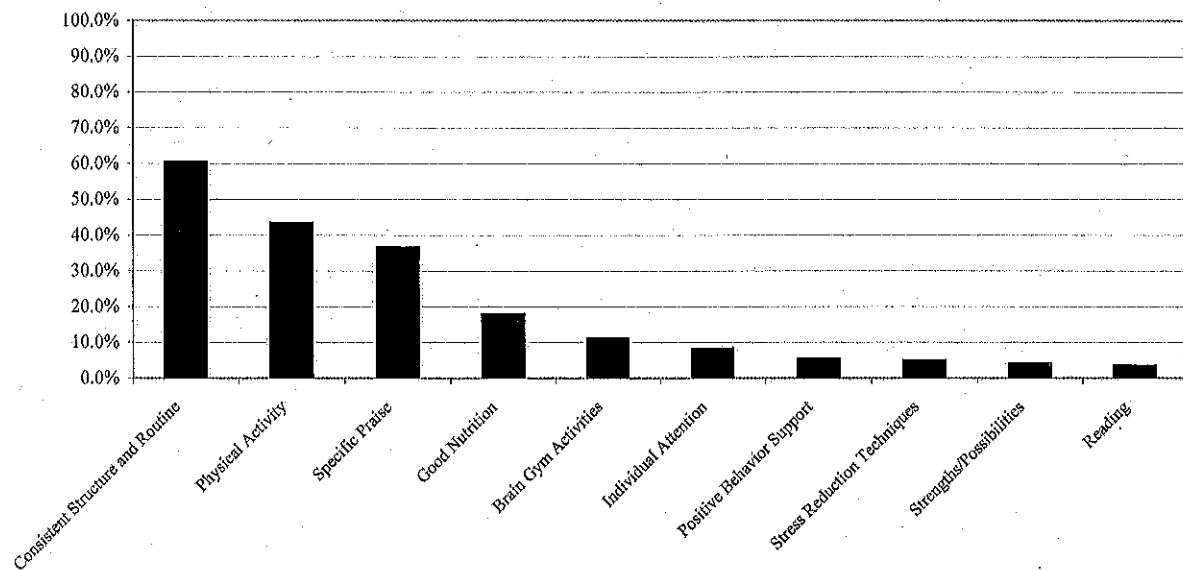
**Recommendation to Guardian**

<i>Recommendations to Guardian: Home Setting</i>	<i>n = 352</i>	
	<i>n</i>	<i>%</i>
Consistent Structure and Routine	213	60.5%
Physical Activity	153	43.5%
Specific Praise	129	36.6%
Good Nutrition	63	17.9%
Brain Gym Activities	39	11.1%
Individual Attention	29	8.2%
Positive Behavior Support	19	5.4%
Stress Reduction Techniques	17	4.8%
Strengths/Possibilities	14	4.0%
Reading	12	3.4%

	<i>n</i>	<i>%</i>
Family Values/Responsibility	9	2.6%
Long-Term Housing	9	2.6%
Organization and Structure	9	2.6%
Time Management Techniques	9	2.6%
Quiet Space	6	1.7%
Sufficient Sleep	5	1.4%
Independence	4	1.1%
Games/Hobbies	3	0.9%
Problem Solving Techniques	2	0.6%
Missing	3	0.9%

Total May Add Up To More Than 100%

*Top Recommendations to Guardian: Home Setting*



**Recommendation Information**

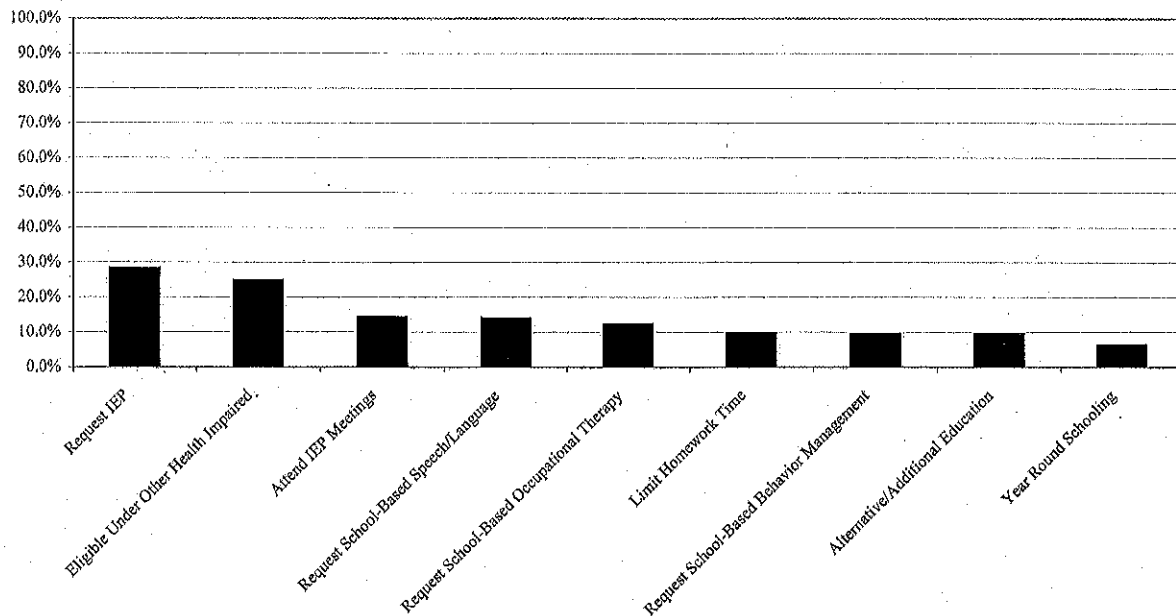
**Recommendation to Guardian**

<i>Recommendations to Guardian: School</i>		<i>n = 352</i>	
	<i>n</i>	<i>%</i>	
Request IEP	99	28.1%	
Eligible Under Other Health Impaired	87	24.7%	
Attend IEP Meetings	50	14.2%	
Request School-Based Speech/Language	49	13.9%	
Request School-Based Occupational Therapy	43	12.2%	
Limit Homework Time	34	9.7%	
Request School-Based Behavior Management	33	9.4%	
Alternative/Additional Education	33	9.4%	
Year Round Schooling	22	6.3%	
501/504 Plan	15	4.3%	

	<i>n</i>	<i>%</i>
Additional School Services	15	4.3%
Add/Re-Evaluation	12	3.4%
Advocacy/Meetings	12	3.4%
Monitor School Setting	12	3.4%
Eligible Under Mental Retardation	6	1.7%
Parent Training	6	1.7%
Tutoring	4	1.1%
Practice Reading/Math	3	0.9%
Slingerland	1	0.3%
Missing	3	0.9%

Total May Add Up To More Than 100%

**Top Recommendations to Guardian: School**



**Recommendation Information**

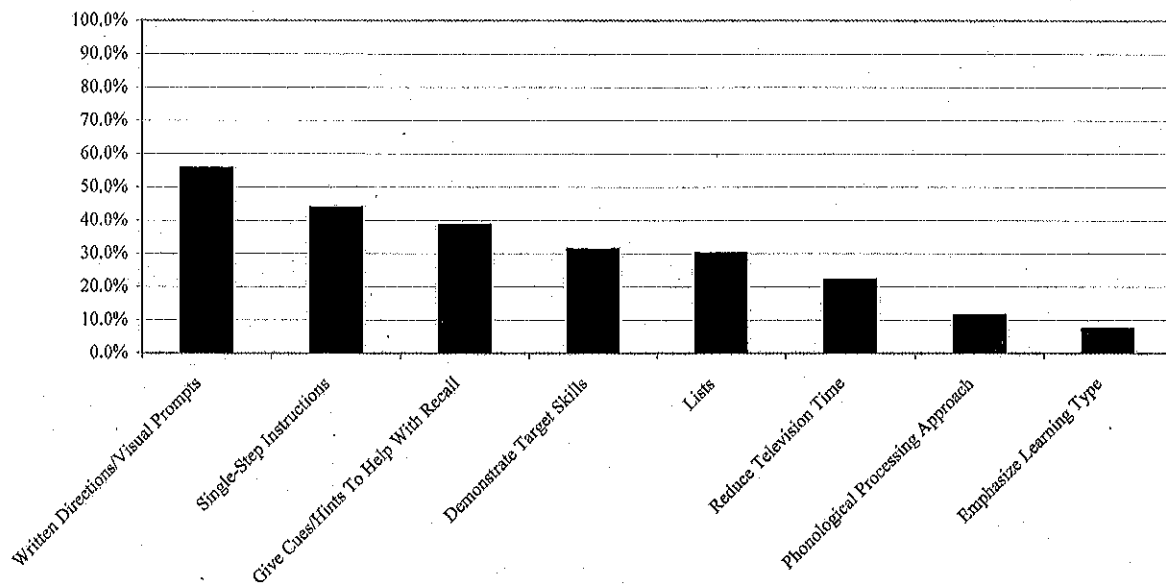
**Recommendation to Guardian**

<i>Recommendations to Guardian: Speech</i>	<i>n = 352</i>	
	<i>n</i>	<i>%</i>
Written Directions/Visual Prompts	196	55.7%
Single-Step Instructions	154	43.8%
Give Cues/Hints To Help With Recall	136	38.6%
Demonstrate Target Skills	110	31.3%
Lists	106	30.1%
Reduce Television Time	78	22.2%
Phonological Processing Approach	40	11.4%
Emphasize Learning Type	26	7.4%

	<i>n</i>	<i>%</i>
Game/Story/Song	20	5.7%
Tape School Lessons	15	4.3%
Reading Skills	8	2.3%
Model Description	7	2.0%
Manipulatives	1	0.3%
One Language	1	0.3%
Year Round Speech Language	1	0.3%
Missing	3	0.9%

Total May Add Up To More Than 100%

**Top Recommendations to Guardian: Speech**



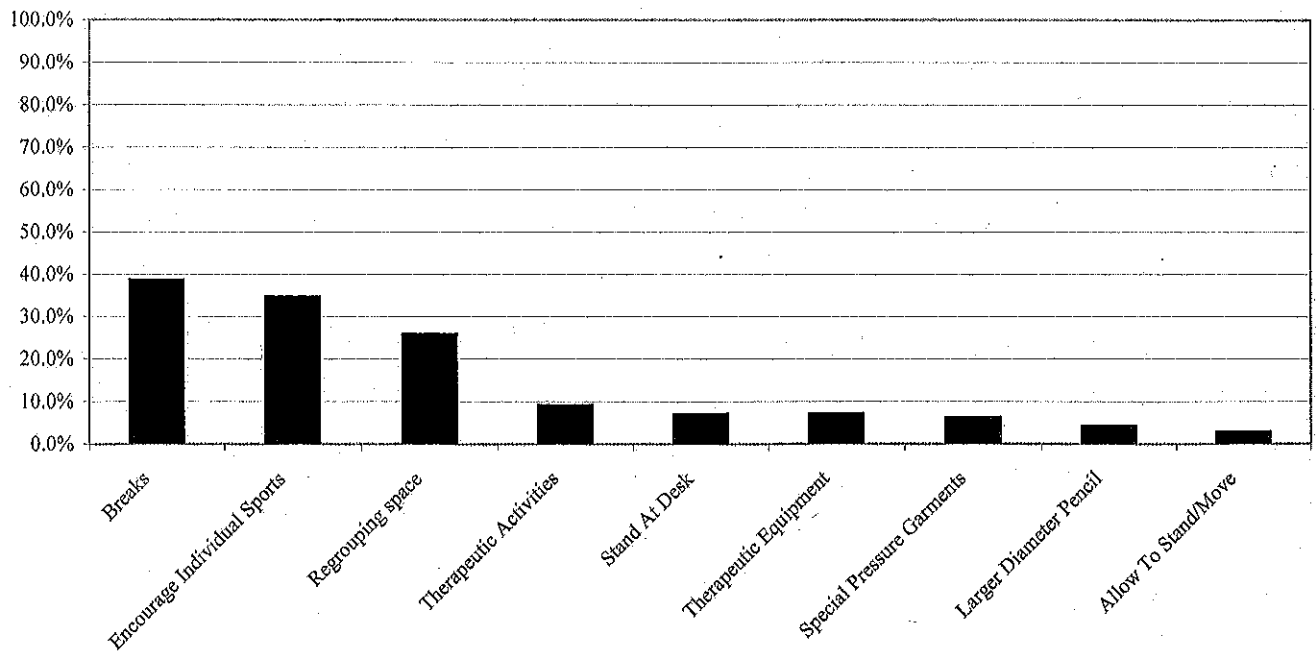
**Recommendation Information**

**Recommendation to Guardian**

<b>Recommendations to Guardian:</b>		<i>n</i> = 352	
<b>Occupational Therapy/Physical Therapy</b>	<i>n</i>	<i>%</i>	
Breaks	136	38.6%	
Encourage Individual Sports	122	34.7%	
Regrouping space	91	25.9%	
Therapeutic Activities	32	9.1%	
Stand At Desk	25	7.1%	
Therapeutic Equipment	25	7.1%	
Special Pressure Garments	22	6.3%	
Larger Diameter Pencil	15	4.3%	
Allow To Stand/Move	10	2.8%	
Missing	3	0.9%	

Total May Add Up To More Than 100%

**Top Recommendations to Guardian: OT/PT**



**Recommendation Information**

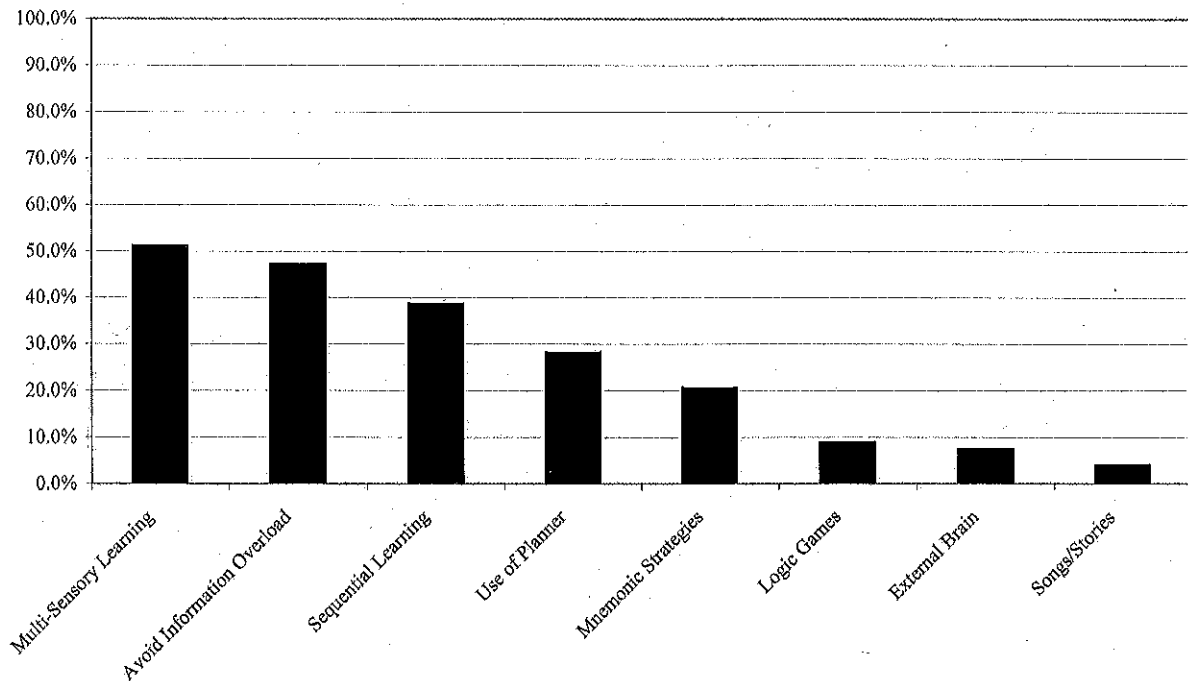
**Recommendation to Guardian**

<i>Recommendations to Guardian: Memory</i>	<i>n = 352</i>	
	<i>n</i>	<i>%</i>
Multi-Sensory Learning	180	51.1%
Avoid Information Overload	166	47.2%
Sequential Learning	136	38.6%
Use of Planner	99	28.1%
Mnemonic Strategies	72	20.5%
Logic Games	31	8.8%
External Brain	26	7.4%
Songs/Stories	14	4.0%
Pair Verbal/Visual Cues	7	2.0%
Activity Board	4	1.1%

	<i>n</i>	<i>%</i>
Prompts/Timer	4	1.1%
Repetition	4	1.1%
Routine	4	1.1%
Organization	3	0.9%
Track Homework	3	0.9%
Abstract Thinking	2	0.6%
Avoid Timed Activity	2	0.6%
Positive Reinforcement	1	0.3%
Missing	3	0.9%

Total May Add Up To More Than 100%

**Top Recommendations to Guardian: Memory**



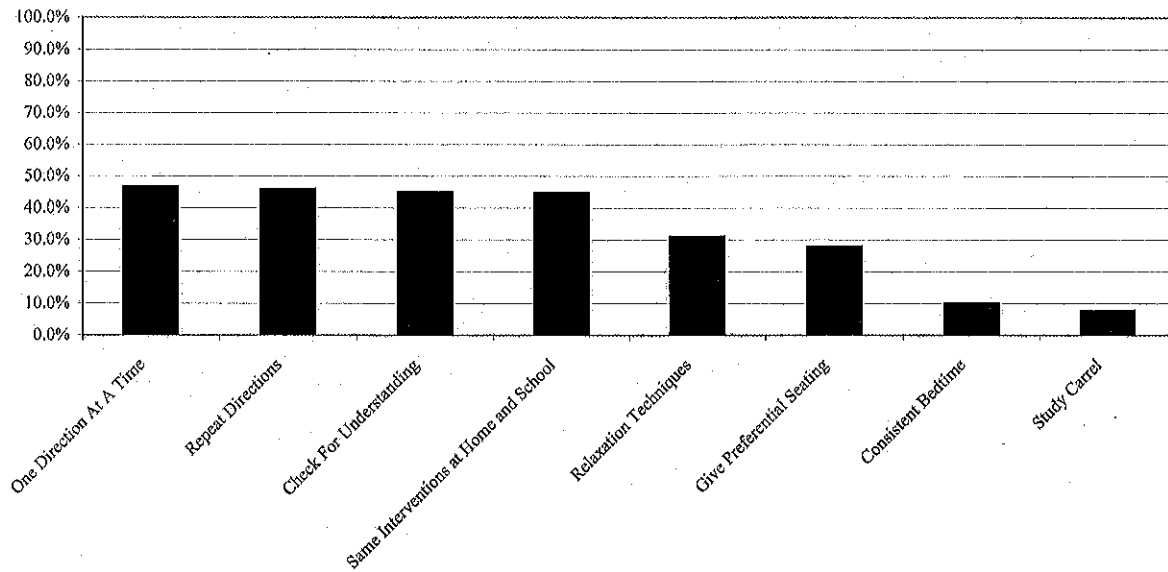
**Recommendation Information**

**Recommendation to Guardian**

<i>Recommendations to Guardian: Attention</i>		<i>n = 352</i>			
	<i>n</i>	<i>%</i>		<i>n</i>	<i>%</i>
One Direction At A Time	164	46.6%	Verbal/Visual Cues	8	2.3%
Repeat Directions	161	45.7%	Positive Reinforcement	7	2.0%
Check For Understanding	158	44.9%	Concrete Rules	3	0.9%
Same Interventions at Home and School	157	44.6%	Note Taking	2	0.6%
Relaxation Techniques	109	31.0%	Simple Tasks	2	0.6%
Give Preferential Seating	98	27.8%	Breaks	1	0.3%
Consistent Bedtime	35	9.9%	Headphones	1	0.3%
Study Carrel	27	7.7%	Positive Behavior Support	1	0.3%
Limit Sugar And Caffeine	20	5.7%	Missing	3	0.9%

Total May Add Up To More Than 100%

**Top Recommendations to Guardian: Attention**



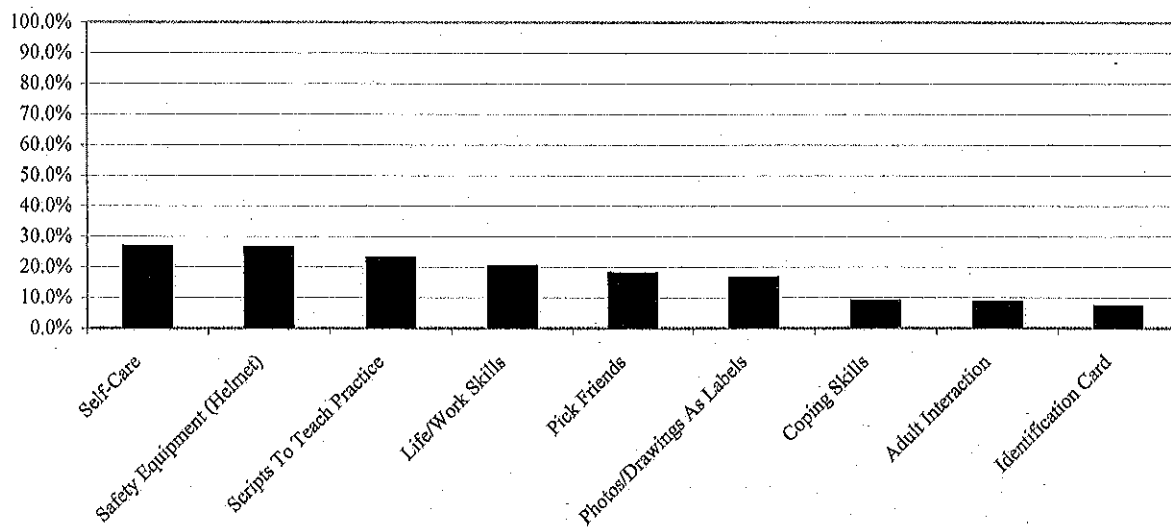
**Recommendation Information**

**Recommendations to Guardian**

<i>Recommendations to Guardian: Adaptive</i>		<i>n = 352</i>	
	<i>n</i>	<i>%</i>	
Self-Care	94	26.7%	
Safety Equipment (Helmet)	93	26.4%	
Scripts To Teach Practice	81	23.0%	
Life/Work Skills	71	20.2%	
Pick Friends	63	17.9%	
Photos/Drawings As Labels	58	16.5%	
Coping Skills	31	8.8%	
Adult Interaction	30	8.5%	
Identification Card	25	7.1%	
Sex Education	7	2.0%	
Anger Management	4	1.1%	
Chores/Responsibility	4	1.1%	
Biological Feedback	3	0.9%	
Organization	2	0.6%	
Missing	0	0.0%	

Total May Add Up To More Than 100%

**Top Recommendations to Guardian: Adaptive**



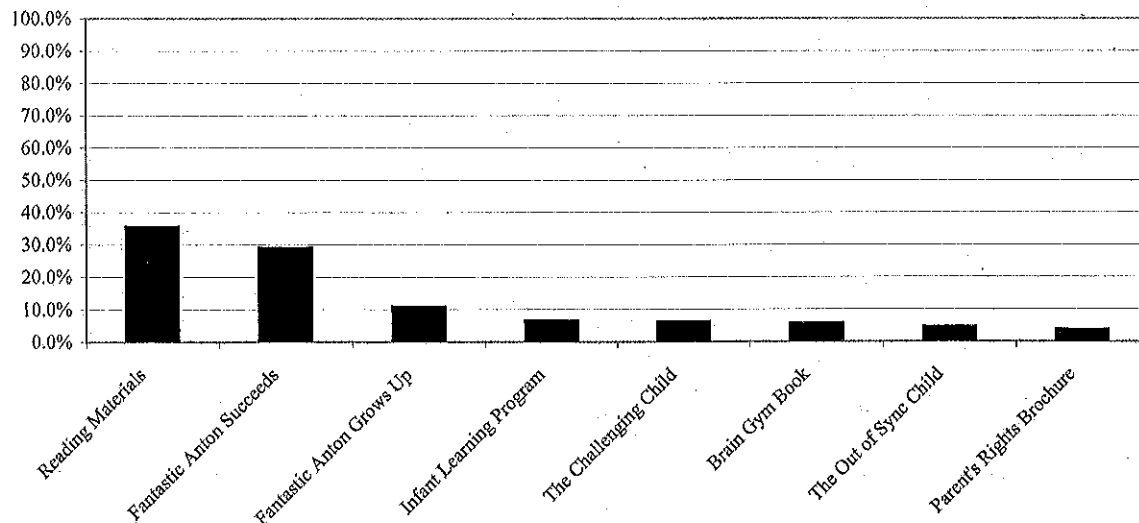
**Recommendation Information**

**Recommendations to Guardian**

<i>Recommendations to Guardian: Resource</i>	<i>n</i>	<i>%</i>
Reading Materials	125	35.5%
Fantastic Anton Succeeds	102	29.0%
Fantastic Anton Grows Up	38	10.8%
Infant Learning Program	23	6.5%
The Challenging Child	22	6.3%
Brain Gym Book	20	5.7%
The Out of Sync Child	16	4.5%
Parent's Rights Brochure	13	3.7%
Floor Time	10	2.8%
Computer Software	8	2.3%
Irreducible Needs	8	2.3%
Need To Succeed	4	1.1%
Audio Books	3	0.9%
Positive Reinforcement	1	0.3%
Storm Riders	1	0.3%
Missing	0	0.0%

Total May Add Up To More Than 100%

**Top Recommendations to Guardian: Resource**



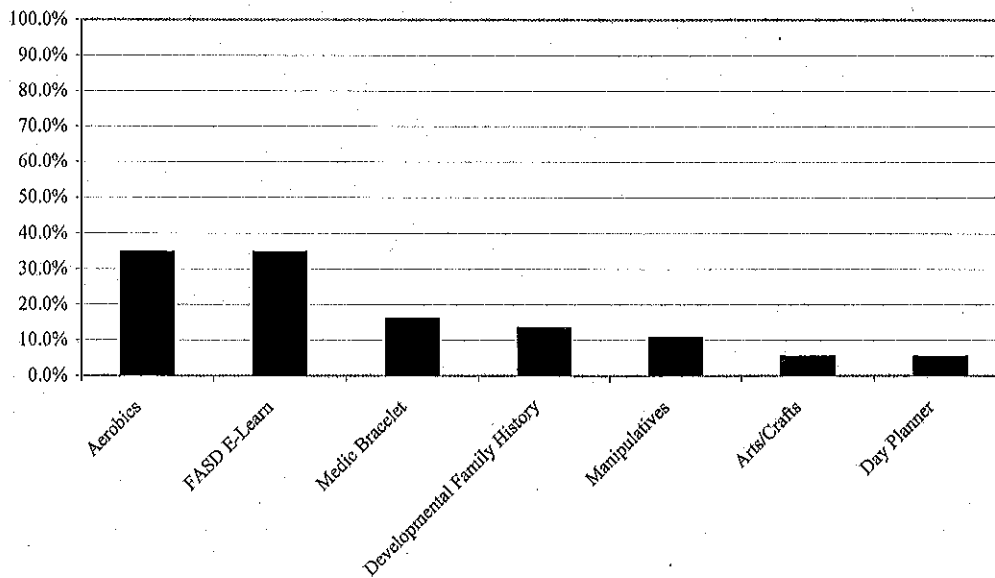
*Recommendation Information*

**Recommendations to Guardian**

<i>Recommendations to Guardian: Misc.</i>	<i>n = 75</i>	
	<i>n</i>	<i>%</i>
Aerobics	26	34.7%
FASD E-Learn	26	34.7%
Medic Bracelet	12	16.0%
Developmental Family History	10	13.3%
Manipulatives	8	10.7%
Arts/Crafts	4	5.3%
Day Planner	4	5.3%
Lindamood-Bell	3	4.0%
Role Play	3	4.0%
Guardian Ad Litem	2	2.7%
Medical Services	2	2.7%
Talking Books	2	2.7%
External Brain	1	1.3%
Logic Games	1	1.3%
Songs/Stories	1	1.3%
Missing	3	4.0%

Total May Add Up To More Than 100%

*Top Recommendations to Guardian: Misc.*



**Recommendation Information**

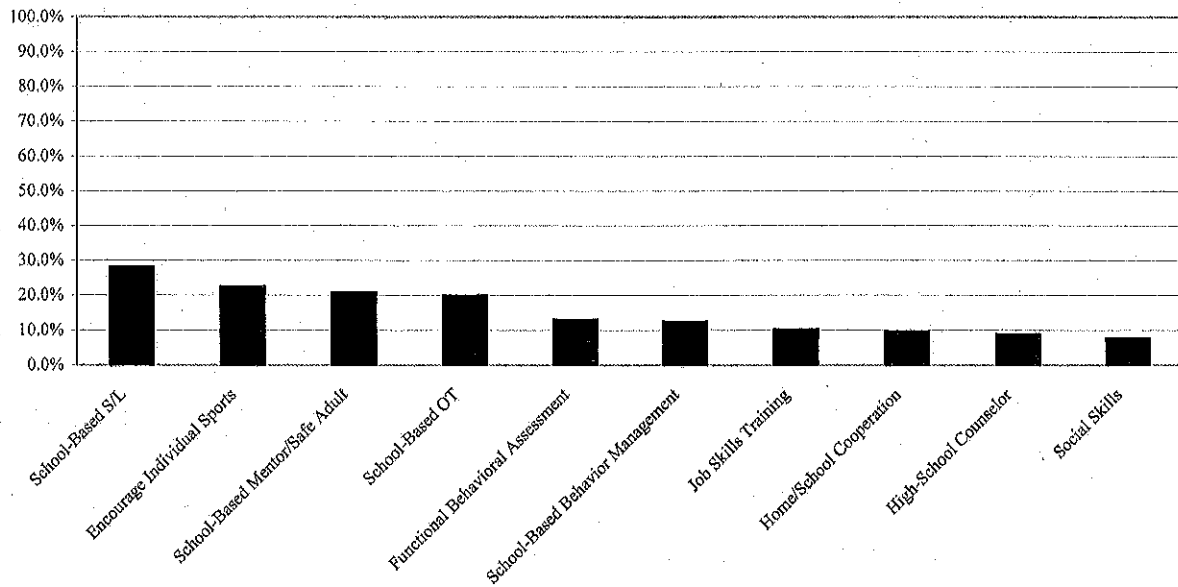
**Recommendations to School**

<i>Recommendations to School: Services</i>	<i>n = 352</i>	
	<i>n</i>	<i>%</i>
School-Based S/L	99	28.1%
Encourage Individual Sports	79	22.4%
School-Based Mentor/Safe Adult	73	20.7%
School-Based OT	70	19.9%
Functional Behavioral Assessment	46	13.1%
School-Based Behavior Management	44	12.5%
Job Skills Training	36	10.2%
Home/School Cooperation	34	9.7%
High-School Counselor	31	8.8%
Social Skills	27	7.7%
Test Accommodation	22	6.3%
FAS Summit	9	2.6%
Alternative School Placement	8	2.3%
Classroom Aide	7	2.0%

	<i>n</i>	<i>%</i>
Tutoring	7	2.0%
Reading Evaluation	6	1.7%
FASD Specialist	5	1.4%
School-Based Physical Therapy	5	1.4%
Behavior Modification Program	4	1.1%
FASD E-Learn	4	1.1%
Slingerland Program	3	0.9%
Team Sports	3	0.9%
FASD Readings	2	0.6%
Indian Education Program	2	0.6%
ADHD Evaluation	1	0.3%
Math Evaluation	1	0.3%
Missing	42	11.9%

Total May Add Up To More Than 100%

**Top Recommendations to School: Service**



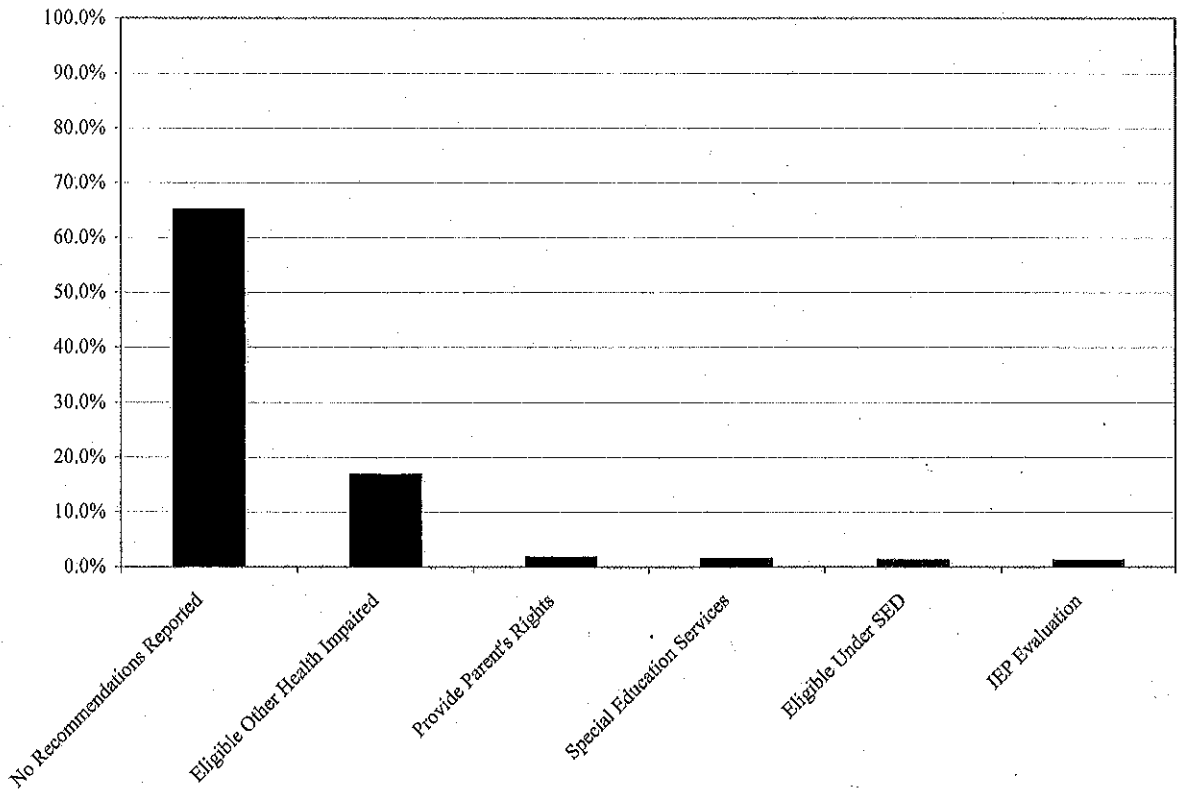
**Recommendation Information:**

**Recommendations to School**

<i>Recommendations to School: IEP Related</i>	<i>n = 352</i>	
	<i>n</i>	<i>%</i>
No Recommendations Reported	229	65.1%
Eligible Other Health Impaired	59	16.8%
Provide Parent's Rights	6	1.7%
Special Education Services	5	1.4%
Eligible Under SED	4	1.1%
IEP Evaluation	4	1.1%
Eligible Under Mental Retardation	3	0.9%
Eligible Under S/L	1	0.3%
Missing	41	11.6%

Total May Add Up To More Than 100%

**Top Recommendations to School: IEP Related**



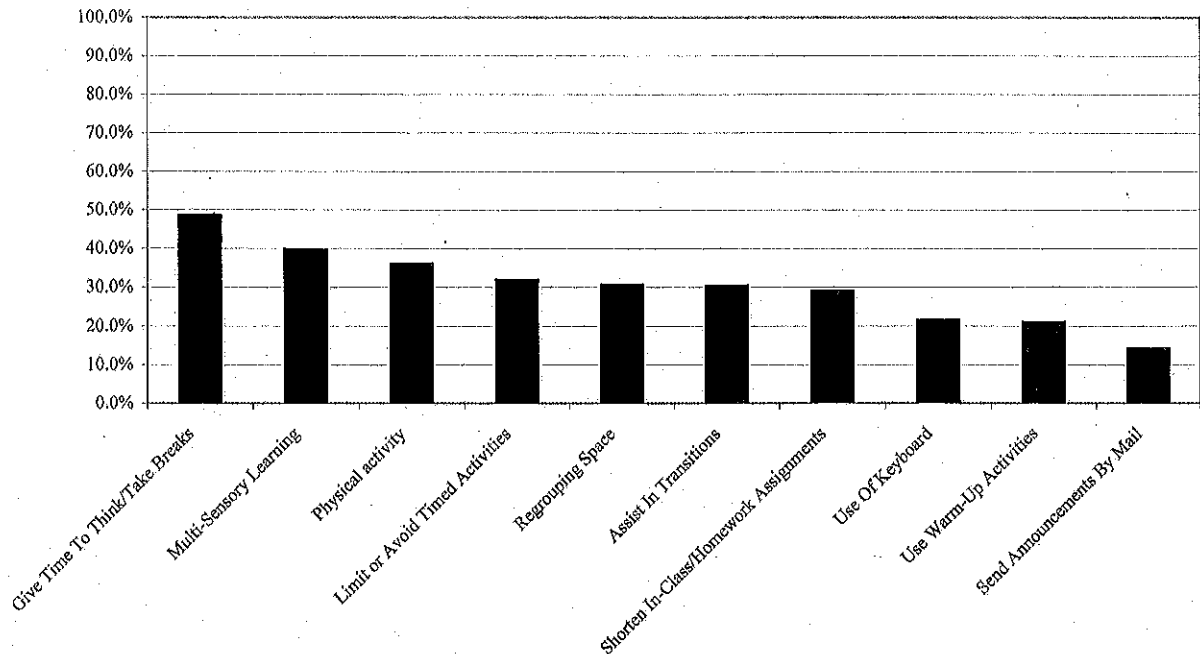
**Recommendation Information:**

**Recommendations to School**

<i>Recommendations to School: Techniques</i>		<i>n = 352</i>			
	<i>n</i>	<i>%</i>		<i>n</i>	<i>%</i>
Give Time To Think/Take Breaks	171	48.6%	Consistency	11	3.1%
Multi-Sensory Learning	140	39.8%	Special Pressure Garments	9	2.6%
Physical activity	127	36.1%	Study Carrel	8	2.3%
Limit or Avoid Timed Activities	112	31.8%	Visual Cues	6	1.7%
Regrouping Space	108	30.7%	Stand To Work	5	1.4%
Assist In Transitions	107	30.4%	Check Homework Daily	4	1.1%
Shorten In-Class/Homework Assignments	102	29.0%	Games	4	1.1%
Use Of Keyboard	76	21.6%	Verbal Cues	4	1.1%
Use Warm-Up Activities	74	21.0%	External Brain	3	0.9%
Send Announcements By Mail	50	14.2%	Neutral Voice Tone	2	0.6%
Sensory Integration Evaluation	41	11.6%	Occupy Hands	2	0.6%
Use A Ruler Or Straightedge	39	11.1%	Phonics	2	0.6%
Mnemonic Strategies	36	10.2%	Use Prompts	2	0.6%
Brain Gym Activities	30	8.5%	Activity Board	1	0.3%
Avoid Sensory Overload	22	6.3%	Social Skills	1	0.3%
Audio Technology	12	3.4%	Missing	41	11.6%
Larger Diameter Pencil	11	3.1%			

Total May Add Up To More Than 100%

**Top Recommendations to School: Techniques**



*Growth and Facial Features*

<i>Growth</i>			
	<i>n</i>	<i>Mean</i>	<i>SD</i>
Weight: Ounces	294	111.6	25.2
Birth Length: Inches	252	19.6	1.7

<i>Facial Features</i>			
<i>Current Phenotype</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>
Right PFL	322	2.6	0.3
Left PFL	321	2.5	0.3
ICD	156	3.1	0.4
Flat Philtrum	313	2.9	1.3
Thin Upper Lip	313	2.3	1.2

<i>ABC SCORE for Facial Phenotype*</i>	<i>Palpebral</i>		<i>Philtrum</i>		<i>Upper Lip</i>		<i>Total</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
C=Less Or Equal To 3 Centile	67	39.4	43	25.3	26	15.3	136	26.7
B=Greater Than 3, Less or Equal to 10	30	17.6	44	25.9	41	24.1	115	22.5
A=Greater Than 10	36	21.2	53	31.2	73	42.9	162	31.8
Missing	37	21.8	30	17.6	30	17.6	97	19
Total	170	100.0	170	100.0	170	100.0	510	100.0

\*This data was not collected by the SCF FASD Team

**Brain Function**

<b>Structural</b>			
	<i>n</i>	<i>mean</i>	<i>SD</i>
OFC Severity	20	1.3	0.6

<b>Neurological</b>			
	<i>n</i>	<i>mean</i>	<i>SD</i>
Gross Motor Severity	49	1.9	0.9

<b>Psychiatric Diagnoses</b>			
	<i>n</i>	<i>mean</i>	<i>SD</i>
Diagnosis Severity	51	2.6	0.6

<b>ADHD/ADD</b>			
	n= 352		
	<i>n</i>	<i>%</i>	
Yes	175	49.7%	
No	33	9.4%	
Unknown	25	7.1%	
Missing	119	33.8%	

***Brain Function***

**Psychiatric Diagnosis**

<i>Psychiatric Diagnosis</i>	<i>n = 352</i>	
	<i>n</i>	<i>%</i>
ADHD	46	13.1%
Communication Disorder	46	13.1%
Learning Disability	41	11.6%
Depression	40	11.4%
PTSD	38	10.8%
Conduct/Disruptive Disorder	36	10.2%
Adjustment Disorders	19	5.4%
Vcodes	16	4.5%
Anxiety	13	3.7%
Other Childhood Disorder	13	3.7%
Childhood Abuse/Neglect	13	3.7%
Mental Retardation	10	2.8%
Dementia (Cognitive Disorder)	9	2.6%
Bipolar	7	2.0%
Developmental Disorders	7	2.0%
Impulse Control	7	2.0%
Elimination Disorder	7	2.0%
Sleep Disorder	6	1.7%
Alcohol Abuse	6	1.7%
Personality Disorders	4	1.1%
Schizophrenia	3	0.9%
Other Drug Abuse	3	0.9%
Diagnosis Deferred	3	0.9%
Motor Skills Disorder	3	0.9%
Drug Induced Disorders	2	0.6%
Other Psychotic Disorders	2	0.6%
Obsessive Compulsive	2	0.6%
Sexual Disorders	2	0.6%
Mental Disorder Due To Medical Condition	1	0.3%
Alcohol Dependence	1	0.3%
Drug Dependence	1	0.3%
Eating Disorders	1	0.3%
No Diagnosis	4	1.1%

Total May Add Up To More Than 100%

**Brain Function**

**Psychiatric Diagnosis - Medication**

<i>Psychiatric Diagnosis:</i>	<i>n = 352</i>	
<i>Medication</i>	<i>n</i>	<i>%</i>
Ritalin	45	12.8%
Concerta	22	6.3%
Adderall	20	5.7%
Clonidine	16	4.5%
Zoloft	14	4.0%
Risperdal	13	3.7%
Trazodone	12	3.4%
Wellbutrin	10	2.8%
Seroquel	8	2.3%
Strattera	8	2.3%
Depakote	7	2.0%
Dexedrine	7	2.0%
Melatonin	7	2.0%
Paxil	7	2.0%
Zyprexa	6	1.7%
Imipramine	5	1.4%
Methylphenidate	5	1.4%
Tenex	5	1.4%
Dextroamphetamine	4	1.1%
Albuterol	3	0.9%
DDAVP	3	0.9%
Effexor	3	0.9%
Prozac	3	0.9%
Atomoxetine	2	0.6%
Celexa	2	0.6%
Neurontin	2	0.6%
Remeron	2	0.6%

	<i>n</i>	<i>%</i>
Tegretol	2	0.6%
Topamax	2	0.6%
Cylert	2	0.6%
Alprazolam	1	0.3%
Atarax	1	0.3%
Bupropion	1	0.3%
Catapres	1	0.3%
Cephalexin	1	0.3%
Clomipramine	1	0.3%
Congertin	1	0.3%
Dextrostat	1	0.3%
Ditropan	1	0.3%
Flonase	1	0.3%
Fluticasone	1	0.3%
Guanfacine	1	0.3%
Ibuprofen	1	0.3%
Lithabud	1	0.3%
Lithium	1	0.3%
Luvox	1	0.3%
Metadat	1	0.3%
Methylin	1	0.3%
Phenobarbital	1	0.3%
Prolixin	1	0.3%
Prophylaxis	1	0.3%
Serzone	1	0.3%
Thorazine	1	0.3%
Valproic Acid	1	0.3%

Total May Add Up To More Than 100%

*Brain Function*

**Caregiver Interview\***

	<i>N</i>	<i>Mean</i>	<i>SD</i>
<i>Planning</i>			
Needs Considerable Help Organizing Daily Tasks	91	2.3	0.8
Cannot Organize Time	82	2.4	0.8
Doesn't Understand Concept Of Time	81	2.2	0.9
Difficulty In Carrying Out Multi-Step Tasks	92	2.3	0.8
<i>Behavioral Regulation/Sensory Motor Integration</i>			
Poor Management Of Anger/Tantrums	92	2.2	0.8
Mood Swings	93	2.1	0.9
Impulsive	90	2.2	0.9
Compulsive	78	1.8	0.9
Preservative	83	2.0	0.9
Inattentive	88	2.3	0.8
Inappropriate Activity Level	83	2.2	0.9
Lying/Stealing	85	1.9	0.9
Unusual-Reactivity To Stimuli	68	2.0	0.9
<i>Abstract Thinking/Judgment</i>			
Poor Judgment	83	2.3	0.8
Cannot Be Left Alone	79	2.2	0.9
Concrete, Unable To Think Abstractly	84	2.1	0.9
<i>Memory/Learning/Information Processing</i>			
Poor Memory, Inconsistent Retrieval Of Learned Information	91	2.1	0.9
Slow To Learn New Skills	90	2.1	0.9
Does Not Seem To Learn From Past Experiences	91	2.1	0.9
Problems Recognizing Consequences Of Actions	93	2.2	0.9
Problems With Information Processing Speed And Accuracy	85	2.2	0.9
<i>Spatial Memory</i>			
Gets Lost Easily, Has Difficulty Navigating From Point A To Point B	73	1.5	0.8
<i>Social Skills and Adaptive Behavior</i>			
Behaves At A Level Notably Younger Than Chronological Age	84	2.1	0.9
Poor Social/Adaptive Skills	89	2.1	0.9
<i>Motor/Oral Motor Control</i>			
Poor/Delayed Motor Skills	59	1.8	0.9
Poor Balance	58	1.7	0.8

Likert scale 0=Unable to Judge; 1=Normal; 2=Mildly Abnormal; 3=Severely Abnormal

Mean and standard deviation computed without the 0 scores.

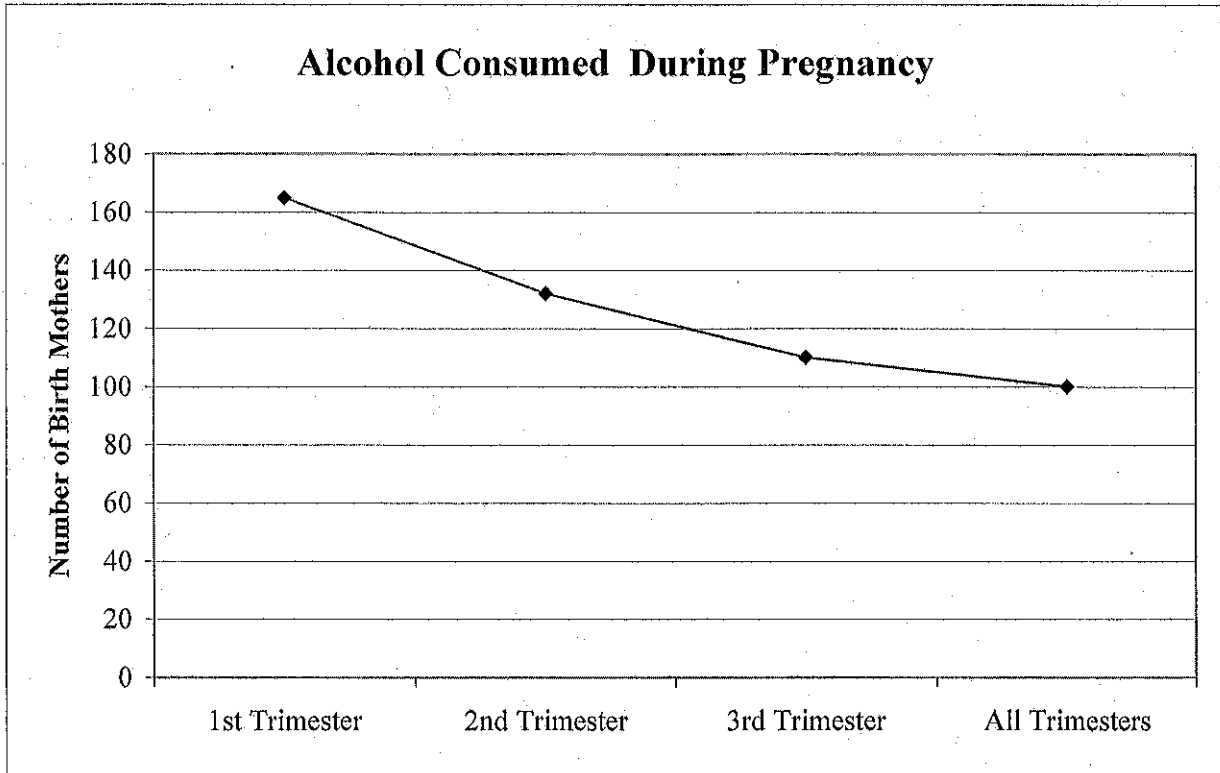
\*This data was not collected by the SCF FASD Team.

**Maternal Alcohol Use**

**Alcohol Consumption of the Birth Mother**

**During Pregnancy**

Alcohol Consumed:	<i>n</i>	Yes		No		Unknown		NA		Missing	
		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
1st Trimester	352	165	46.9%	4	1.1%	95	27.0%	4	1.1%	84	23.9%
2nd Trimester	352	132	37.5%	132	37.5%	98	27.8%	4	1.1%	95	27.0%
3rd Trimester	352	110	31.3%	110	31.3%	99	28.1%	4	1.1%	99	28.1%
All Trimesters	352	100	28.4%								



*Maternal Alcohol Use*

**Alcohol Consumption of the Birth Mother**

<i>During Pregnancy</i>		<b>Yes</b>		<b>Suspected</b>		<b>No</b>		<b>Unknown</b>		<b>Missing</b>	
	<i>n</i>	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<i>Birth Mother:</i>											
Diagnosed With Alcoholism	352	163	46.3	13	3.7	13	3.7	116	33.0	47	13.4
Reports To Have A Problem With Alcohol	352	208	59.1	14	4.0	7	7.0	82	23.3	41	11.6
Ever Receive Treatment For Alcohol Addiction	352	116	33.0	3	0.9	17	4.8	162	46.0	54	15.3
Alcohol During This Pregnancy Positively Confirmed	352	232	65.9	34	9.7	14	4	32	9.1	40	11.4

*Birth Related Comorbidities*

**Prenatal**

*Poor Prenatal Care*

	<i>n</i>	<i>%</i>
Yes	61	17.4
No	28	8.0
Suspected	28	8.0
Unknown	155	44.2
Missing	80	22.5

*Prenatal Complications*

	<i>n</i>	<i>%</i>
Pre-Term Birth	6	1.7%
Domestic Violence	5	1.4%
Rupture Membrane	3	0.9%
High Blood Pressure	2	0.6%
Physical Injury	2	0.6%
Surgery	2	0.6%
Bedridden	1	0.3%
Hospitalization	1	0.3%
Medical Condition	1	0.3%
Toxemia	1	0.3%

*Birth Related Comorbidities*

**Prenatal**

---

*Heritability or Malformation*

	<i>n</i>	<i>%</i>
Alcoholism	72	20.5%
Depression	24	6.8%
Mental Illness	20	5.7%
Substance Abuse	13	3.7%
Developmental Learning Disability	11	3.1%
ADHD	6	1.7%
Diabetes	6	1.7%
Bipolar Disorder	4	1.1%
Hearing/Visual Deficit	3	0.9%
Other Medical Condition	3	0.9%
Seizures	3	0.9%
Cardiovascular Disease	2	0.6%
Epilepsy	2	0.6%
Autism	1	0.3%
Personality Disorder	1	0.3%
Schizophrenia	1	0.3%

---

*Birth Related Comorbidities*

**Prenatal**

<i>Other Potentially</i>		
<i>Teratogenic Exposures</i>	<i>n</i>	<i>%</i>
Nicotine	102	29.0%
Cocaine	60	17.0%
Marijuana	40	11.4%
Multiple Illegal Drugs	33	9.4%
Prescription Medications	13	3.7%
THC	7	2.0%
Methamphetamine	4	1.1%
Alcoholism	1	0.3%
Heroin	1	0.3%
Over The Counter Drugs	1	0.3%
Polysubstance	1	0.3%
Steroids	1	0.3%
Tobacco	1	0.3%

**Postnatal**

<i>Perinatal Difficulties</i>		
	<i>n</i>	<i>%</i>
Respiratory Distress	14	4.0%
Heart Problems	6	1.7%
Difficulty Feeding	5	1.4%
Jaundice	5	1.4%
Seizures	5	1.4%
Premature Birth	4	1.1%
Resuscitation	4	1.1%
Brain Dysfunction	2	0.6%
Hernia	2	0.6%
Poor Weight Gain	2	0.6%
Renal	2	0.6%
Shoulder Problem	2	0.6%
Colic	1	0.3%
Microencephaly	1	0.3%
Nystagmus	1	0.3%
Stroke	1	0.3%

*Birth Related Comorbdtitles*

**Postnatal**

*Issues of Nurture*

	<i>n</i>	<b>Yes</b>		<b>Suspected</b>		<b>No</b>		<b>Unknown</b>		<b>Missing</b>	
		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Physical Abuse	352	119	33.8	16	4.5	81	23.0	46	13.1	89	25.3
Sexual Abuse	352	58	16.5	24	6.8	111	31.5	66	18.8	92	26.1
Neglect	352	115	32.7	20	5.7	44	12.5	53	15.1	120	34.1

	<b>N</b>	<b>Mean</b>	<b>STD</b>
Number of Home Placements	83	4.7	10.3

***Birth Related Comorbidities***

**Postnatal**

<i>Other</i>		
<i>Nurturance Issues</i>	<i>n</i>	<i>%</i>
Adverse Home Environment	36	10.2%
Witnessed Domestic Violence	22	6.3%
Adopted	19	5.4%
Family History of Incarceration	6	1.7%
Abandoned	4	1.1%
Relinquished Parental Rights	3	0.9%
Drank While Breast Feeding	1	0.3%
Numerous Deaths In Family	1	0.3%

<i>Other Issues That Could Explain Brain Dysfunction</i>		
	<i>n</i>	<i>%</i>
Ear Infections	61	17.3%
Head Injury	18	5.1%
Seizures	8	2.3%
Bronchitis	7	2.0%
Hearing Impaired	6	1.7%
Otitis	6	1.7%
Asthma	3	0.9%
Concussion	3	0.9%
Polysubstance Abuse	3	0.9%
Sinusitis	3	0.9%
Febrile Syndrome	2	0.6%
High Fevers	2	0.6%
Inhalant Use	2	0.6%

	<i>n</i>	<i>%</i>
Malnutrition	2	0.6%
Physical Injury	2	0.6%
Skull Fracture	2	0.6%
Failure/Thrive	1	0.3%
Ingest Poison	1	0.3%
Leukemia	1	0.3%
Marijuana Use	1	0.3%
Pneumonia	1	0.3%
Respiratory Disorder	1	0.3%
Scarlet Fever	1	0.3%
Scoliosis	1	0.3%
Syphilis	1	0.3%
Tuberculosis	1	0.3%



*Appendix A: University of Washington,  
FAS Diagnostic Form Section II*

# FAS Diagnostic Evaluation Form

## 4-Digit Diagnostic Code Grid

(See instructions in Diagnostic Guide for FAS and Related Conditions)

significant	severe	definite	4					4	high risk
moderate	moderate	probable	3					3	some risk
mild	mild	possible	2					2	unknown
none	absent	unlikely	1					1	no risk
<b>Growth Deficiency</b>	<b>FAS Facial Features</b>	<b>Brain Dysfunction</b>		Growth	Face	Brain	Alcohol		<b>Gestational Alcohol</b>

## GROWTH

**At Birth**

Birth weight: \_\_\_\_\_ (gms) \_\_\_\_\_ (lbs/oz.), \_\_\_\_\_ (centile) for gestational age

Birth length \_\_\_\_\_ (cm) \_\_\_\_\_ (inches), \_\_\_\_\_ (centile) for gestational age

Gestational age at birth \_\_\_\_\_ (weeks)

**Highest Weight and Height Centiles Recorded**

wgt \_\_\_\_\_ (kg), \_\_\_\_\_ (lbs), \_\_\_\_\_ (centile), age \_\_\_\_\_ (yr)

hgt \_\_\_\_\_ (cm), \_\_\_\_\_ (inches), \_\_\_\_\_ (centile), age \_\_\_\_\_ (yr), parent adjustment \_\_\_\_\_ (cm)

**Lowest Weight and Height Centiles Recorded**

wgt \_\_\_\_\_ (kg), \_\_\_\_\_ (lbs), \_\_\_\_\_ (centile), age \_\_\_\_\_ (yr)

hgt \_\_\_\_\_ (cm), \_\_\_\_\_ (inches), \_\_\_\_\_ (centile), age \_\_\_\_\_ (yr), parent adjustment \_\_\_\_\_ (cm)

**Current Weight and Height**

wgt \_\_\_\_\_ (kg), \_\_\_\_\_ (lbs), \_\_\_\_\_ (centile), age \_\_\_\_\_ (yr)

hgt \_\_\_\_\_ (cm), \_\_\_\_\_ (inches), \_\_\_\_\_ (centile), age \_\_\_\_\_ (yr), parent adjustment \_\_\_\_\_ (cm)

**Birth Parent's Heights**

mother's hgt \_\_\_\_\_ (cm) \_\_\_\_\_ (inches), father's hgt \_\_\_\_\_ (cm) \_\_\_\_\_ (inches), mid-parent hgt \_\_\_\_\_ (cm)

**ABC-Score for Growth Deficiency**

*Circle the ABC Scores for:*

See instructions in  
Diagnostic Guide for FAS

- ≤ 3rd centile = **C**
- >3rd and ≤ 10th centile = **B**
- > 10th centile = **A**

	Height	Weight
≤ 3rd centile = <b>C</b>	C	C
>3rd and ≤ 10th centile = <b>B</b>	B	B
> 10th centile = <b>A</b>	A	A

This ABC Score reflects the patient's growth between \_\_\_\_\_ years and \_\_\_\_\_ years of age.

**FACIAL FEATURES (and other physical findings)**

**CURRENT PHENOTYPE:** (Age \_\_\_\_\_ yrs)

Direct measures

Right palpebral fissure length (PFL) \_\_\_\_\_ (cm) \_\_\_\_\_ (z-score)  
 Left palpebral fissure length (PFL) \_\_\_\_\_ (cm) \_\_\_\_\_ (z-score)  
 Inner canthal distance (ICD) \_\_\_\_\_ (cm) \_\_\_\_\_ (z-score)

*Not Present                      Mildly Present                      Definitely Present\**

Flat philtrum\*                      \_\_\_\_\_ 1                      \_\_\_\_\_ 2                      \_\_\_\_\_ 3                      \_\_\_\_\_ 4                      \_\_\_\_\_ 5 (flat)  
 Thin upper lip\*                      \_\_\_\_\_ 1                      \_\_\_\_\_ 2                      \_\_\_\_\_ 3                      \_\_\_\_\_ 4                      \_\_\_\_\_ 5 (thin)

Clinic Photograph

**Internal Measure**      True size \_\_\_\_\_ Units .. ( \_\_\_\_\_ )

Was a facial photograph taken? Yes \_\_\_\_, No \_\_\_\_      Size in photo \_\_\_\_\_ Units ( \_\_\_\_\_ )

Right PFL      Length in photo \_\_\_\_\_ (pixels or mm);      True estimate \_\_\_\_\_ (cm)      \_\_\_\_\_ (z-score)  
 Left PFL      Length in photo \_\_\_\_\_ (pixels or mm);      True estimate \_\_\_\_\_ (cm)      \_\_\_\_\_ (z-score)  
 ICD      Length in photo \_\_\_\_\_ (pixels or mm);      True estimate \_\_\_\_\_ (cm)      \_\_\_\_\_ (z-score)

*Not Present                      Mildly Present                      Definitely Present*

Flat philtrum\*                      \_\_\_\_\_ 1                      \_\_\_\_\_ 2                      \_\_\_\_\_ 3                      \_\_\_\_\_ 4                      \_\_\_\_\_ 5 (flat)      Upper Lip  
 Thin upper lip\*                      \_\_\_\_\_ 1                      \_\_\_\_\_ 2                      \_\_\_\_\_ 3                      \_\_\_\_\_ 4                      \_\_\_\_\_ 5 (thin)      Circularity\*\*

**PAST PHENOTYPE** (Age \_\_\_\_\_ yrs)

**Internal Measure**      True size \_\_\_\_\_ Units .. ( \_\_\_\_\_ )

Source of data ( photograph \_\_\_\_, text record \_\_\_\_ )      Size in photo \_\_\_\_\_ Units ( \_\_\_\_\_ )

Right PFL      Length in photo \_\_\_\_\_ (pixels or mm);      True estimate \_\_\_\_\_ (cm)      \_\_\_\_\_ (z-score)  
 Left PFL      Length in photo \_\_\_\_\_ (pixels or mm);      True estimate \_\_\_\_\_ (cm)      \_\_\_\_\_ (z-score)  
 ICD      Length in photo \_\_\_\_\_ (pixels or mm);      True estimate \_\_\_\_\_ (cm)      \_\_\_\_\_ (z-score)

*Not Present                      Mildly Present                      Definitely Present*

Flat philtrum\*                      \_\_\_\_\_ 1                      \_\_\_\_\_ 2                      \_\_\_\_\_ 3                      \_\_\_\_\_ 4                      \_\_\_\_\_ 5 (flat)      Upper Lip  
 Thin upper lip\*                      \_\_\_\_\_ 1                      \_\_\_\_\_ 2                      \_\_\_\_\_ 3                      \_\_\_\_\_ 4                      \_\_\_\_\_ 5 (thin)      Circularity\*\*

Facial D-score\*\* \_\_\_\_\_       $Dscore = 0.7408 - 5.7337 (Largest\ PFL/ICD) + 1.1677 (philtrum\ Likert\ rank) + 0.1587 (upper\ lip\ Likert\ rank)$

\*(Use Lip-Philtrum Guide on page 26, Figure 1)

\*\* (Astley & Clarren, 1996)

**ABC-SCORE for Facial Phenotype**

(See instructions in the Diagnostic Guide for deriving the ABC Score and translating it into a 4-Digit Diagnostic Code)

5-Point Likert Scale for Philtrum & Lip	Standard Deviation Scale for Fissures	Circle the ABC Scores for:		
		Palpebral Fissures	Smooth Philtrum	Thin Upper Lip
4 or 5	≤ -2 SD	C	C	C
3	> -2 SD and ≤ -1 SD	B	B	B
1 or 2	> -1 SD	A	A	A

**ALL ADDITIONAL PHYSICAL ANOMALIES** (circle or write in) epicanthal folds, ptosis, clown eyebrows

**BRAIN FUNCTION**

Examiner's Clinical Judgment of Severity of Outcome  
Circle: 0 = Unable to Judge, 1 = Normal, 2 = Mildly Abnormal, 3 = Severely Abnormal

Severity **STRUCTURAL**

0 1 2 3 OFC \_\_\_\_\_ (cm) \_\_\_\_\_ (centile) at \_\_\_\_\_ years of age.  
0 1 2 3 Structural anomalies on CT/MRI \_\_\_\_\_  
0 1 2 3 Other: \_\_\_\_\_

**NEUROLOGIC**

0 1 2 3 Seizure Disorder: type \_\_\_\_\_ Age at onset \_\_\_\_\_ (yrs)  
0 1 2 3 Gross motor \_\_\_\_\_  
0 1 2 3 Fine motor \_\_\_\_\_  
0 1 2 3 Quick Neurological Screening Test score \_\_\_\_\_  
0 1 2 3 Other neurologic signs \_\_\_\_\_

**PSYCHOMETRIC** Provide most recent test scores

0 1 2 3 **Intellectual:** (test/version) \_\_\_\_\_ Age \_\_\_\_\_ (yr/mos)  
FSIQ or equiv. \_\_\_\_\_ VIQ \_\_\_\_\_ PIQ \_\_\_\_\_ PercOrg \_\_\_\_\_ VerbComp \_\_\_\_\_ FreeDis \_\_\_\_\_  
Inf. \_\_\_\_\_ Sim. \_\_\_\_\_ Arith. \_\_\_\_\_ Voc. \_\_\_\_\_ Comm. \_\_\_\_\_ Dig. \_\_\_\_\_ Pict. C. \_\_\_\_\_ Pict. A. \_\_\_\_\_ Blo. \_\_\_\_\_ Obj. \_\_\_\_\_ Cod. \_\_\_\_\_ Maz. \_\_\_\_\_  
\_\_\_\_\_ Age(s) of previous intelligence tests \_\_\_\_\_ (yrs)

0 1 2 3 **Achievement** (test/version) \_\_\_\_\_ Age \_\_\_\_\_ (yr/mos)

Subtest	Score	Type of Score (standard, %, age equiv., T, Z, etc)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Age(s) of previous Achievement tests \_\_\_\_\_ (yrs)

0 1 2 3 **Adaptation** (test/version) \_\_\_\_\_ Age \_\_\_\_\_ (yr/mos)

Composite Score Name	Score	Type of Score (standard, %, age equiv., T, Z, etc)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Age(s) of previous Adaptation tests \_\_\_\_\_ (yrs)

(See the "Diagnostic Guide for FAS" for instructions on deriving the 4-Digit Diagnostic Code for Brain Dysfunction) Page 3

**BRAIN FUNCTION (Continued)**

Examiner's Clinical Judgment of Severity of Outcome  
 Circle: 0 = Unable to Judge, 1 = Normal, 2 = Mildly Abnormal, 3 = Severely Abnormal

Severity  
 0 1 2 3 **Psychiatric Diagnoses:** ADHD / ADD ( \_\_\_ yes, \_\_\_ no, \_\_\_ unknown)  
 other (*specify*) \_\_\_\_\_

Medication(s)	Response (+, -, none )	Medication(s)	Response (+, -, none )
_____	_____	_____	_____
_____	_____	_____	_____

0 1 2 3 **Neuropsychological** (e.g., VMI, CVLT-C, Halstead-Reitan, WRAML, Rey, Bender-G, Luria-Nebraska, etc)

Test name	Score	Type of Score (standard, %, age equiv., T, Z, etc)	Age (yr/months)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

0 1 2 3 **Mental State Reasoning Test** (Univ. Washington Coggins et. al., 1998a,b <sup>14,15</sup>) Age \_\_\_\_\_ (yr/mos)  
 1st Order ( Belief \_\_\_\_\_ Justification \_\_\_\_\_ ) 2nd Order ( Belief \_\_\_\_\_ Justification \_\_\_\_\_ )

0 1 2 3 **Narrative Test**(Univ. Washington, Coggins et. al., 1998a,b) Age \_\_\_\_\_ (yr/mos)  
 Bus Story \_\_\_\_\_ Frog Story \_\_\_\_\_

0 1 2 3 **Language**

Test name	Score	Type of Score (standard, %, age equiv., T, Z, etc)	Age (yr/months)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

0 1 2 3 **Developmental** (test/version) Age \_\_\_\_\_ (yr/mos)

Subtest	Score	Type of Score (standard, %, age equiv., T, Z, etc)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(See the "Diagnostic Guide for FAS" for instructions on deriving the 4-Digit Diagnostic Code for Brain Dysfunction) Page 4

**BRAIN FUNCTION (Continued)**

Examiner's Clinical Judgment of Severity of Outcome  
 Circle: 0 = Unable to Judge, 1 = Normal, 2 = Mildly Abnormal, 3 = Severely Abnormal

**CAREGIVER INTERVIEW** These observations are intended to support, not define, clinical impressions

Severity

**Planning**

- 0 1 2 3 Needs considerable help organizing daily tasks
- 0 1 2 3 Cannot organize time, [ 0 1 2 3 ] Doesn't understand concept of time
- 0 1 2 3 Difficulty in carrying out multi-step tasks
- 0 1 2 3 Other \_\_\_\_\_

**Behavioral Regulation/ Sensory Motor Integration**

- 0 1 2 3 Poor management of anger / tantrums
- 0 1 2 3 Mood swings
- 0 1 2 3 Impulsive, [ 0 1 2 3 ] compulsive, [ 0 1 2 3 ] perseverative,
- 0 1 2 3 Inattentive
- 0 1 2 3 Inappropriate activity level [ high or low ]
- 0 1 2 3 Lying/stealing
- 0 1 2 3 Unusual-reactivity to stimuli. [ sound touch light] [ high or low]
- 0 1 2 3 Other \_\_\_\_\_

**Abstract Thinking / Judgment**

- 0 1 2 3 Poor judgment, [ 0 1 2 3 ] Cannot be left alone
- 0 1 2 3 Concrete, unable to think abstractly
- 0 1 2 3 Other \_\_\_\_\_

**Memory / Learning / Information Processing**

- 0 1 2 3 Poor memory, inconsistent retrieval of learned information
- 0 1 2 3 Slow to learn new skills
- 0 1 2 3 Does not seem to learn from past experiences
- 0 1 2 3 Problems recognizing consequences of actions
- 0 1 2 3 Problems with information processing speed and accuracy
- 0 1 2 3 Other \_\_\_\_\_

**Spatial Memory**

- 0 1 2 3 Gets lost easily, has difficulty navigating from point A to point B
- 0 1 2 3 Other \_\_\_\_\_

**Social Skills and Adaptive Behavior**

- 0 1 2 3 Behaves at a level notably younger than chronological age
- 0 1 2 3 Poor social/adaptive skills
- 0 1 2 3 Other \_\_\_\_\_

**Motor/Oral Motor Control**

- 0 1 2 3 Poor/delayed motor skills, [ 0 1 2 3 ] poor balance
- 0 1 2 3 Other \_\_\_\_\_

0 1 2 3 **Behavioral/Social Competence:** (test) \_\_\_\_\_ Age \_\_\_\_\_ (yr/mos)

Subtest Score Type of Score (standard, %, age equiv., T, Z, etc)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(See the "Diagnostic Guide for FAS" for instructions on deriving the 4-Digit Diagnostic Code for Brain Dysfunction) Page 5

**MATERNAL ALCOHOL USE**

**Alcohol consumption of the birth mother**

**Before pregnancy:** average number of drinks per drinking occasion: \_\_\_\_\_  
 maximum number of drinks per occasion: \_\_\_\_\_  
 average number of drinking days per week: \_\_\_\_\_

Type of alcohol consumed \_\_\_ wine, \_\_\_ beer, \_\_\_ liquor, \_\_\_ unk, \_\_\_ other (specify) \_\_\_\_\_

**During pregnancy:** average number of drinks per drinking occasion: \_\_\_\_\_  
 maximum number of drinks per occasion: \_\_\_\_\_  
 average number of drinking days per week: \_\_\_\_\_

Type of alcohol consumed \_\_\_ wine, \_\_\_ beer, \_\_\_ liquor, \_\_\_ unk, \_\_\_ other (specify) \_\_\_\_\_

Trimester(s) in which alcohol was consumed \_\_\_ 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ unk. \_\_\_ not applicable

Was the birth mother ever diagnosed with alcoholism? No Suspected Yes Unknown  
 \_\_\_\_\_

Was the birth mother ever reported to have a problem with alcohol? \_\_\_\_\_

Did the birth mother ever receive treatment for alcohol addiction? \_\_\_\_\_

Was alcohol use during this pregnancy positively confirmed? \_\_\_\_\_

If, yes, source of confirmation \_\_\_\_\_

Reported use of alcohol during pregnancy is: \_\_\_ reliable, \_\_\_ somewhat reliable, \_\_\_ of unk. reliability

Other information about alcohol use during pregnancy: \_\_\_\_\_

**4-Digit Rank for Alcohol Exposure**

Circle the 4-Digit Diagnostic Code Rank in the table below that best reflects the patient's gestational Alcohol Exposure Category.

4-Digit Diagnostic Code Rank	Gestational Alcohol Exposure Category	Description
4	High Risk	<ul style="list-style-type: none"> <li>Alcohol use during pregnancy CONFIRMED <i>and</i></li> <li>Exposure pattern is consistent with the medical literature placing the fetus at "high risk" (generally high peak blood alcohol concentrations delivered at least weekly in early pregnancy).</li> </ul>
3	Some Risk	<ul style="list-style-type: none"> <li>Alcohol use during pregnancy CONFIRMED <i>and</i></li> <li>Drinking occurred in gestation in frequencies and volumes less than in category (4) or exact amounts unknown.</li> </ul>
2	Unknown Risk	<ul style="list-style-type: none"> <li>Gestational exposure is simply not known or information is of questionable reliability</li> </ul>
1	No Risk	<ul style="list-style-type: none"> <li>Alcohol use during pregnancy is CONFIRMED to be completely ABSENT.</li> </ul>



***Appendix B: FASD Chart Review Sheet***



**Recommendation Information (General recommendations made to the guardian and school)**

Recommendations made to guardian: Yes \_\_\_ No \_\_\_

**Recommendations to guardian:**

**Services:**

Parent Advocate \_\_\_\_\_

Parent advocacy group \_\_\_\_\_

Annual vision evaluation \_\_\_\_\_

Orthodontia evaluation \_\_\_\_\_

Job skill training \_\_\_\_\_

Speech therapy \_\_\_\_\_

Sensory integration evaluation \_\_\_\_\_

Family therapy \_\_\_\_\_

Individual therapy \_\_\_\_\_

Play therapy \_\_\_\_\_

Parenting groups \_\_\_\_\_

Parent Support Group \_\_\_\_\_

Evaluation for medication \_\_\_\_\_

2<sup>nd</sup> opinion on medication \_\_\_\_\_

Therapeutic massage \_\_\_\_\_

Social skills group \_\_\_\_\_

After school activities \_\_\_\_\_

Big Brother Big Sister \_\_\_\_\_

Birth control \_\_\_\_\_

Sex education \_\_\_\_\_

Music lessons \_\_\_\_\_

Marital arts \_\_\_\_\_

Tradition native activities \_\_\_\_\_

Special Olympics \_\_\_\_\_

Summer camp \_\_\_\_\_

School based mentor/ safe adult \_\_\_\_\_

FASD Re-evaluate \_\_\_\_\_

FAS Summit \_\_\_\_\_

Infant Learning Program \_\_\_\_\_

Complete hearing exam \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Financial Related:**

Supplemental Security Income \_\_\_\_\_

DD Qualified by state \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Home Setting:**

Good nutrition \_\_\_\_\_

Consistent structure and routine \_\_\_\_\_

Physical activity \_\_\_\_\_

Brain gym activities \_\_\_\_\_

Specific praise \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**School Related:**

Request IEP \_\_\_\_\_

Eligible under Other Health Impaired \_\_\_\_\_

Eligible under Mental Retardation \_\_\_\_\_

Year round schooling \_\_\_\_\_

Participate in IEP meetings at school \_\_\_\_\_

Request school based S/L \_\_\_\_\_

Request school based behavior management \_\_\_\_\_

Request school based OT \_\_\_\_\_

Limit homework time \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Speech and Language related:**

Written directions or visual prompts \_\_\_\_\_

Single step instructions \_\_\_\_\_

Lists \_\_\_\_\_

Give cues, prompts or hints to help with recall \_\_\_\_\_

Tape school lessons \_\_\_\_\_

Demonstrate target skills \_\_\_\_\_

Phonological processing approach \_\_\_\_\_

Reduce TV time \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**OT/ PT Related:**

Regrouping space \_\_\_\_\_

Breaks \_\_\_\_\_

Encourage individual sports \_\_\_\_\_

Larger diameter pencil \_\_\_\_\_

Special pressure garments \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Memory and Learning:**

Mnemonic strategies \_\_\_\_\_

Use of planner \_\_\_\_\_

Multi-sensory learning \_\_\_\_\_

Sequential learning \_\_\_\_\_

Avoid information overload \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Attention:**

One direction at a time \_\_\_\_\_

Repeat directions \_\_\_\_\_

Check for understanding \_\_\_\_\_

Give preferential seating \_\_\_\_\_

Same interventions at home and school \_\_\_\_\_

Relaxation techniques \_\_\_\_\_

Limit sugar and caffeine \_\_\_\_\_

Consistent bedtime \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Adaptive Functioning:**

Photos drawings as labels \_\_\_\_\_

Scripts to teach practice \_\_\_\_\_

Pick friends \_\_\_\_\_

Identification card \_\_\_\_\_

Safety equipment (helmet) \_\_\_\_\_

Self-care \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Resource Materials:**

Parent's rights brochure (from School) \_\_\_\_\_

Reading materials \_\_\_\_\_

Brain Gym Book \_\_\_\_\_

Fantastic Anton Succeeds \_\_\_\_\_

Fantastic Anton Grows Up \_\_\_\_\_

The Paper Trail \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Misc.:**

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Recommendations made to school: Yes \_\_\_ No \_\_\_

**Recommendations to school:**

**Services:**

School based S/L \_\_\_\_\_

School based behavior management \_\_\_\_\_

School based OT \_\_\_\_\_

Functional behavioral assessment \_\_\_\_\_

High school guidance counselor \_\_\_\_\_

Job skill training \_\_\_\_\_

Encourage individual sports \_\_\_\_\_

School based mentor/ safe adult \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**IEP Related:**

Eligible under Other Health Impaired \_\_\_\_\_

Eligible under Mental Retardation \_\_\_\_\_

Provide parents rights \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Techniques:**

Physical activity \_\_\_\_\_

Brain gym activities \_\_\_\_\_

Use warm-up activities \_\_\_\_\_

Limit or avoid timed activities \_\_\_\_\_

Shorten in-class or homework assignments \_\_\_\_\_

Give time to think/ breaks \_\_\_\_\_

Send announcements by mail \_\_\_\_\_

Assist in transitions \_\_\_\_\_

Regrouping space \_\_\_\_\_

Use a ruler ore straight edge \_\_\_\_\_

Use of keyboard \_\_\_\_\_

Larger diameter pencil \_\_\_\_\_

Special pressure garments \_\_\_\_\_

Sensory integration evaluation \_\_\_\_\_

Multi-sensory learning \_\_\_\_\_

Mnemonic strategies \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

*Appendix C: Chart Supplemental Form*

# Chart Supplemental Form

Team \_\_\_\_\_ Form ID # \_\_\_\_\_ Client ID # \_\_\_\_\_

## Intellectual Tests

<i>Wechsler Intelligence Scale for Children- Fourth Edition (WISC-IV)</i>	
Full Scale _____  Verbal Comprehension _____ Perceptual Reasoning _____ Working Memory _____ Processing Speed _____	I ___ S ___ A ___ V ___ Comp ___ DgS ___ PCon ___ Pcom ___ BD ___ Cancel ___ Cod ___ SS ___ MR ___ LN ___
<i>Wechsler Intelligence Scale for Children- Third Edition (WISC-III)</i>	
Full Scale _____  Verbal IQ _____ Performance IQ _____ Perc. Org. _____ Verb. Comp. _____ Free Dis. _____ Proc. Speed _____	I ___ S ___ A ___ V ___ Comp ___ DgS ___ PC ___ PA ___ BD ___ OA ___ Cod ___ SS ___ Maze _____
<i>Wechsler Intelligence Scale for Children- Revised (WISC-R)</i>	
Full Scale _____  Verbal IQ _____ Performance IQ _____ Verb. Comp. _____ Free Dis. _____	I ___ DgS ___ V ___ A ___ Comp ___ S ___ PC ___ PA ___ BD ___ OA ___
<i>Wechsler Adult Intelligence Scale- Third Edition (WAIS-III)</i>	
Full Scale _____  Verbal IQ _____ Performance IQ _____ Verbal Comp. _____ Working Memory _____ Perc. Org. _____ Proc. Speed _____	I ___ S ___ A ___ V ___ Comp ___ DgS ___ LN ___ PC ___ PA ___ BD ___ OA ___ DSym/Cod ___ MR ___ SS ___
<i>Wechsler Preschool and Primary Scale of Intelligence- Third Edition (WPPSI-III)</i>	
Full Scale _____  Verbal IQ _____ Performance IQ _____	I ___ Comp ___ A ___ V ___ Sim ___ Sen ___ OA ___ GD ___ BD ___ MR ___ PC ___ AP ___ WR ___ Cod ___ SS ___ PCn ___ PCm ___

# Intellectual Tests

<b>Wechsler Preschool and Primary Scale of Intelligence- Revised (WPPSI-R)</b>	
Full Scale _____	Verbal IQ _____ Performance IQ _____ I _____ Comp _____ A _____ V _____ Sim _____ Sen _____ OA _____ GD _____ BD _____ MR _____ PC _____ AP _____ WR _____ Cod _____ SS _____ PCn _____ PCm _____
<b>Wechsler Abbreviated Scale of Intelligence (WASI)</b>	
Full Scale _____	Verbal IQ _____ Performance IQ _____ Vocabulary _____ Similarities _____ Block Design _____ Matrix Reasoning _____
<b>Stanford-Binet Intelligence Scale- Fourth Edition (S-B)</b>	
Test Comp _____	V _____ C _____ A _____ PA _____ C _____ Q _____ BM _____ MFS _____ Verbal Reasoning _____ Abstract/Visual Reasoning _____ Quantitative Reasoning _____ Short Term Memory _____
<b>Kaufman Assessment (KA)</b>	
Mental Processing Composite _____ Achievement _____	HM _____ NR _____ WO _____ GC _____ T _____ MA _____ SM _____ Sequential Processing _____ Simultaneous Processing _____
<b>Universal Non-Verbal Intelligence Test (UNII)</b>	
Full Scale _____	Memory Q _____ Reasoning Q _____ Symbolic Q _____ Non-Symbolic Q _____
<b>Comprehensive Test of Non-Verbal Intelligence (C-TONI)</b>	
Pictorial NV Intelligence Q _____ %	Geometric NV Intelligence Q _____ %
NV Intelligence Quotient Q _____ %	
<b>Test of Non-Verbal Intelligence- Third Edition (TONI-3)</b>	
SS _____ Quotient _____	Percentile _____
<b>Raven Progressive Matrices</b>	
Raw Score _____	

# Achievement Tests

<b>Woodcock-Johnson Tests of Achievement-III (WJ-III)</b>			
Total Achievement Score _____  Broad Reading _____ Broad Math _____ Broad Written Language _____ Written Expression _____ Oral Language Extended _____ Academic Skills _____ Academic Fluency _____ Academic Applications _____ Math Calculation Skills _____	Letter-Word Identification _____ Reading Fluency _____ Story Recall _____ Understanding Directions _____ Calculation _____ Math Fluency _____ Spelling _____ Writing Fluency _____ Passage Comprehension _____ Applied problems _____ Writing Samples _____	Story Recall – Delayed _____ Word Attack _____ Picture Vocabulary _____ Oral Comprehension _____ Editing _____ Reading Vocabulary _____ Quantitative Concepts _____ Academic Knowledge _____ Spelling of Sounds _____ Sound Awareness _____ Punct. & Capitalization _____	
<b>Woodcock-Johnson Tests of Achievement- Revised (WJ-R)</b>			
Overall Score _____  Broad Reading _____ Broad Math _____ Broad Written Language _____	Letter-Word _____ Passage Comp. _____ Calculation _____ Applied Probs. _____ Memory/Names _____ Memory/Sentences _____	Visual Match _____ Incom. Word _____ Visual Close. _____ Analysis/Synthesis _____ Dictation _____ Writing Samples _____	
<b>Wide Range Achievement Test- Revised (WRAT-R) or Wide Range Achievement Test- III (WRAT-III)</b>			
Reading _____ Spelling _____ Arithmetic _____	Reading _____ Spelling _____ Arithmetic _____		
<b>Wechsler Individual Achievement Test (WIAT-II)</b>			
Reading Composite _____ Math Composite _____ Written Language Composite _____ Oral Language Composite _____	Oral Language _____ Listening Comprehension _____ Written Expression _____ Spelling _____ Pseudoword Decoding _____	Word/Basic Reading _____ Reading Comprehension _____ Numerical Operations _____ Mathematics Reasoning _____	

# Neuropsychological Tests

## Wechsler Memory Scale – Third Edition (WMS-III)

### Primary Index Scores

Auditory Immediate \_\_\_\_\_ Verbal Paired Assoc. I – Recall \_\_\_\_\_  
 Visual Immediate \_\_\_\_\_ Spatial Span \_\_\_\_\_  
 Immediate Memory \_\_\_\_\_ Verbal Paired Assoc II – Recall \_\_\_\_\_  
 Auditory Delayed \_\_\_\_\_  
 Visual Delayed \_\_\_\_\_  
 Auditory Recognition Delayed \_\_\_\_\_  
 General Memory \_\_\_\_\_  
 Working Memory \_\_\_\_\_

### Primary Subtest Scores

Logical Memory I – Recall \_\_\_\_\_ Faces I – Recognition \_\_\_\_\_  
 Family Pictures I – Recall \_\_\_\_\_ Letter-Number Sequen \_\_\_\_\_  
 Logical Memory II – Recall \_\_\_\_\_ Faces II – Recognition \_\_\_\_\_  
 Family Pictures II – Recall \_\_\_\_\_ Auditory Recog – Delayed \_\_\_\_\_

## Leiter International Performance Scale – Revised (Leiter-R)

Fluid Reasoning \_\_\_\_\_ Brief IQ \_\_\_\_\_ Fundamental Visual \_\_\_\_\_ Full IQ \_\_\_\_\_  
 Figure Ground \_\_\_\_\_ Form Completion \_\_\_\_\_ Matching \_\_\_\_\_ Sequential Order \_\_\_\_\_  
 Repeated Patterns \_\_\_\_\_ Picture Context \_\_\_\_\_ Classification \_\_\_\_\_

## NEPSY

**Attention & Exe Funct.** \_\_\_\_\_ **Language** \_\_\_\_\_ **Sensorimotor Funct.** \_\_\_\_\_ **Visuospat. Process** \_\_\_\_\_ **Memory & Learn.** \_\_\_\_\_  
 Tower \_\_\_\_\_ Phono. Process \_\_\_\_\_ Fingertip Tapping \_\_\_\_\_ Design Copying \_\_\_\_\_ Memory for Faces \_\_\_\_\_  
 Auditory Attention \_\_\_\_\_ Speeded Naming \_\_\_\_\_ Imitating Hand \_\_\_\_\_ Arrows \_\_\_\_\_ Memory for Names \_\_\_\_\_  
 Visual Attention \_\_\_\_\_ Comp. Instruct. \_\_\_\_\_ Visuomotor Precis. \_\_\_\_\_ Narrative Memory \_\_\_\_\_

### Extended

Block Construction \_\_\_\_\_ Sentence Repetition \_\_\_\_\_ Verbal Fluency \_\_\_\_\_

## VMI

Integrated Score \_\_\_\_\_ Visual \_\_\_\_\_ Motor \_\_\_\_\_

## Children Category Test (CCT)

I \_\_\_\_\_ II \_\_\_\_\_ III \_\_\_\_\_ IV \_\_\_\_\_ V \_\_\_\_\_ VI \_\_\_\_\_ Total Score \_\_\_\_\_

## Wide Range Assessment of Memory and Learning (WRAML)

Verbal Index \_\_\_\_\_ Visual Index \_\_\_\_\_ Learning Index \_\_\_\_\_ General Memory Index \_\_\_\_\_ Story Memory \_\_\_\_\_ Sentence Memory \_\_\_\_\_  
 Number/Letter \_\_\_\_\_ Picture Memory \_\_\_\_\_ Design Memory \_\_\_\_\_ Finger Windows \_\_\_\_\_ Verbal Learning \_\_\_\_\_ Sound Symbol \_\_\_\_\_ Visual Learning \_\_\_\_\_

## Neuropsychological Tests

<b>Rey Complex Figure Test (RCFT)</b>	
Copy Task	Immediate Recall _____ Delayed Recall _____ Recognition _____
<b>Wisconsin Card Sorting Test (WCST)</b>	
Sets Complete	Errors _____
<b>Motor-Free Visual Perceptual Test (MVPT)</b>	
Score	_____
<b>Stroop: Color Word Test</b>	
Word	Color _____ Word/Color _____
<b>California Verbal Learning Test - II (CVLT-II)</b>	
SD Free Recall	SD Cued Recall _____ LD Free Recall _____ LD Cued Recall _____ Total Learning Slope _____ Delayed Recognition _____
<b>Conners' Continuous Performance Test - II (CCPT-II)</b>	
# Omissions	# Commissions _____ Hit Reaction Time (RT) _____ Hit RT Standard Error (SE) _____ Variability _____
Detectability ( $d'$ attentiveness)	Response Style (B) _____ Perseverations _____
Hit RT Block Change (vigilance)	Hit SE Block Change (vigilance) _____
Hit RT ISI Change (Inter-Stimulus Intervals)	Hit SE ISI Change (Inter-Stimulus Intervals) _____
<b>Goodenough-Harris Draw-A-Man-Test</b>	
Score	_____
<b>Boehm Test of Basic Concepts - Third Edition</b>	
Score	% Correct _____ Performance Range _____
<b>Trails A•B</b>	
Score A	_____ sec. Score B _____ sec.

## Neuropsychological Tests

### *Delis-Kaplan Executive Function System (D-KEFS)*

#### Trail Making Test

Visual Scanning \_\_\_\_\_  
Number Sequencing \_\_\_\_\_  
Letter Sequencing \_\_\_\_\_  
Number-Letter Switching \_\_\_\_\_  
Motor Speed \_\_\_\_\_  
Number Sequencing + Letter \_\_\_\_\_

#### Verbal Fluency

Letter Fluency \_\_\_\_\_  
Category Fluency \_\_\_\_\_  
Category Switching-Correct Response \_\_\_\_\_  
Category Switching-Accuracy \_\_\_\_\_

#### Design Fluency

Filled Dots \_\_\_\_\_  
Empty Dots \_\_\_\_\_  
Switching \_\_\_\_\_  
Total Correct \_\_\_\_\_

#### Color-Word Interference Test

Color Naming \_\_\_\_\_  
Word Reading \_\_\_\_\_  
Inhibition \_\_\_\_\_  
Inhibition/ Switching \_\_\_\_\_

#### Sorting Test

Confirmed Correct Sorts \_\_\_\_\_  
Free Sorting Description Score \_\_\_\_\_  
Sort Recognition Description Score \_\_\_\_\_  
Combined Description Score \_\_\_\_\_  
Time-Per-Sort Ratio \_\_\_\_\_

#### Twenty Questions Test

Initial Abstraction Score \_\_\_\_\_  
Total Questions Asked \_\_\_\_\_  
Total Weighted Achievement Score \_\_\_\_\_

#### Word Context Test

Total Consecutively Correct \_\_\_\_\_

#### Tower Test

Total Achievement Score \_\_\_\_\_

### *Bayley Scales of Infant Development*

Mental Scale \_\_\_\_\_

# Adaptation

## Vineland Adaptive Behavior Scale – Interview Edition

(Evaluator 1 | Evaluator 2)

Composite/ Total | Communication | Daily Living | Socialization | Motor Skills

## Vineland Adaptive Behavior Scale – Classroom Edition

(Evaluator 1 | Evaluator 2)

Composite/ Total | Communication | Daily Living | Socialization | Motor Skills

## Adaptive Behavior Assessment System (ABAS)

(Parent 1 | Parent 2 | Teacher 1 | Teacher 2)

Commun. | Community Use | Funct. Acad. |  
 Home Living | Motor | Health & Safety |  
 Leisure | Self Care | Self-Direction |  
 Social | School Living |

General Adaptive Composite | Conceptual | Social | Practical

## Adaptive Behavior Assessment System – Second Edition (ABAS-II)

(Parent 1 | Parent 2 | Teacher 1 | Teacher 2)

Commun. | Community Use | Funct. Acad. |  
 Home Living | Motor | Health & Safety |  
 Leisure | Self Care | Self-Direction |  
 Social | School Living |

General Adaptive Composite | Conceptual | Social | Practical

## Parenting Stress Index (PSI) – Short Form (Parent 1 | Parent 2)

Defensive Responding | Parental Distress | Parent-Child Dysfunctional Interaction | Difficult Child

Total Stress

## Behavioral and Social Tests

### *Behavior Assessment System for Children (BASC) – Parent Report*

(Parent 1 | Parent 2)

#### Clinical Scales

Hyperactivity \_\_\_ | \_\_\_ Aggression \_\_\_ | \_\_\_ Conduct Problems \_\_\_ | \_\_\_ Anxiety \_\_\_ | \_\_\_ Depression \_\_\_ | \_\_\_

Somatization \_\_\_ | \_\_\_ Atypicality \_\_\_ | \_\_\_ Withdrawal \_\_\_ | \_\_\_ Attent. Prob. \_\_\_ | \_\_\_

#### Adaptive Scales

Adaptability \_\_\_ | \_\_\_ Social Skills \_\_\_ | \_\_\_ Leadership \_\_\_ | \_\_\_

#### Composite Scores

Externalizing Problems \_\_\_ | \_\_\_ Internalizing Problems \_\_\_ | \_\_\_ Behavior Symptoms Index \_\_\_ | \_\_\_ Adaptive Skills \_\_\_ | \_\_\_

### *Behavior Assessment System for Children (BASC) – Teacher Report*

(Teacher 1 | Teacher 2)

#### Clinical Scales

Hyperactivity \_\_\_ | \_\_\_ Aggression \_\_\_ | \_\_\_ Conduct Problems \_\_\_ | \_\_\_ Anxiety \_\_\_ | \_\_\_ Depression \_\_\_ | \_\_\_

Somatization \_\_\_ | \_\_\_ Attention Problems \_\_\_ | \_\_\_ Learning Problems \_\_\_ | \_\_\_ Atypicality \_\_\_ | \_\_\_ Withdrawal \_\_\_ | \_\_\_

#### Adaptive Scales

Adaptability \_\_\_ | \_\_\_ Social Skills \_\_\_ | \_\_\_ Leadership \_\_\_ | \_\_\_ Study Skills \_\_\_ | \_\_\_

#### Composite Scores

Externalizing Problems \_\_\_ | \_\_\_ Internalizing Problems \_\_\_ | \_\_\_ School Problems \_\_\_ | \_\_\_

Behavior Symptoms Index \_\_\_ | \_\_\_ Adaptive Skills \_\_\_ | \_\_\_

### *Behavior Assessment System for Children (BASC) – Self Report*

#### Clinical Scales

Attitude to School \_\_\_ | \_\_\_ Attitude to Teachers \_\_\_ | \_\_\_ Sensation Seeking \_\_\_ | \_\_\_ Atypicality \_\_\_ | \_\_\_ Locus of Control \_\_\_

Somatization \_\_\_ | \_\_\_ Social Stress \_\_\_ | \_\_\_ Anxiety \_\_\_ | \_\_\_ Depression \_\_\_ | \_\_\_ Sense of Inadequacy \_\_\_

#### Adaptive Scales

Relations w/ Parents \_\_\_ | \_\_\_ Interpersonal Relations \_\_\_ | \_\_\_ Self-Esteem \_\_\_ | \_\_\_ Self-Reliance \_\_\_

#### Composite Scores

School Maladjustment \_\_\_ | \_\_\_ Clinical Maladjustment \_\_\_ | \_\_\_ Personal Adjustment \_\_\_ | \_\_\_ Emotional Symptoms \_\_\_

## Behavioral and Social Tests

### Conners' Rating Scales

(Parent Rating 1 | Parent Rating 2 | Teacher Rating)

Oppositional \_\_\_ | \_\_\_ | \_\_\_ Cognitive Problems/Inattention \_\_\_ | \_\_\_ | \_\_\_ Hyperactivity \_\_\_ | \_\_\_ | \_\_\_ Anxious-Shy \_\_\_ | \_\_\_ | \_\_\_

Perfectionism \_\_\_ | \_\_\_ | \_\_\_ Social Problems \_\_\_ | \_\_\_ | \_\_\_ Conner's ADHD Index \_\_\_ | \_\_\_ | \_\_\_

Restless-Impulsive \_\_\_ | \_\_\_ | \_\_\_ Emotional Liability \_\_\_ | \_\_\_ | \_\_\_ Conners' Global Index: Total \_\_\_ | \_\_\_ | \_\_\_

DSM-IV: Inattentive \_\_\_ | \_\_\_ | \_\_\_ DSM-IV: Hyperactive-Impulsive \_\_\_ | \_\_\_ | \_\_\_ DSM-IV: Total \_\_\_ | \_\_\_ | \_\_\_

### Conners' Rating Scales (Self-Report)

Family Problems \_\_\_ Emotional Problems \_\_\_ Conduct Problems \_\_\_ Cognitive Problems/Inattention \_\_\_ Anger Ctrl Problems \_\_\_

Hyperactivity \_\_\_ ADHD Index \_\_\_ DSM-IV: Inattentive \_\_\_ DSM-IV: Hyperactive/Impulsive \_\_\_ DSM-IV: Total \_\_\_

### Achenbach Child Behavior Checklist

Withdrawn \_\_\_ Somatic Complaints \_\_\_ Anxious/Depressed \_\_\_ Social Prob. \_\_\_  
 Thought Prob. \_\_\_ Attention Prob. \_\_\_ Delinquent Behavior \_\_\_ Aggressive Behavior \_\_\_ Total/Composite \_\_\_

## Language Tests

<b>Bus Story</b>	
Cohesion Pass _____ No Pass _____	Coherence Pass _____ No Pass _____
<b>Frog Story</b>	
Cohesion Pass _____ No Pass _____	Coherence Pass _____ No Pass _____
<b>Preschool Language Scale (PLS)</b>	
Auditory Comprehension _____	Expressive Communication _____
<b>Total Language Score _____</b>	
<b>Clinical Evaluation of Language Fundamentals (CELF-III)</b>	
Semantic Relations _____	Concept & Dir. _____
Word Classes _____	Formulate Sent. _____
Recall Sent. _____	Sent. Assembly _____
Receptive _____	Expressive _____
<b>Composite/ Total _____</b>	
<b>Clinical Evaluation of Language Fundamentals –Preschool</b>	
Semantic Relations _____	Concept & Dir. _____
Word Classes _____	Formulate Sent. _____
Recall Sent. _____	Sent. Assembly _____
Receptive _____	Expressive _____
<b>Composite/ Total _____</b>	
<b>CREVT</b>	
Receptive _____	Expressive _____
<b>Composite/ Total _____</b>	
<b>Lindamood Auditory Conceptualization Test (LAC)</b>	
Total Score _____	
<b>Peabody Picture Vocabulary Test – III (PPVT-III)</b>	
Total Score _____	
<b>ETOPS</b>	
Score _____	
<b>Language Processing Test (LPT-R)</b>	
Associations _____	Categorization _____
Similarities _____	Differences _____
Multiple Meanings _____	Attributions _____
<b>Total Test _____</b>	

# Language Tests

## *Test of Language Competence (TLC)*

Ambiguous Sentences \_\_\_\_\_ Listening Comprehension \_\_\_\_\_ Figurative Language \_\_\_\_\_ Composite \_\_\_\_\_

## *Expressive One Word Picture Vocabulary Test (EOWPVT)*

Expressive \_\_\_\_\_ Receptive \_\_\_\_\_ Composite/ Total \_\_\_\_\_

## *Receptive One Word Picture Vocabulary Test (ROWPVT)*

Expressive \_\_\_\_\_ Receptive \_\_\_\_\_ Composite/ Total \_\_\_\_\_

## *SCAN•A*

Filter Words \_\_\_\_\_ Auditory Fig. Ground \_\_\_\_\_ Competing Words \_\_\_\_\_ Competing Sent \_\_\_\_\_ Composite \_\_\_\_\_

## *SCAN•C*

Filter Words \_\_\_\_\_ Auditory Fig. Ground \_\_\_\_\_ Competing Words \_\_\_\_\_ Competing Sent \_\_\_\_\_ Composite \_\_\_\_\_

## *Oral and Written Language Scales (OWLS)*

Listening Comprehension \_\_\_\_\_ Oral Expression \_\_\_\_\_ Oral Composite \_\_\_\_\_

## *Goldman-Fristoe Test of Articulation – II (Write in errors)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Standard Score \_\_\_\_\_

## Neuromotor Tests

### Quick Neurological Screening Test-II (QNST-II)

Severe Discrepancy = SD Moderate Discrepancy = MD Normal Range = NR  
(Score | Verbal Identifier)

1. Hand Skill \_\_\_\_\_
2. Fig. Recognition. & Production \_\_\_\_\_
3. Palm Form Recognition. \_\_\_\_\_
4. Eye Tracking \_\_\_\_\_
5. Sound Patterns \_\_\_\_\_
6. Finger to Nose \_\_\_\_\_
7. Thumb & Finger Circle \_\_\_\_\_
8. Double Simult. Stim. of Hand & Cheek \_\_\_\_\_
9. Rapidly Reversing Repetitive Hand Movements \_\_\_\_\_
10. Arm & Leg Extension \_\_\_\_\_
11. Tandem Walk \_\_\_\_\_
12. Stand on One Leg \_\_\_\_\_
13. Skip \_\_\_\_\_
14. Left-Right Discrimination. \_\_\_\_\_
15. Behavioral Irregularities \_\_\_\_\_

Composite \_\_\_\_\_

### Sensory Profile

Typical Performance = TP Probable Difference = PD Definite Difference = DD  
(Score | Verbal Identifier)

#### Factor

- Sensory Seeking \_\_\_\_\_ Emotionally Reactive \_\_\_\_\_  
 Low Endurance \_\_\_\_\_ Oral Sensory Sensitivity \_\_\_\_\_  
 Inattention/Distractibility \_\_\_\_\_ Poor Registration \_\_\_\_\_  
 Sensory Sensitivity \_\_\_\_\_ Sedentary \_\_\_\_\_  
 Fine Motor/Perceptual \_\_\_\_\_

#### Modulation

- Sensory Processing Related to Endurance/Tone \_\_\_\_\_  
 Modulation Related to Body Position and Movement \_\_\_\_\_  
 Modulation of Movement Affecting Activity Level \_\_\_\_\_  
 Modulation of Sensory Input Affecting Emotional Response \_\_\_\_\_  
 Modulation of Visual Input Affecting Emotional Responses and Activity Level \_\_\_\_\_

#### Sensory Processing

- Auditory Processing \_\_\_\_\_ Visual Processing \_\_\_\_\_  
 Vestibular Processing \_\_\_\_\_ Touch Processing \_\_\_\_\_  
 Multi-sensory Processing \_\_\_\_\_  
 Oral Sensory Processing \_\_\_\_\_

#### Behavior and Emotion Responses

- Emotional/Social Response \_\_\_\_\_  
 Behavioral Outcomes of Sensory Processing \_\_\_\_\_  
 Item Indicating Thresholds for Responses \_\_\_\_\_

## Neuromotor Tests

### *Bruininks-Oseretsky*

Gross Motor \_\_\_\_\_ Fine Motor \_\_\_\_\_ Composite \_\_\_\_\_

### *Peabody Developmental Motor Scales – II (PDMS-II)*

(Raw Scores are Given)

Stationary \_\_\_\_\_ Locomotion \_\_\_\_\_ Object Manipulation \_\_\_\_\_ Grasping \_\_\_\_\_ Visual-Motor Integration \_\_\_\_\_ Gross Motor \_\_\_\_\_ Fine Motor \_\_\_\_\_  
 Overall \_\_\_\_\_

### *Mullen Scales of Early Learning*

(Raw Scores are Given)

Gross Motor \_\_\_\_\_ Fine Motor \_\_\_\_\_ Visual Reception \_\_\_\_\_ Receptive Language \_\_\_\_\_ Expressive Language \_\_\_\_\_

### *Grooved Peg Board Test*

Left Hand \_\_\_\_\_ sec Right Hand \_\_\_\_\_ sec

### *Batelle Developmental Inventory (Score given in Months)*

Chronological Age \_\_\_\_\_ Gross Motor \_\_\_\_\_ Fine Motor \_\_\_\_\_ Cognitive \_\_\_\_\_  
 Receptive Lang. \_\_\_\_\_ Expressive Lang. \_\_\_\_\_ Social/Emotional \_\_\_\_\_ Adaptive \_\_\_\_\_

### *Hand Dynamometer Test (Score given in kg)*

Practice R \_\_\_\_\_ L \_\_\_\_\_ 1<sup>st</sup> Trial R \_\_\_\_\_ L \_\_\_\_\_ 2<sup>nd</sup> Trial R \_\_\_\_\_ L \_\_\_\_\_ Norms R \_\_\_\_\_ L \_\_\_\_\_

### *Finger Tapping Test*

1<sup>st</sup> Trial R \_\_\_\_\_ L \_\_\_\_\_ 2<sup>nd</sup> Trial R \_\_\_\_\_ L \_\_\_\_\_ 3<sup>rd</sup> Trial R \_\_\_\_\_ L \_\_\_\_\_  
 4<sup>th</sup> Trial R \_\_\_\_\_ L \_\_\_\_\_ 5<sup>th</sup> Trial R \_\_\_\_\_ L \_\_\_\_\_ Mean R \_\_\_\_\_ L \_\_\_\_\_

**Miscellaneous**

**Childhood Autism Rating Scale (CARS)**

Relating to People \_\_\_\_\_ Imitation \_\_\_\_\_ Emotional Response \_\_\_\_\_ Body Use \_\_\_\_\_ Object Use \_\_\_\_\_  
 Adaptation to Change \_\_\_\_\_ Visual Response \_\_\_\_\_ Listening Response \_\_\_\_\_ Taste, Smell, & Touch Response and Use \_\_\_\_\_  
 Fear to Nervousness \_\_\_\_\_ Verbal Communication \_\_\_\_\_ Nonverbal Communication \_\_\_\_\_ Activity Level \_\_\_\_\_  
 Level & Consistency of Intellectual Response \_\_\_\_\_ General Impressions \_\_\_\_\_

**Booklet Category Test**

Total Errors \_\_\_\_\_

**Minnesota Multiphasic Personality Inventory-Adolescence (MMPI-A)**

VR \_\_\_\_\_ TR \_\_\_\_\_ F1 \_\_\_\_\_ F2 \_\_\_\_\_ F \_\_\_\_\_ L \_\_\_\_\_ K \_\_\_\_\_ Hs \_\_\_\_\_ D \_\_\_\_\_  
 Hy \_\_\_\_\_ Pd \_\_\_\_\_ Mf \_\_\_\_\_ Pa \_\_\_\_\_ Pt \_\_\_\_\_ Sc \_\_\_\_\_ Ma \_\_\_\_\_ Si \_\_\_\_\_

**Millon Adolescent Clinical Inventory (MACI)**

**Modifying Indices**

Disclosure \_\_\_\_\_ Desirability \_\_\_\_\_ Debasement \_\_\_\_\_ Expressed Concerns \_\_\_\_\_  
 Identity Diffusion \_\_\_\_\_ Self-Devaluation \_\_\_\_\_ Body Disapproval \_\_\_\_\_  
 Sexual Discomfort \_\_\_\_\_ Peer Insecurity \_\_\_\_\_ Social Insensitivity \_\_\_\_\_  
 Family Discord \_\_\_\_\_ Childhood Abuse \_\_\_\_\_

**Personality Patterns**

Introversive \_\_\_\_\_ Inhibited \_\_\_\_\_ Doleful \_\_\_\_\_ Clinical Syndromes \_\_\_\_\_  
 Submissive \_\_\_\_\_ Dramatizing \_\_\_\_\_ Egotistic \_\_\_\_\_ Eating Dysfunctions \_\_\_\_\_ Substance-Abuse Proneness \_\_\_\_\_  
 Unruly \_\_\_\_\_ Forceful \_\_\_\_\_ Conforming \_\_\_\_\_ Delinqt Predisposition \_\_\_\_\_ Impulsive Propensity \_\_\_\_\_  
 Oppstnal \_\_\_\_\_ Self-Detrminng \_\_\_\_\_ Brderline Tndncy \_\_\_\_\_ Anxious Feelings \_\_\_\_\_ Depressive Affect \_\_\_\_\_ Suicidal Tendency \_\_\_\_\_

**Substance Abuse Screening Inventory (SASSI)**

Face Valid Alcohol \_\_\_\_\_ Face Valid Other Drugs \_\_\_\_\_ Family-Friend Risk \_\_\_\_\_ Attitude \_\_\_\_\_ Symptoms \_\_\_\_\_  
 Obvious Attributes \_\_\_\_\_ Subtle Attributes \_\_\_\_\_ Defensiveness \_\_\_\_\_ Supplemental Addiction Measure \_\_\_\_\_ Correctional \_\_\_\_\_