Dear Colleague,

Welcome to our new Adult Functional Skills Information Pack. Enclosed you will find information on our range of products designed for assessing adults’ functional skills and adaptive behaviour.

Pearson Assessment is one of the UK’s leading publishers of standardised assessments. Our tools are suitable for use across a variety of settings from community care and rehabilitation to assisted living and forensic settings; and can be used by a number of professionals including Psychologists, Occupational Therapists and Speech and Language Therapists.

Functional Skills are vital to enable an individual to enjoy life and participate in society. Timely assessment of a person’s ability to function can guide diagnosis, help with program planning and intervention, as well as assist in the decisions being made about the level of assistance or care a person might require. We are dedicated to publishing a range of tools that can aid professionals working in this field.

In this pack you will find:

• Individual assessment product bulletins - including case studies.
• Your Area Sales Consultant details - we offer free, no obligation product demos.
• A guide on how to order and where to find more information.

If you have any questions, or would like to see one or more of our products, please contact your Area Sales Consultant. For order and price enquiries, contact Customer Services on 0845 630 88 88 or visit our website www.pearsonclinical.co.uk. To keep up to date register to receive our bimonthly e-newsletter at www.pearsonclinical.co.uk/e-newsletters. Plus you can now follow @PsychCorpUK on Twitter www.twitter.com/psychcorpuk and share your views on Facebook www.facebook.com/psychcorpuk.

Yours faithfully,

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<table>
<thead>
<tr>
<th>Page Number</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The Functional Living Scale - UK Version (TFLS&lt;sup&gt;UK&lt;/sup&gt;)</td>
</tr>
<tr>
<td>3</td>
<td>Brief Cognitive Status Exam (BCSE)</td>
</tr>
<tr>
<td>5</td>
<td>Rookwood Driving Battery (RDB)</td>
</tr>
<tr>
<td>9</td>
<td>Vineland Adaptive Behavior Scales, Second Edition (Vineland-II)</td>
</tr>
<tr>
<td>11</td>
<td>Adaptive Behavior Assessment System&lt;sup&gt;®&lt;/sup&gt; - Second Edition (ABAS&lt;sup&gt;®&lt;/sup&gt;-II)</td>
</tr>
<tr>
<td>13</td>
<td>Adolescent / Adult Sensory Profile™</td>
</tr>
<tr>
<td>15</td>
<td>Area Sales Consultants</td>
</tr>
<tr>
<td>16</td>
<td>Overview of Assessments</td>
</tr>
<tr>
<td>17</td>
<td>How to Order</td>
</tr>
<tr>
<td>18</td>
<td>Online and In-touch</td>
</tr>
<tr>
<td>19</td>
<td>E-newsletters</td>
</tr>
<tr>
<td>20</td>
<td>Bestselling and New Assessments</td>
</tr>
</tbody>
</table>
Overview

The Functional Living Scale – UK version (TFLS<sup>UK</sup>) is an ecologically valid, performance based measure of functional abilities with an emphasis on instrumental activities of daily living (IADL) skills. Brief and easy to use, TFLS<sup>UK</sup> assesses an individual’s ability to perform a variety of tasks related to independent living that are thought to be more susceptible to cognitive decline than basic activities of daily living. Additionally, the measure is especially well suited to other clinical populations including learning disability, mental health and traumatic brain injury.

Uses and Applications

TFLS<sup>UK</sup> can be used in comprehensive assessments, to support placement decisions, aid treatment planning, evaluate treatment outcomes, and monitor disease progression.

It can be administered by a variety of professionals including:

► Clinical Psychologists and Occupational Therapists working with all age ranges, to determine appropriate level of care
► Health and Social Care Professionals to evaluate changes in level of care for individuals
► Researchers in pharmaceuticals companies, to help conduct Alzheimer/dementia drug efficacy trials.

The TFLS<sup>UK</sup> covers four functional domains:

► Time – Assesses the ability to use clocks and calendars
► Money and Calculation – Assesses the ability to count money and write cheques
► Communication – Assesses the ability to prepare a snack, use a phone and phone books
► Memory – Assesses the ability to remember simple information and to take medications

Subscale cumulative percentages and an overall T-Score can be used to help determine the examinee’s ability to function independently.

Benefits

► Assesses functional abilities quickly and easily
► Screens for dementia with a tool focused on skills likely to be affected by cognitive decline
► Monitors functional decline and disease progression
► Monitors treatment/drug efficacy
► Determines level of care required to adapt treatment plans
Linked with key tools including the WAIS-IV<sup>uk</sup>, TOPF<sup>uk</sup>, WMS-IV<sup>uk</sup> and the BCSE

Compliments the new Brief Cognitive Status Exam (BCSE) to provide cognitive and performance based assessment.

**UK Project**

The anglicisation and validation of the TFLS was carried out in the UK primarily to provide clinicians with a tool that they can be confident to use with the local population. Data were collected on a representative sample of UK individuals. The validation sample consisted of 215 people (114 females, 101 males) ranging in age from 16 to 90 years with a mean age of 47.52 years (SD = 19.91).

The validation study examined the reliability of the scale, its relationship with other measures, and the comparability of the UK and US means and SDs for the TFLS<sup>uk</sup> total scores (T scores) and subscales. The validation study provides sufficient evidence that the UK data closely reflects that of the US, thereby allowing TFLS<sup>uk</sup> to be used with confidence in the UK.

**Links to Other Measures**

Links between the TFLS and other measures have also been examined. These include the Independent Living Scale (ILS), Adaptive Behaviour Assessment System - Second Edition (ABAS-II), Wechsler Memory Scale - Fourth Edition (WMS-IV), California Verbal Learning Test - Second Edition (CVLT-II), Wechsler Adult Intelligence Scale - Fourth Edition (WAIS-IV), Advanced Clinical Solutions for WAIS-IV and WMS-IV Test of Pre-Morbid Functioning (AC TOPF) and the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS).

The TFLS standardisation sample was collected with the WAIS-IV and WMS-IV standardisation samples. The standardisation version of the TFLS was included within the WMS-IV standardisation protocol, enabling clinicians to directly compare performance between the instruments. Overall, the studies on cognitive functioning and adaptive functioning demonstrate a complex relationship. Higher correlations are observed in more impaired individuals.

**Special Group Studies**

A number of special group studies were conducted concurrently with the scale’s standardisation to examine the clinical utility of the TFLS<sup>uk</sup>. The special groups were selected due to their known or presumed deficits in functional ability, as well as their high incidence in clinical referrals. The TFLS adds pertinent information to an evaluation because the performance of instrumental activities of daily living is important to patients and their families, and is an important predictor for an individual’s ability to live and function independently.

Group studies include: Alzheimer’s Disease - Mild Severity, Mild or Moderate Intellectual Disability, Major Depressive Disorder, Traumatic Brain Injury (TBI), Schizophrenia, Autistic Disorder and Living Status Groups.

Find out more about the TFLS<sup>uk</sup> at www.pearsonclinical.co.uk/tfls
**Brief Cognitive Status Exam (BCSE)**

*David Wechsler, 2011*

**Overview**

Assess cognitive abilities quickly and reliably

The Brief Cognitive Status Exam (BCSE) helps evaluate global cognitive functioning in patients with suspected memory deficits or who are diagnosed with a wide range of neurological, psychiatric and developmental disorders; including those with dementia, mild learning difficulties, or suspected Alzheimer’s disease.

This brief, reliable screening tool is a stand-alone version of the optional Brief Cognitive Status Exam found in the WMS®-IV (Wechsler Memory Scale®, Fourth Edition).

**Uses and Applications**

The Brief Cognitive Status Exam can be used with patients aged 16 years and older. It can be used by clinical psychologists, medical professionals, and other mental health professionals in hospitals, mental health facilities and assisted living facilities to obtain an overall picture of cognitive functioning.

**Features and Benefits**

- **BCSE** covers seven content areas: Orientation, Time Estimation, Mental Control, Organisation - Planning, Incidental Recall, Inhibitory Control and Verbal Production
- Examinees are asked to perform simple tasks to create an overall picture of cognitive functioning
- Designed to yield a performance classification focused on impaired rather than normal or superior performance (Average, Low Average, Borderline, Low, Very Low)
- Provides classifications stratified by age and years of education
- UK adaptation with notes for scoring and interpretation
- Can be administered individually in approximately 15 to 20 minutes
- Brevity makes it useful for repeated evaluations and for individuals unable to tolerate longer examinations
- Data collected as part of the new WAIS-IV/WMS-IV project
- Value as a research instrument
- Can be used for general clinical evaluations and for rehabilitation evaluations.
Content
The BCSE is composed of 12 items in seven content areas:

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>Contains five items that measure orientation to time e.g. current date including day, month, year.</td>
</tr>
<tr>
<td>Time Estimation</td>
<td>A measure of orientation to time of day.</td>
</tr>
<tr>
<td>Mental Control</td>
<td>Two items measure attention and the ability to manipulate commonly known sequences in memory.</td>
</tr>
<tr>
<td>Clock Drawing</td>
<td>Measurement of organisation and planning</td>
</tr>
<tr>
<td>Incidental Recall</td>
<td>Measurement of recall for images without a prompt to recall the item at time of presentation.</td>
</tr>
<tr>
<td>Inhibition</td>
<td>Measure of the patient’s ability to inhibit a leaner response in order to provide a novel response.</td>
</tr>
<tr>
<td>Verbal Production</td>
<td>Measure of the patient’s ability to produce words within a semantic category within a 30-second period.</td>
</tr>
</tbody>
</table>

Record and Score
The BCSE is organised into the seven domain sections on the record form, each of which clearly details individual administration, recording and scoring instructions. A conversion table is included that enables you to covert section-specific scores to weighted raw scores, which in turn contribute to the Total Raw Score.

Scores are weighted to increase the sensitivity of the measure of cognitive dysfunction. Measures of processing speed and mental control are frequently impaired in individuals with significant cognitive impairment, and scores are more heavily weighted in measures of these abilities.

A BCSE Total Raw Score can be converted to provide a classification level that indicates the patient’s level of cognitive functioning. This classification is based on four broad age categories and five education levels.

For more information visit www.pearsonclinical.co.uk/BCSE

Related Product: Wechsler Memory Scale®, Fourth Edition (WMS®-IV)
Rookwood Driving Battery (RDB)
Patricia McKenna, 2009

“We rate the RDB as being ‘very good’ for reliability, usability and for it’s content, its cost-effectiveness is ‘excellent’. I have recommended this assessment in the past to fellow OT’s at other colleges.”
Maxine Bell, Occupational Therapist at Portland College, UK

Overview
Driving a vehicle in traffic requires multiple cognitive, physical and behavioural skills. It also carries an inherent risk so accidents do occur on a regular basis and mostly because of driver error or misjudgment.

Beyond the learning phase of driving, most of the skills involved in manoeuvring a car in space and driving in traffic are relegated to automatic processes beyond conscious awareness, many of which rely on intact neuropsychological systems. The Rookwood Driving Battery (RDB) is a simple screen for the core neuropsychological skills needed to drive and was designed specifically to assess fitness to drive in the neurological population.

The battery is well suited for use in driving assessment centres. It has also been developed for use as a screening tool in community and hospital settings to decide whether to refer to a specialist driving assessment centre. The battery is particularly suitable for use by psychologists and occupational therapists in older adult and neurological settings.

Description of Subtest and Indices
The subtests used in the battery were chosen not only for their suitability in terms of simplicity and the function tested but for their proven clinical effectiveness in everyday assessment and rehabilitation practice.

Visual perception
Four subtests are designed to assess visual perception. The first three of these were taken from the Visual Object and Spatial Perception battery (VOSP; Warrington & James, 1991):

► Incomplete Letters: The Incomplete Letters test contains 20 test items and requires examinees to name the letter of the alphabet that is represented by a degraded black and white illustration.
► Position Discrimination: Examinees are shown two squares with a dot inside each and asked to determine which dot is placed in the exact centre of the square.
► Cube Analysis: The Cube Analysis task requires examinees to determine how many bricks have been used to create a 3D arrangement, represented by a two-dimensional line drawing.
► Es and Fs: The Es and Fs test is a simple letter cancellation task and was originally used to screen for visual neglect. Examinees are given 100
seconds to find and mark target items within a larger array of distractor letters.

Praxis Skills
Five subtests are included to assess praxis skills. These tests examine two main aspects of motor production:

Cultural or Symbolic Movement
The first part examines the basic ability to produce cultural or symbolic movement beyond locomotor movement and contains three subtests.
► Copying Hand Movements: The subject is asked to copy a set of six simple hand movements demonstrated by the examiner.
► Gestures: Involves the examinee being asked to perform a gesture from a verbal description or name.
► Use of Objects: A more complex set of actions involving the mimed use of an object in response to a verbal cue is demanded.

Rule-bound Action
The second part of praxis screening taps the executive level of rule-bound action. This consists of two subtests.
► Tapping: This test requires the individual to produce a simple movement (one or two taps) in response to the tapping produced by the examiner. Apart from remembering the simple rule, it requires the individual to inhibit the more basic urge to copy the examiner’s tap and instead do the opposite to the examiner.
► Sequencing: Here the individual has to learn a simple sequence of three hand movements, learnt by modelling the movements as carried out by the examiner over several trials.

Executive Functioning
Five tests are included to assess executive functioning, three of which were chosen from the Behavioural Assessment of the Dysexecutive Syndrome Battery (BADS) Wilson, Alderman,. et al (1996). Other subtests include a sorting test and divided attention task.

Rule Shift Cards Test, Action Programme Test and Key Search Test:
Taken from the BADS were the Rule Shift Cards Test which relies on predominantly verbal executive skill, the Action Programme Test which relies on predominantly non-verbal executive skill and the Key Search Test.

Divided Attention Task:
The Divided Attention task combines a retest of the Es and Fs test with an audio presentation of a pre-recorded story. Again, the individual must cancel the letters while also marking on the sheet every time the speaker mentions the word “three”.

The Sorting Test:
The Sorting Test requires the recognition of colour and shape as dimensions for grouping a set of 12 stimuli.
Comprehension:
The Comprehension Test makes use of the stimuli of the Sorting Test and the individual is asked to move the stimuli according to instructions.

Scoring
The order of subtest administration is important and was determined during the pilot stage of data collection. Following this order of administration ensures that the tests which were found to be the least threatening are given first, and those that could provoke anxiety given last.

Raw scores on each subtest are converted into scaled scores of 0 (pass), 1 (borderline), and 2 (fail) with the exception of the tests of visual attention and divided attention which convert to a score of 0 (pass) or 1 (fail). Thus, the overall battery score on the 12 tests can range from 0 to 22. Any overall score greater than 10 is considered a fail and corresponds to a 90 per cent chance of failing an on-road test; a strong indication that the individual is not safe to drive.

Two standardisation studies and two validation studies were completed. The first standardisation study consisted of 195 volunteers less than 70 years of age (mean age of 42.5, sd.13.8, age range 20-69. All were regular drivers; 106 were female and 88 were male. The group had a mean IQ of 104.4 (sd 10.7) measured using the National Adult Reading Test (NART). There was no correlation between age and battery score (Spearman’s coefficient rho .130, sign. .069) and a weak but significant correlation between IQ and battery score ((Spearman’s coefficient -.160, p<.05).

In the second standardisation study of 202 older adult volunteers, 161 were deemed to be cognitively intact This sample had an age range 70-96 (mean age 81.1, sd 5.5) and 123 were female and 37 were male. The mean NART IQ was 105.7, SD 11.9 (N = 157).

Two on-road validation studies directly compared performance on the RDB with on-road driving performance. These were conducted on 142 individuals and later on 543 individuals. Of the 543 individuals in the second study, 449 were men and 94 were women. All individuals had a diagnosis which implicated cerebral pathology. In both studies a score >10 proved the best fit positive predictive value and indicates a highly likely fail on the road.

Case Study: Maxine Bell, Occupational Therapist at Portland College, UK

“Portland College is a residential college for young people aged 16-25 with physical disabilities and associated learning disabilities. Our students are either ambulant, use powered wheelchairs or manual wheelchairs and have shown an interest in learning to drive to increase their independence. We use the Rookwood Driving Battery (RDB) either within our OT office or a meeting room.

We decided to buy the assessment after a meeting with our local mobility centre, who heard about the assessment; after researching the RDB we decided it was suitable for our students. At Portland, we are well aware of what adaptive vehicles a student can use, so we are more concerned about the cognitive abilities of our students when they express an interest in driving.
This assessment always makes a difference to how we work with our students. When a student highlights the desire to drive a car, we use the RBD alongside the Rivermead Behavioural Memory Test (RBMT) and the Motor Free Visual Perceptual Test (MVPT-3) to inform us of potential deficits in a particular cognitive domain that may impact on their ability to drive a vehicle. Depending on the outcomes of the assessment and intervention, the student will apply for a provisional driving licence. We then put them in touch with suitable driving schools that have access to adapted vehicles.

If a standardised assessment illustrates multiple deficits that may impact driving, our students usually accept this and do not pursue driving - it assists with demonstrating potential issues. Conversely, if the assessment shows minor deficits, it provides a focus for intervention.

I found that the different types of assessments in the RDB make it a varied experience for the students, i.e. it’s not just flip books, but listening to the CD, then writing and drawing, as well as the water experiment.

Overall, we rate the RDB as being ‘very good’ for reliability, usability and for it’s content, its cost-effectiveness is ‘excellent’. I have recommended this assessment in the past to fellow OT’s at other colleges.”

References

The South Wales Driving Assessment Centre is offering a training day for Occupational Therapists in assessing fitness to drive, visit our website for details www.pearsonclinical.co.uk. Plus, visit our site to read what author Pat McKenna has to say about ‘When to Give Up Driving?’ - a personal perspective from 20+ years of assessing fitness to drive in The Psychologist, Volume 25 - part 9 (September 2012).
Overview
The Vineland-II is a measure of adaptive behaviour from birth to adulthood. The key areas that the Vineland-II assess are: Communication; Daily living skills; Social; Motor Skills; and Maladaptive behaviour.

Features
The Vineland-II is appropriate for use in many areas. It is especially useful when looking at independent living skills therefore pertinent to rehabilitation settings. The assessment is available to Occupational Therapists and Psychologists. The Vineland-II helps to measure the adaptive behaviour of individuals with brain injuries, developmental delay and mental disability. The flexibility of this tool enables you to use it in many ways, such as:
► Plan rehabilitation and intervention programs
► Monitor and assess progress
► Provide a perspective on an individual’s behaviour from those who interact with the person on a daily basis
► Determine eligibility for qualification for special services independently.

Organisation
Table illustrating the Domains and Sub-domains on Vineland-II Survey and Expanded Interview Forms.

<table>
<thead>
<tr>
<th>Domains &amp; Index</th>
<th>Sub-domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>Receptive, Expressive, Written</td>
</tr>
<tr>
<td>Daily Living Skills</td>
<td>Personal, Domestic, Community</td>
</tr>
<tr>
<td>Socialisation</td>
<td>Interpersonal Relationships, Play and Leisure Time, Coping Skills</td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Fine, Gross</td>
</tr>
<tr>
<td>Maladaptive Behaviour Index (optional)</td>
<td>Internalising, Externalising, Other</td>
</tr>
<tr>
<td>Adaptive Behaviour Composite</td>
<td></td>
</tr>
</tbody>
</table>

Scores and Interpretation
► Domains and Adaptive Behaviour Composite:
  ► Standard scores
  ► Percentile ranks

Age Range:
Birth to 90 years;
Teacher Rating Form: 3 years to 21 years 11 months

Administration
Individual - 20 to 60 minutes
Adaptive levels

Subdomains:
- V-scale scores
- Adaptive levels
- Age equivalents

On Survey and Expanded Interview Forms:
- V-scale scores
- Maladaptive levels for the optional Maladaptive Behaviour Index

Enhancements
- New norms
- Expanded age ranges encompassing birth to age 90 for the Survey and the Expanded Interview Forms
- Updated content reflects tasks and daily living skills that are much more useful, relevant and ecologically valid
- More complete coverage of adult adaptive behaviour to better inform rehabilitation programmes and detect decline in older adults
- Semi structured interview format now lists items by subdomain, making test administration easier
- New Parent/Caregiver Rating Form that provides a simple rating scale for obtaining the basic information derived from the semi structured interview.

Technical Information
The Survey Forms normative sample consists of over 3,500 individuals and the Expanded Interview Forms normative sample consists of over 2,000. Scores are provided for 94 age groups. All samples were stratified by race, mother’s education, geographic region, and special education placement and were matched to the US census.

Additional data was collected from individuals identified with autism, ADHD, emotional/behavioural disturbance, specific learning disability, and visual and hearing impairments. Within the study for specific learning difficulties, for example, it was found that the mean Adaptive Behaviour Composite Score was more than six points lower than that seen in the non-clinical reference group. Most of the adaptive behaviour deficits found in this group are in the Communication Domain, the domain concerned with the acquisition of skills prerequisite to developing academic skills. The lowest subdomain scores is in the Written Subdomain, which focuses on emerging reading and writing skills. The Vineland-II can improve the understanding of the pattern of deficits in individuals with specific learning difficulties and aid in the development of remediation programs. These individuals show a slightly higher number of maladaptive behaviours, both internalizing and externalizing, than the non-clinical reference group, but these mean scores are considered in the average range.

Read our Frequently Asked Questions on the Vineland-II at www.pearsonclinical.co.uk/vineland
Adaptive Behavior Assessment System® – Second Edition (ABAS®-II)
Patti Harrison and Thomas Oakland, 2003

“The Adaptive Behavior Assessment System – Second Edition (ABAS-II) is clearly an important addition to the field of assessment of adaptive behavior...the items, manual, and record forms are well written and easy to use...we would have no trouble recommending this test or using it ourselves. James O. Rust and Monica A. Wallace, Middle Tennessee State University, Journal of Psychoeducational Assessment, 2004, 22, 367-373

Overview
The Adaptive Behavior Assessment System®– Second Edition (ABAS-II) is a multifunctional tool, designed to provide a comprehensive, norm-referenced assessment of adaptive skills for individuals from birth to 89 years. It can be used for determining functional levels, evaluating levels of adaptive functioning and specifying treatment goals for individuals with behavioural, medical and psychological problems.

Features
► Profiles strengths and weaknesses as well as monitor progress over time
► Focuses on independent behaviours and measures of what an individual actually does as well as what they might be able to do
► Evaluates whether an individual displays various functional skills necessary for daily living without assistance of others
► Can help contribute to information about diagnostic decisions and to plan interventions and services.
► Corresponds to the DSM-IV-TR
► Can be used by multi-agency team
► Useful for a variety of difficulties and disabilities
► Easy to administer and score
► Teacher and parent forms available for alternative perspectives:
  ► Parent / Primary Caregiver Form (Ages 0-5)
  ► Parent Form (Ages 5-21)
  ► Teacher / Daycare provider Form (Ages 2-5)
  ► Teacher Form (Ages 5-21)
  ► Adult Form (Ages 16-89)

Age Range:
Birth to 5 years; 5 years to 21 years; 16 years to 89 years

Administration
Individual - 15 minutes
Organisation
ABAS-II comprehensively assesses all 10 areas of adaptive behaviours as specified by DSM-IV in relation to learning difficulties:

► Communication
► Community Use
► Functional Academics
► Home/School Living
► Health and Safety
► Leisure
► Self-Care
► Self-Direction
► Social
► Work

Scoring
Scores for each area allow you to evaluate areas of functioning, determine strengths and weaknesses and recommend training objectives. Norm referenced scores are provided for all specific skills area as well as 3 broad domains: Conceptual, Social and Practical. The total score or General Adaptive Composite (GAC) which provides an overall score for performance.

Standardisation
The standardisation samples for the Parent/Primary Caregiver and Teacher/Daycare Provider Forms were 2,100 for children in the US from birth to 5 years. The standardisation samples for the Parent/Teacher and Adult forms together were comprised of 5,270 individual in the US.

Special Group Studies:
Validity data is available for special groups studies, these include individuals with motor impairments, language disorders, ADHD, developmental delays, ASD, learning disabilities, Alzheimer’s disease, neurological disorders and emotional disturbances.

In addition, validity studies using large linking samples allow the clinician to evaluate the relationship between adaptive behaviour functioning and intelligence, as measured by the WISC-IV, WAIS-IV and WASI.

Now available:The technical supplement for ABAS-II which provides new Adaptive Domain Composite Scores.
Overview
The Adolescent/Adult Sensory Profile™ is a self-report questionnaire designed to promote self-evaluation of behavioural responses to everyday sensory experiences. It provides a standard method of measuring and profiling the effect of sensory processing on functional performance. Individuals are required to answer questions on how they generally respond to sensations, as opposed to how they respond at any given time. The results of the questionnaire enable more informed intervention planning to place, which takes into consideration the individual’s particular preferences.

Features
The self-questionnaire contains 60 items that describe the responses to everyday sensory experiences. The individual completes the form by indicating the frequency of a response (Almost Never, Seldom, Occasionally, Frequently, Almost Always) to various sensory experiences.

A summary sheet with Quadrant Grid, Summary and Profile, provides a summary of the individual’s score on each of the quadrants enabling you to plot quadrant raw score totals and determine a classification and plot the classifications onto a graphic display for the individuals profile. Administration time takes approximately 10 to 15 minutes.

Organisation of Sensory Profile
Items in the questionnaire are organised and presented according to the sensory processing categories - Taste/Smell, Movement (vestibular/proprioceptive), Visual, Touch, Activity Level, and Auditory. This format follows a common framework for organising sensory processing categories into functional sections. The items incorporate several theoretical components that reflect the multidimensional nature of sensory processing. The quadrants are based on Dunn’s (1997a) Model of Sensory Processing, the sensory processing categories, the Neurological Threshold Continuum and the Behavioural Response/Self-Regulation Continuum.

Benefits
► The questionnaire is non-intrusive and includes the individual in their assessment and intervention planning
► Items focus on everyday life and increase the relevance and understandability of the profile for the individual
► Can be used to follow on from the Sensory Profile to cover the full age span
► Measures performance and assists with intervention planning
► Provides info on theory based decision making

Age Range:
11 years and older
Administration
Individual - untimed
Easy to administer, score and interpret
Can be used for research or clinical purposes.

Scoring
The Adolescent/Adult Sensory Profile™ provides cut scores for each of the quadrant raw score totals on the Summary Score Sheet. The classification system describes the individual’s propensity for behaviours in each sensory processing quadrant as:

- Much less than most people
- Less than most people
- Similar to most people
- More than most people
- Much more than most people.

The classification system describes an individual’s scores according to a continuum based on a moral distribution of scores. This helps to identify where areas of concern emerge.

Additionally, the Sensory Profile Select Scoring Assistant supports the Sensory Profile (including expanded and quadrant scores), the Infant/Toddler Sensory Profile, the Adolescent/Adult Sensory Profile and the new Sensory Profile School Companion.

- Save time with automatic scoring, interpreting, reporting and storing of your results.
- Administer the profile from a desktop computer.
- Receive a free annual subscription for any of the Sensory Profile products.
- Purchase software access to any of the Sensory Profile products or additional software subscriptions to other Sensory Profile products, based on your individual needs.

Visit the product page at www.pearsonclinical.co.uk to download sample technical reports.
Area Sales Consultants

Arrange a free visit from your area sales consultant

Our Area Sales Consultants are available to offer advice on the appropriate assessments for your particular client group. They will provide free, no obligation product presentations or attend team meetings, in-service study days or regional conferences, either as speakers or to exhibit relevant materials. They are available to speak about particular assessments in detail in order to aid your purchasing decisions. Simply contact the relevant Area Sales Consultant, depending on locality and they will be happy to discuss your requirements.

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Overview of Assessments

*All catalogue references are for the 2012 Health & Psychology Catalogue. For further details visit www.pearsonclinical.co.uk or call us on 0845 630 8888.

<table>
<thead>
<tr>
<th>Test type/name</th>
<th>Age Range</th>
<th>Purpose</th>
<th>For use by</th>
<th>Page reference</th>
<th>Price (Exc VAT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptive Behavior Assessment System® - Second Edition (ABAS®-II)</td>
<td>Birth to 89 years</td>
<td>Assess the level of adaptive skills in children and adults</td>
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