Dear Colleague,

Welcome to our new Paediatric Functional Skills Information Pack. Enclosed you will find information on our range of products designed for assessing children’s 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 rehabilitation, education and forensic settings; and can be used by a number of professionals including Psychologists, Occupational Therapists, Speech and Language Therapists, Teachers and SENCOs.

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 8888 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>Miller Function &amp; Participation Scales (MFunPS)</td>
</tr>
<tr>
<td>5</td>
<td>School Function Assessment (SFA)</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® - Second Edition (ABAS®-II)</td>
</tr>
<tr>
<td>13</td>
<td>Sensory Profile Family</td>
</tr>
<tr>
<td>17</td>
<td>Social Skills Improvement System (SSiS)</td>
</tr>
<tr>
<td>19</td>
<td>Area Sales Consultants</td>
</tr>
<tr>
<td>20</td>
<td>Online and In-touch</td>
</tr>
<tr>
<td>21</td>
<td>Overview of Assessments</td>
</tr>
<tr>
<td>23</td>
<td>How to Order</td>
</tr>
<tr>
<td>24</td>
<td>E-newsletters</td>
</tr>
</tbody>
</table>
Miller Function & Participation Scales (MFunPS)

Alan Baddeley and John Crawford, 2012

Overview

Developed in line with the ICF framework
Miller Function and Participation Scales (MFunPS) incorporates hands-on functional activities that appeal to children, with items that examine children’s development in fine, gross and visual motor skills. Activities include: Amazing Mazes, Race Car Game, Clay Play, Make a Fish and Bouncing Ball Game.

The MFunPS is a developmental assessment tool to:
► Assess functional motor skills in natural contexts
► Measure performance and participation in 2.6 – 7.11 year olds
► Link performance of functional activities to neuromotor foundational abilities
► Use as an outcome measure to monitor progress over time.

Key features:
► Identify underlying neuromotor foundations through engaging, functional activities and occupations
► Applicable to children with mild to severe motor delays
► Provides standard and criterion-referenced scores
► Strong reliability and validity evidence in both normative and clinical groups.

Miller Function and Participation Scales is engaging for all children, including those with mild, moderate or severe motor impairment. Children with lower motor-function skills can also participate in test activities.

International Classification of Functioning, Disability and Health (ICF)
The World Health Assembly endorses the ICF and encourages its use in research and observation of a person’s healthcare. In line with the ICF framework, the Miller Function and Participation Scales addresses activity and participation as well as body structure and function.
Measures:

<table>
<thead>
<tr>
<th>Measures</th>
<th>Scores Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance</td>
<td>► Visual motor</td>
</tr>
<tr>
<td></td>
<td>► Fine motor</td>
</tr>
<tr>
<td></td>
<td>► Gross motor</td>
</tr>
<tr>
<td></td>
<td><strong>Scaled scores, percentiles and age equivalents</strong></td>
</tr>
<tr>
<td>Participation</td>
<td>Observational checklists in:</td>
</tr>
<tr>
<td></td>
<td>► Test environment</td>
</tr>
<tr>
<td></td>
<td>► Home environment</td>
</tr>
<tr>
<td></td>
<td>► Classroom environment</td>
</tr>
<tr>
<td></td>
<td><strong>Average, below average and well below average</strong></td>
</tr>
</tbody>
</table>

Clinical utility

► Outcome measure: track improvement with progress scores
► Monitor growth in motor ability over time with multiple administrations
► Includes a profile that enables you to examine the child’s ability in the areas of:
  ► Hand function
  ► Non-motor visual perceptual abilities
  ► Postural abilities
  ► Executive function and participation.

Critical Review from Andrea Hasselbusch, Phd candidate, MOccTh, Bc OT, PG Cert Ed, Dip OT Senior Practice Fellow

The extract below is taken from a Critical Review from Andrea Hasselbusch, which critically examines this relative new addition to the occupational therapy assessment toolkit. A particular focus is placed on school-based occupational therapy practice with young and very young children with developmental co-ordination disorder (DCD) and/or developmental motor delays which impact on their participation in school. Additionally, consideration is to be given to the suitability and usefulness in the UK practice context.

Theoretical Background

The *MFunPS* is the third assessment tool developed by Lucy Miller for the assessment of young children with developmental delays and challenges (Miller 1988, 1993, 2006). The First STEP (Miller 1993) and *Miller Assessment for Preschoolers™ (MAPTM)* (Miller 1988) have been recognized as valid and sound tools, demonstrating the author’s expertise in test development. As the latest addition to the assessment tools developed by Miller, the *MFunPS* reflects more recent developments in overall health care as well as occupational therapy theory and practice (Miller 2006). Most notably, the *MFunPS* moves away from assessing isolated behaviours in non-functional tasks without consideration of the child’s participation in daily life.
The International Classification of Functioning, Disability and Health (ICF) and the more recent International Classification of Functioning, Disability and Health – Children & Young People Version (ICF-CY) (WHO 2001, 2007) promote a “bio-psycho-social” approach to an individual’s functioning and disability. Participation, activities, body structure and body function as well as environmental factors are core elements or domains of the ICF and ICF(CY) (WHO 2007). The MFunPS clearly reflects these core elements of domains in its overall design as well as within individual test activities; in particular as a child’s performance is assessed within the context of meaningful and functional activities which are commonly part of child’s life (Miller 2006, Simeonsson et al 2003). Overall the M-Fun is congruent with key features of this important conceptual framework for contemporary health care service provision.

Population
The MFunPS is likely to be most suitably used for children largely considered to have mild to moderate motor difficulties, which may fall under the umbrella diagnosis of developmental delay or developmental co-ordination disorder. The tool was designed for children in the age range of 2 years 6 months to 7 years 11 months; however, the M-Fun could be used for older children for intervention planning or as an outcome measure without the normative component (Miller 2006).

Performance Component
The performance component of the assessment focuses on the child’s functional abilities, in particular visual motor, fine motor and gross motor performance skills. The child’s performance skills and related neurological foundations, most notably hand function, postural abilities and executive functioning, are assessed. This part entails 15 activities for very young children aged 2:6 to 5:11 and 16 activities for young children aged 6:0 to 7:11.

Test items closely resemble activities which are usually part of typical childhood occupations, with a particular focus on occupations and activities relevant to successful participation in school life. The activities - provided in a workbook format - resemble common school work activities, in particular those requiring functional use of tools, within an early education and/or Primary school classroom, such as writing, drawing, tracing and cutting. The play activities and gross motor games are similar to, or a key component of functional mobility, common PE and after school sports activities, including jumping, hoping and skipping.

Due to the enjoyable and playful nature of the activities children are usually highly engaged and focused throughout the administration of the MFunPS. For example, each child uses an individual workbook which in appearance resembles a fun “dot-to-dot” or “colouring” book.
Participation Component
The MFunPS includes two measures of the child’s participation in their typical environments, a home observation checklist and a classroom observation checklist (Miller 2006). In addition, selected key performance skills and abilities are also included in the checklists. The checklists can be completed by caregivers and school staff respectively in their own time or administered by the therapist in an interview format.

The home observation checklist focuses on the child’s participation in daily life at home, in particular execution of activities of daily living (ADL), school-related work and leisure activities in the home environment. The classroom observation checklist assesses the child’s participation in a range of classroom activities. These two checklists provide highly relevant information about the child’s ability to participate in typical life situations and carry out common childhood activities, supplementing the information obtained through the standardized component of the assessment in a meaningful manner.

In addition, the test observations checklist assesses the child’s participation and behaviour in an individual work situation, in particular during the test situation.

Administration Time
The overall administration time of 45 to 60 minutes may be a challenge for some children, in particular the very young ones and those struggling considerably with individual tasks. However, there are number of alternative administration options. Administration may be carried with small breaks during one session, or split between two separate assessment sessions. Another option may be to consider administering and scoring sections independently from each other, which is possible within the design of the tool. In most cases practitioners are likely to be able to carry out the assessment in one session due the engaging and fun nature of the activities which keep children focused.

Summary & Conclusion
The MFunPS is a useful addition to the assessment toolkit of occupational therapists, in particular those working in school-based occupational therapy with young and very young children with mild to moderate movement difficulties such as those diagnosed with developmental co-ordination disorder (DCD). The tool might be also considered a promising outcome measure, which may assist with documenting individual children’s progress over time, service evaluation and research of school-based occupational therapy. Due to the relatively recent publication of the MFunPS, further research is required to validate and extend our understanding of the tool and its uses with different client groups within children’s therapy services in the United Kingdom.

Read Andrea’s review in full, simply search for ‘MFunPS’ in our A to Z search at www.pearsonclinical.co.uk
Overview
The School Function Assessment (SFA) provides you with a structured method to evaluate and monitor a child’s performance of functional tasks and activities that support his or her participation in school.

Many existing assessments are based on skill profiles of typical students and are not representative of the challenges faced by children with disabilities. The SFA is appropriate for use with students from 5 to 12 years.

Why choose the SFA?
► Focuses on the functional tasks that support a child’s participation in the academic and social aspects of school, helping to facilitate collaborative programme planning for children with a variety of disabling conditions.
► Is a judgement based (questionnaire) assessment which can be completed by one or more school professionals who know the child well and have observed the child’s performance on the school-related tasks and activities being assessed.
► Provides information related to a child’s individual functional strengths and limitations, which supports program planning and evaluation.
► Criterion referenced enabling a measurement of the child’s functional performances relative to the overall continuum of function, which may assist with determining eligibility for specialist services.
► Content reflects the functional requirement of primary school environments, including transportation, transitions, bathroom, and playground.
► Separate scales describe the child’s performance in specific areas.

Uses
► Identifying areas of where intervention is required
► Prioritising areas of need
► Facilitating collaborative planning
► Preparing for student’s educational transitions

Age Range:
5 to 12 years

Administration
Untimed - Individual scales may be completed in 5 to 10 minutes
Documenting progress and effects of intervention.

**Conceptual Framework behind the SFA**
The SFA was designed to be more inclusive in order to capture more children in regular educational settings. The conceptual model of the SFA uses a ‘top-down approach’, with 4 different levels. Each level focuses on a different aspect of function – findings from examination of 1 level cannot automatically be extrapolated to another.

- **Level 1 – Social Participation**
- **Level 2 – Task Performance**
- **Level 3 – Activity Performance**
- **Level 4 – Basic Structures and Processes**

The SFA does not use the fourth level as this assesses underlying functional performance rather than function itself. Functional performance reflects both individual and contextual factors and it is context specific. Function is also defined primarily by the outcome of performance, rather than by the methods used.

**Content**
Content decisions were based on the following strict criteria: Items must represent essential activities; specify observable behaviour(s) without requiring inferences about underlying capabilities; and activities specified in a way that allows variety of methods to be used to achieve them.

The content is split over 3 separate parts:

1. **Participation in School Activity Settings**, focusing on:
   - Regular or special education classroom
   - Playground or break time
   - Transportation to / from school
   - Bathroom and toileting activities
   - Transitions to / from class
   - Mealtime / snack time.

2. **Task Supports**, focusing on physical tasks and cognitive/behavioural tasks in relation to:
   - Assistance (adult help)
   - Adaptations (modifications to the environment).
3. **Activity Performance**, focusing on physical tasks and cognitive/behavioural tasks in relation to:
   - Activity Performance (measurement of child’s performance of specific school related functional activities). Each scale includes a comprehensive set of activities that share a common functional demand.

**Administration**

There are three methods of gathering information:
- Coordinator method - one individual acts as the co-ordinator to gather information
- Collaborative effort method - a child’s collaborative team discuss together the appropriate sections of the forms
- Single respondent method - for use when there is a area of concern isolated to a specific context or area.

Initial assessments require that for each child the entire SFA should be completed at least once. It is also possible to just use the Participation and Task Supports scales as screening tools if there are serious time constraints to help identify areas that should be assessed in more detail.

**Scoring**

The ratings for all items in each scales are included in the raw score totals.

Part I: Participation – Consists of one scale where the raw score should be based on the child’s participation for the six settings.

Part II: Task Supports – Consists of four Task Support scales: Physical Tasks - Assistance, Psychical tasks Adaptations, Cognitive/Behavioural Tasks - Assistance, and Cognitive/Behavioural Tasks - Adaptations. Six other task support items may also be rated.

Part III: Activity performance – Consists of 21 separate scales. 12 scales are grouped under Physical Activity Performance, and nine scales are grouped under Cognitive/Behavioural Performance.

**Technical Information**

A sample of 678 students in two groups participated in the standardization of SFA in the US. One group included children with special educational needs. These children had a variety of disabilities, including motor impairment, communication impairment, emotional or behavioural difficulties, and cognitive limitations. The second group of 315 individuals represented children in regular education programs.
Reliability and Validity

Internal consistency - .92 - .98 (good if over .6)
Test retest reliability – 2 studies, both v. high between .80 - .99

Content validity – 2 studies – concluded that SFA is both comprehensive and relevant for students with disabilities.
Construct Validity – validated by content experts.

Download a sample Technical Report on the SFA product page at www.pearsonclinical.co.uk
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 Subdomains 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
  - Adaptive levels
Sub-domains:
- 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 sub-domain, 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
"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 family of assessments that make up the Sensory Profile range, include four individual tools, the:
► Sensory Profile™ and Supplement
► Infant / Toddler Sensory Profile™
► Sensory Profile School Companion
► Adolescent / Adult Sensory Profile™

As a standard method for measuring a child’s sensory processing abilities, they can be used to profile the effect of sensory processing on functional performance in the daily life of a child; linking performance strengths and barriers with a child’s sensory processing patterns.

Features
The Sensory Profile consists of 125 items and is a judgement-based questionnaire to be completed by a caregiver with daily contact with the child. The questionnaire reports on the frequency of the behaviours/responses of the child to various sensory experiences. Once the questionnaire is completed, the Summary Score Sheet can be used to obtain a profile of the child’s sensory responses. The Summary Score Sheet also contains an area to record the child’s demographic information, a Factor Grid to help summarise the child’s scores into the nine factor groupings (i.e., Factor Summary), and a Section Summary to plot section raw score totals. Together these elements enable the therapist to score the responses and look for certain patterns which are indicative of difficulties with sensory processing and performance.

The Sensory Profile Supplement provides general information about sensory processing and problem solving strategies supported by clinical reasoning, along with expanded cut scores and quadrant cut scores. It offers the latest research available on sensory processing, and can be used in conjunction with the current Sensory Profile to target effective interpretation.

Organisation of Sensory Profile
125 items grouped into 3 main sections:-
► SENSORY PROCESSING - Responses to the basic sensory systems.
  ► Auditory
  ► Visual
  ► Vestibular

Age Range:
- Infant/Toddler: 3 years to 11 years 11 months
- Profile and Supplement: 3 years to 10 years
- School Companion: 3 years to 11 years 11 months

Administration
- Individual
Touch
Multisensory
Oral Sensory Processing

MODULATION - Reflects the child’s regulation of neural messages through facilitation or inhibition of various types of responses.
- 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 Responses
- Modulation of Visual Input affecting Emotional Responses and activity level

BEHAVIOURAL AND EMOTIONAL RESPONSES - Reflects the child’s behavioural outcomes of sensory processing.
- Emotional/Social Responses
- Behavioural Outcomes of Sensory Processing
- Items indicating thresholds for Response

A short Sensory Profile is also available and targets sensory modulation. It contains 38 items considered to be most discriminatory to the process. Taking only 10 minutes to administer it can be used as a screener / research tool, and follows the same scoring practice as the full Sensory Profile.

Benefits
- Provides a natural way to include families in information gathering
- Includes caregivers as critical members of the team
- Provides professionalS with way to capture child’s responses during daily life and link sensory processing with child’s daily life performance
- Enables professionals to engage in theory-based decision making during comprehensive assessment and treatment planning
- Measures performance and assists with intervention planning
- Provides info on theory based decision making
- Applicable for children with all types of disabilities and severity levels.
- Easy to administer, score and interpret
- Quick to administer

Scoring
With the Sensory Profile and Supplement, cut scores are provided to aid interpretation:
- Typical performance- scores at or above the point 1 SD below the mean for children without disabilities.
- Probable difference – at or above the point 2 SD below the mean.
Definite difference – below the point 2 SD

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.

Technical Information:
The research sample included more than 1,200 children with and without disabilities between the ages of 3 and 14. Examiners provided a sample of 1,037 children without disabilities aged 3 years to 10 years of which there were 524 girls and 510 boys. Researchers also conducted studies with smaller samples of children with various disabilities to establish validity. Children within this group were established as being previously identified as having ADHD, autism/pervasive developmental disorder, Fragile X disorder, or sensory modulation disorder.

Also available with the Sensory Profile Family:

Infant / Toddler Sensory Profile
- Provides a standard method for measuring an infant’s sensory processing abilities.
- Helps therapists, early childhood teachers, and parents profile the effect of sensory processing on functional performance in the daily life of the infant.
- Caregivers complete a judgment-based questionnaire reporting the frequency with which infants respond to various sensory experiences (Almost Always, Frequently, Occasionally, Seldom, or Almost Never.)
- Provides validated and reliable scores as well as interpretation of results and case studies for your review.

Sensory Profile School Companion
- Enables school-based clinicians to evaluate a child’s sensory processing skills and how these skills affect the child’s classroom behaviour and performance.
- A standardised and theoretically-based assessment which involves the teachers’ perspective of the child interaction in an academic setting.
- Can be used in conjunction with the Sensory Profile to provide a comprehensive evaluation that addresses a child’s behaviour in various contexts - home, community, and classroom.

Adolescent / Adult Sensory Profile™
Enables clients to evaluate themselves through the use of a Self-Questionnaire.
Evaluate the possible contributions of sensory processing to the client’s daily performance patterns.
Obtain information about everyday sensory experiences and the impact on behaviour in different settings.
Use for identifying and developing client awareness and strategies to optimise the desired sensory environment.
Generates an individualised profile of sensory processing across four quadrants: low registration, sensation seeking, sensory sensitivity, and sensation avoiding.

Related Titles

**Sensory Processing Measure (SPM)**
L Diane Parham, Cheryl Ecker, Heather Miller Kuhaneck, Diana A Henry and Tara J Glennon, 2007

Recognising that sensory processing problems often manifest differently in different environments, this set of three integrated rating scales assesses sensory processing, praxis and social participation in school children 5-12 years old. The assessment’s unique multi-environment approach lets you see, for example, why a child who functions well in a highly structured classroom may have problems in a more relaxed setting.

**Sensory Processing Measure - Preschool (SPM-P)**
L Diane Parham, Cheryl Ecker, Heather Miller Kuhaneck, Diana A Henry and Tara J Glennon, 2012

Identify sensory processing difficulties in children as young as 2 years of age. The new Preschool edition of the popular Sensory Processing Measure lets you take an early look at overall sensory functioning as well as specific vulnerabilities that can affect learning.
Social Skills Improvement System
Frank M Gresham and Stephen N Elliott, 2008

“The evidence is overwhelming that well-designed programmes to promote social and emotional skills can result in gains that are absolutely central to the goals of all schools.” Department for Education and Skills

Overview

The Social Skills Improvement System (SSIS) addresses the need for an evidence-based, multi-tiered assessment and intervention system to help students develop, improve and maintain important social skills.

This family of tools can be used early in the school year to facilitate the universal screening of students at risk for academic or social behaviour difficulties, help plan interventions for improving these behaviours, and evaluate progress on targeted skills after intervention.

SSIS Rating Scales

Targeted assessment of individuals and small groups can help you evaluate social skills, problem behaviours and academic competence.

The multi-rater SSIS Rating Scales helps measure:
► Social Skills: Communication, Co-operation, Assertion, Responsibility, Empathy, Engagement, Self-Control.
► Competing Problem Behaviours: Externalising, Bullying, Hyperactivity/Inattention, Internalising, Autism Spectrum
► Academic Competence: Reading Achievement, Maths Achievement, Motivation to Learn.

The teacher, parent and student forms help provide a comprehensive picture across school, home and community settings.

SSIS Intervention Guide

Designed to help you plan and implement remediation strategies, this guide offers in-depth interventions for 20 keystone social skills and is linked directly to results from the SSIS Rating Scales; enabling you to conduct meaningful pre- and post-intervention assessments.

The guide provides units that follow a step-by-step teaching model addressing: Communication, Co-operation, Assertion, Responsibility, Empathy, Engagement and Self-control.
The SSIS Intervention Guide also provides many optional intervention strategies, resources that support instruction, and tools to monitor program effectiveness and student progress.

**SSiS Performance Screening Guide**

A time-efficient, technically sound tool for the classwide screening of key social, motivational and academic skills. For use with students in preschool through to secondary school, this universal screening instrument helps assess and document the performance level of all students, not just those in greatest need of intervention.

The SSIS Performance Screening Guide focuses on observable behaviours in four skill areas:

- Pro-social Behaviours
- Motivation to Learn
- Reading Skills
- Maths Skills.

Educators can then identify the level of performance for the student using criterion referenced performance rating for each of these areas to measure the student’s skills against age-level expectations.

**SSiS Classwide Intervention Program**

A structured, yet flexible and efficient way to teach 10 of the most important social skills to students from preschool to early adolescence. The program has been designed in conjunction with the SSIS Performance Screening Guide to provide a co-ordinated system for improving social skills.

Program units focus on 10 social skills that consistently earned the highest importance ratings. Each of the 10 skill units is divided into three 20 to 25-minute lessons organised around the six phases.

**Features & Benefits**

- Includes ongoing monitoring and feedback components
- Offers materials that support home-school communications and student self-monitoring – critical elements in generalising social skills to environments beyond the classroom.

Find out more at [www.pearsonclinical.co.uk/ssis](http://www.pearsonclinical.co.uk/ssis)
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<table>
<thead>
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<th>Test type/name</th>
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<th>Purpose</th>
<th>For use by</th>
<th>Page reference</th>
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<tr>
<td>Adaptive Behavior Assessment System® - Second Edition (ABAS®-ll) 978 0 158004 50 1</td>
<td>Birth to 89 years</td>
<td>Assess the level of adaptive skills in children and adults</td>
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<td>11 years and older</td>
<td>Identify sensory processing patterns and effects on functional performance</td>
<td>Allied Health Therapists, Psychologists, Specialist Teachers</td>
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<td>Infant / Toddler Sensory Profile™ 978 0 761649 54 0</td>
<td>Birth to 36 months</td>
<td>Examine patterns in children who are at risk or have specific disabilities</td>
<td>Allied Health Therapists, Psychologists, Specialist Teachers</td>
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<td>£182.00</td>
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<td>Miller Function &amp; Participation Scales (MfunPS) 978 0 158015 88 0</td>
<td>2 years 6 months to 7 years 11 months</td>
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<td>Sensory Processing Measure (SPM) 978 0 749164 17 1</td>
<td>5 years to 12 years</td>
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<td>2 to 5 years</td>
<td>Extends the popular Sensory Processing Measure (SPM) down to age 2, making early intervention possible</td>
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<td>Sensory Profile and Supplement 978 0 761638 00 1</td>
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<td>Determine how well children process sensory information in everyday situations and profile the sensory system’s effect on functional performance</td>
<td>Allied Health Therapists, Psychologists, Specialist Teachers</td>
<td>48</td>
<td>£181.50</td>
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<td>Sensory Profile School Companion</td>
<td>3 years to 11 years 11 months</td>
<td>Assess children’s sensory processing information related to school performance</td>
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<td>Sensory Profile Select Scoring Assistant</td>
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<td>Social Skills Improvement System (SSIS) Classwide Intervention Program</td>
<td>3 years to 18 years</td>
<td>Provide a co-ordinated system for improving social skills</td>
<td>Allied Health Therapists, Specialist Teachers</td>
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<td>Social Skills Improvement System (SSIS) Intervention Guide</td>
<td>3 years to 18 years</td>
<td>Offers in-depth social skills intervention for 20 keystone social skills.</td>
<td>Allied Health Therapists, Specialist Teachers</td>
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<td>Social Skills Improvement System (SSIS) Performance Screening Guide</td>
<td>3 years to 18 years</td>
<td>Universal screener of key social, motivational and academic behaviours in children</td>
<td>Allied Health Therapists, Specialist Teachers</td>
<td>62</td>
<td>From £17.00</td>
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<td>Social Skills Improvement System (SSIS) Rating Scales</td>
<td>3 years to 18 years</td>
<td>Gain detailed diagnostic information with direct links to intervention</td>
<td>Allied Health Therapists, Specialist Teachers</td>
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<td>From £251.00</td>
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<td>Vineland Adaptive Behavior Scales, Second Edition (Vineland-II) Survey Forms</td>
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