

TEST ADMINISTRATOR INSTRUCTIONS

PLEASE GIVE THIS FORM TO THE EVALUATOR(S).

Student's Name: _____

The student named above is applying for admission to the Realizing Educational and Career Hopes (REACH) Program at The University of Iowa. The REACH Program is a 2-year comprehensive campus-based certificate program for motivated young adults with multiple learning and cognitive disabilities. Our goal is to educate students to reach their full potential by empowering them to become independent, productive adults who live and work in our community. REACH students are expected to be emotionally stable, academically ready, and should not exhibit behaviors that would interfere with their ability to participate or affect any other student's participation in the program. The required tests are outlined below and considered part of the student's application to the REACH Program. Please do not use any substitutions. If you have any concerns or questions regarding the assessments, please contact us at 319-384-2127 or reach@uiowa.edu.

Please provide the following:

1. CREDENTIALS OF EVALUATORS (REQUIRED)

The test administrator's personal title and license or credentials on a separate page, name, address and phone.

2. ACHIEVEMENT TESTING (REQUIRED)

An educational evaluation completed within the **past 18 months** with specific subtest scores and grade equivalents and labeled from the Wechsler Individual Achievement Test- Second Edition (WIAT-II) or later versions. *No written report is necessary. Please use the REACH Program Educational Assessment Protocol sheet for reporting these scores. (This form is part of the Test Administrator and Assessment forms document.)*

3. INTELLECTUAL ASSESSMENT AND PSYCHOLOGICAL NARRATIVE REPORT (REQUIRED)

An intellectual assessment completed within the past 18 months on the Wechsler Adult Intelligence Scale-III or later versions. *Please use the REACH Program Intellectual Assessment Protocol sheet for reporting these scores. (This form is part of the Test Administrator and Assessment forms document.)*

Please include the complete protocol and label (all subtest raw and scaled scores) and Verbal, Performance Full scale scores.

4. SPECIFIC TESTING FOR LANGUAGE/COMMUNICATION CHALLENGES (OPTIONAL)

If the student has significant language challenges (expressive or receptive), you may include an additional cognitive evaluation utilizing the Wechsler Nonverbal Scale of Ability (WNV), 2006 Edition. *No written report is necessary. Please list and identify all subtests, raw scores, T-scores and total scores.*

5. INTERVIEW OF STUDENTS (REQUIRED)

A student interview conducted by the test administrator or psychologist. The interview should include the following questions **answered by the student and recorded as verbatim stated and typed.**

1. Give three reasons why you want to go to the University of Iowa REACH Program?
2. In the past 2 years, what did you do you are most proud of?
3. What would you like to be doing 5 years from now?

6. WRITING SAMPLE (REQUIRED)

An original sample of the student's writing should be completed during the assessment session. Please have the student respond in writing to the this statement: **Write two things about yourself that you would tell to a new friend.** *Please use lined paper.*

7. OTHER ASSESSMENTS

Parents please note: Copies of any psychological or educational tests and reports completed within the last three years and related school/professional reports are requested.

Call anytime with questions.

TEST ADMINISTRATION CHECKLIST

- CREDENTIALS OF EVALUATOR(S)
- ACHIEVEMENT TESTING
- INTELLECTUAL ASSESSMENT
- PSYCHOLOGICAL NARRATIVE WRITTEN REPORT
- INTERVIEW OF STUDENTS
- WRITING SAMPLE
- OTHER ASSESSMENTS

REACH: Realizing Educational and Career Hopes

N297 Lindquist Center North, College of Education
The University of Iowa
Iowa City, IA 52242
reach@uiowa.edu • www.education.uiowa.edu/reach • 319-384-2127

Educational Assessment Protocol Sheet

Please include the required data as indicated in the Test Administrator Instructions.

Student's Name: _____

Test Administrator's Name: _____

License #: _____ Credentials: _____

Wechsler Individual Achievement Test-II

Date of Administration: _____

Reading Subtests

	Grade Equivalent
Word Reading	_____
Reading Comprehension	_____
Pseudoword Decoding	_____

Math Subtests

	Grade Equivalent
Numerical Operations	_____
Math Reasoning	_____

Written Language

	Grade Equivalent
Spelling	_____
Written Expression	_____

Oral Language

	Grade Equivalent
Listening Comprehension	_____
Oral Expression	_____

Examiner's estimate of validity of these test findings: _____

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Intellectual Assessment Protocol Sheet*

Please include the required data as indicated in the Test Administrator Instructions.

Student's Name: _____

Test Administrator's Name: _____

License #: _____ Credentials: _____

Wechsler Adult Intelligence Scale-III

Date of Administration: _____

<u>Verbal Subtests</u>	Raw Score	Scaled Score
Information	_____	_____
Comprehension	_____	_____
Arithmetic	_____	_____
Similarities	_____	_____
Vocabulary	_____	_____
Digit span	_____	_____
Letter-Number Sequencing	_____	_____

<u>Performance Subtests</u>	Raw Score	Scaled Score
Picture Completion	_____	_____
Digit Symbol - Coding	_____	_____
Block Design	_____	_____
Matrix Reasoning	_____	_____
Picture Arrangement	_____	_____
Symbol Search	_____	_____
Object Assembly	_____	_____

Verbal IQ (VIQ): _____

Performance IQ (PIQ): _____

Full-Scale IQ (FSIQ): _____

Examiner's estimate of validity of these test findings: _____

***Please attach a narrative written report of the intelligence test to this summary sheet.**