

Assessing for Fetal Alcohol Spectrum Disorder: A National Survey of Assessment Measures Used by FASD Clinics in Canada

As a member of a Canadian clinic that provides assessment and diagnostic services for individuals with Fetal Alcohol Spectrum Disorder (FASD), you are invited to participate in this study.

Title: Assessing for Fetal Alcohol Spectrum Disorder: A National Survey of Assessment Measures Used by FASD Clinics in Canada

Investigators:

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What is this project about? The purpose of this project is to collect information about the testing measures used by FASD clinicians across Canada to evaluate neurodevelopmental functioning in their clients. The overall goals of the project are to:

- Provide an overview of the measures used in Canada to assess for FASD across the lifespan
- Determine which measures are most commonly used by Canadian FASD clinicians
- Find any areas of FASD assessment where adequate assessment measures may be lacking
- Identify additional measures that may be considered beyond those recommended in the current FASD diagnostic guideline

What will we ask you to do? We are asking FASD assessment and diagnostic clinicians (i.e., physicians, psychologists, speech language therapists, and occupational therapists) to complete an online survey. The survey will take approximately 20 minutes to complete. Participation in this study is voluntary and you have the right not to participate. You can discontinue your participation and withdraw from the study at any time without penalty. You may choose to exit the survey by simply closing the browser page. If you choose to discontinue your participation, we will only use the data collected prior to participant withdrawal as it directly relates to the study purpose and procedures.

Are there any risks if I agree to participate? There is an extremely minimal social risk associated with this survey. For example, although no individual-level data will be reported, readers may be able to identify which clinics have participated or which clinics are using particular measures, especially if you work at a small or specialized diagnostic clinic. However, this risk will be minimized by aggregating questionnaire data and no individual clinic information will be available. We believe that this risk is not beyond a risk that you may encounter in your daily practice.

How can you benefit if you agree to participate? There are no direct personal benefits to participation in this study. However, information we gather will provide us with a better understanding of the measures used by clinicians to assess for FASD, and help us to increase consistency, best practices, and sharing of useful information that can benefit other clinics. Ultimately, identifying a comprehensive, reliable, and usable testing battery for FASD assessment will improve the clarity and accuracy of the diagnostic process and facilitate advancements in the field.

How will your information be used? Once the surveys have been completed, we will aggregate the data collected with all identifiers removed. All information we collect will be private and kept confidential. No one will see the answers you give to questions except members of the research team. All information will be stored in a password-protected file. Your personal information, such as your clinic name and clinical role, will be kept separate from your survey responses.

Do you receive anything for participating? All clinics who complete this survey will be entered into a raffle draw for one paid conference registration fee to the 8th International Conference on Fetal Alcohol Spectrum Disorder, March 6-9, 2019, in Vancouver, BC, valued at approximately \$700.

Do you have questions or want more information? Please contact Kelly Coons-Harding at kharding@laurentian.ca or kelly.harding@canfasd.ca, Colleen Burns at clinictraining@lcfasd.com, or Audrey McFarlane at AMcFarlane@lcfasd.com if you have any questions about this study. If your questions or concerns are not answered, you may contact the Research Ethics Officer, Laurentian University Research Office, at 705-675-1151 or 1-800-461-4030, extention 3213, or at ethics@laurentian.ca.

Consent Statement I understand that: - I do not have to answer all of the questions in the survey - My answers will be anonymized after they are collected - All information will be kept confidential and secure - There are no particular risks if I participate - I may withdraw from the study at any time without penalty - I may keep this information about the study I understand that by completing this survey, I am agreeing to participate in this study.

☐ Yes
☐ No

Thank you very much for your time. Have a nice day!

Clinic Demographic Information

Your clinic name

Do you provide assessment services at more than one FASD clinic?

- ☐ Yes
☐ No

If yes: How many FASD clinics do you work with?

If yes: Please list the names, locations (e.g., province or territory), and clinic type (e.g., paediatric, adult, etc.) of all FASD clinics where you provide assessment services.

Do you use the same testing measures at all FASD clinics?

- ☐ Yes
☐ No

If no: Please describe these differences.

Your clinic type

- ☐ Paediatric
☐ Adult
☐ Paediatric and Adult
☐ Other

Your province or territory

- ☐ Alberta
☐ British Columbia
☐ Manitoba
☐ New Brunswick
☐ Nova Scotia
☐ Newfoundland and Labrador
☐ Northwest Territories
☐ Nunavut
☐ Ontario
☐ Quebec
☐ Saskatchewan
☐ Yukon
☐ Prince Edward Island

What is your profession?

- ☐ Psychologist
☐ Family Physician
☐ Paediatrician
☐ Psychiatrist
☐ Nurse or Nurse Practitioner
☐ Occupational Therapist
☐ Speech Language Pathologist
☐ Other

If other, please specify:

Which professions are part of your core diagnostic team? Please check all that apply.

- ☐ Psychologist
☐ Family Physician
☐ Paediatrician
☐ Psychiatrist
☐ Nurse or Nurse Practitioner
☐ Occupational Therapist
☐ Speech Language Pathologist
☐ Clinic Coordinator
☐ Other

If other, please specify:

Which additional members are part of your clinical team, where appropriate? Please check all that apply.

- ☐ Addiction Counsellor
- ☐ Advocate or Mentor
- ☐ Childcare Worker
- ☐ Clinic Coordinator
- ☐ Clinical Geneticist
- ☐ Cultural Interpreter/Liaison
- ☐ Dysmorphologist
- ☐ Mental Health Professional
- ☐ Probation Officer
- ☐ Social Worker
- ☐ Teacher
- ☐ Vocational Counsellor
- ☐ Other

If other, please specify:

In the questions below, please indicate which tests you routinely use during your assessment for FASD in each age range. Please indicate only the tests that you actively use in your current assessments. Do not include tests that may be available to you, but that you do not routinely use in your FASD assessments.

If your test does not appear on the list, please enter it in the space below the table ensuring that you indicate which version or edition. Note that the list below includes the most recent edition of each measure. If you use different editions than those listed below, please note your edition in the space below the table.

Motor Skills

	0-3 Months	3-18 Months	18-36 Months	36 Months - 6 Years	7-18 Years	18+ Years
Abnormal Involuntary Movement Scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beery-Buktenica Developmental Test of Visual-Motor Integration - 6th Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bruininks-Oseretsky Test of Motor Proficiency - 2nd Ed. (Short Form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bruininks-Oseretsky Test of Motor Proficiency - 2nd Ed. (Complete Form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Test of Visual Perception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger Tapping/Oscillation Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooved/Purdue Pegboard Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Dynamometer/Grip Strength Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
McMaster Handwriting Assessment Protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miller Function & Participation Scales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movement Assessment Battery for Children - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peabody Developmental Motor Scales - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quick Neurological Screening Test - 3rd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Profile - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Profile Measure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shore Handwriting Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify.

Neuroanatomy/Neurophysiology

	0-3 Months	3-18 Months	18-36 Months	36 Months - 6 Years	7-18 Years	18+ Years
Assessment for physical/medical anomalies associated with FASD (e.g., microcephaly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of past neuroimaging reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial measurements (manual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographic facial analysis software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify.

Cognition

	0-3 Months	3-18 Months	18-36 Months	36 Months - 6 Years	7-18 Years	18+ Years
Bayley Scales of Infant and Toddler Development - 3rd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detroit Test of Learning Aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Assessment of Young Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullen Scale of Early Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stanford-Binet Intelligence Scales - 5th Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wechsler Abbreviated Scale of Intelligence - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wechsler Adult Intelligence Scale - 4th Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wechsler Intelligence Scale for Children - 5th Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wechsler Nonverbal Scale of Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wechsler Preschool and Primary Scale of Intelligence - 4th Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify.

Language

	0-3 Months	3-18 Months	18-36 Months	36 months - 6 Years	7-18 Years	18+ Years
Boston Naming Test - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Communication Checklist - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Evaluation of Language Fundamentals - 5th Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive Assessment of Spoken Language - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive Receptive and Expressive Vocabulary Test - 3rd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlled Oral Word Association Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressive One-Word Picture Vocabulary Test - 4th Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptive One-Word Picture Vocabulary Test - 4th Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressive Vocabulary Test - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening Comprehension Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral and Written Language Scales - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peabody Picture Vocabulary Test - 4th Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool Language Scales - 5th Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptive-Expressive Emergent Language Test - 3rd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renfrew Bus Story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rosetti Infant Toddler Scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Language Development Test - Elementary: Normative Updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Language Development Test - Adolescent: Normative Updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test of Narrative Language - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test of Problems Solving - 3rd Ed. Elementary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test of Problems Solving - 2nd Ed. Adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test of Word Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify.

Academic Achievement

	0-3 Months	3-18 Months	18-36 Months	36 Months - 6 Years	7-18 Years	18+ Years
Bracken Basic Concepts Scale - 3rd Ed. Receptive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Process Assessment of the Learner - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wechsler Fundamentals: Academic Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wechsler Individual Achievement Test - 3rd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wide Range Achievement Test - 4th Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woodcock Johnson IV Tests of Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify.

Memory

	0-3 Months	3-18 Months	18-36 Months	36 Months - 6 years	7-18 Years	18+ Years
Benton Visual Retention Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brief Visuospatial Memory Test - Revised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child and Adolescent Memory Profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
California Verbal Learning Test - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
California Verbal Learning Test - Children's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Memory Scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEPSY - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rey Auditory Verbal Learning Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rey Complex Figure Test and Recognition Trial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rivermead Behavioural Memory Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test of Memory and Learning - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wechsler Memory Scale - 4th Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wide Range Assessment of Memory and Learning - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify.

Attention

	0-3 Months	3-18 Months	18-36 Months	36 Months - 6 Years	7-18 Years	18+ Years
Attention Process Training - 3rd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior Assessment System for Children - 3rd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brief Test of Attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conners Continuous Performance Test - 3rd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conners Rating Scales - 3rd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conners Adult ADHD Rating Scales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital Vigilance Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated Visual and Auditory Learning - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEPSY - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swanson Nolan and Pelham Questionnaire - 4th Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Search and Attention Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify.

Executive Function, including Impulse Control and Hyperactivity

	0-3 Months	3-18 Months	18-36 Months	36 Months - 6 Years	7-18 Years	18+ Years
Behavior Rating Inventory of Executive Function - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior Rating Inventory of Executive Function - Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brixton Spatial Anticipation Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Category Test (Booklet, Children's, or Halstead)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive Executive Function Inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive Executive Function Inventory - Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delis-Kaplan Executive Function System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional Assessment of Verbal Reasoning and Executive Strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iowa Gambling Task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEPSY - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rey Complex Figure Test and Recognition Trial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rey-Osterreich Complex Figure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Language Development Test - Elementary: Normative Updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Language Development Test - Adolescent: Normative Updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroop Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symbol Digit Modalities Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test of Problems Solving - 3rd Ed. Elementary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test of Problems Solving - 2nd Ed. Adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trail Making Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wisconsin Card Sort Task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify.

Affect Regulation

	0-3 Months	3-18 Months	18-36 Months	36 Months - 6 Years	7-18 Years	18+ Years
Beck Anxiety Inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beck Depression Inventory - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beck Youth Inventory - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior Assessment System for Children - 3rd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior Dimensions Scale - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Behavior Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Millon Adolescent Clinical Inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Millon Clinical Multiaxial Inventory - 4th Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mini International Personality Item Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minnesota Multiphasic Personality Inventory - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minnesota Multiphasic Personality Inventory - Adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality Assessment Inventory - Adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screen for Child Anxiety Related Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symptom Checklist-90-Revised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma Symptom Inventory - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify.

Adaptive Behaviour, Social Skills, and Social Communication

	0-3 Months	3-18 Months	18-36 Months	36 Months - 6 Years	7-18 Years	18+ Years
Adaptive Behavior Assessment System - 3rd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Clinical Solutions for the WAIS-IV and WMS-IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior Assessment System for Children - 3rd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Evaluation of Language Fundamentals - 5th Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Living Scales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scales of Independent Behavior - Revised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Language Development Test - Elementary: Normative Updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Language Development Test - Adolescent: Normative Updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Awareness of Social Interference Test - Revised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test of Social Language Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Texas Functional Living Scales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vineland Adaptive Behavior Scales - 2nd Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify. _____

Thank you very much for taking the time to complete this survey. Have a nice day!