



PSYCHOLOGIST'S OVERVIEW

Sports Eligibility Assessments for Athletes with Intellectual Impairments

This guide is intended for psychologists who are conducting new psychological assessments/interviews for an athlete with Intellectual Disability, Down Syndrome, and/or Autism in order to provide the evidence required for the Athlete's application for full International Level Eligibility for Virtus, Paralympic and other sports events.

Psychological testing information provided to Athletes Without Limits as evidence of disability is reviewed by a licensed psychologists/US National Eligibility Officer, and then sent to the Virtus International Panel of Licensed Psychologists for confirmation.

SPORT CLASS	ELIGIBILITY CRITERIA	EVIDENCE REQUIRED
<p>Virtus II-1: Intellectual Impairment Offered at all AWL/Virtus Events Required for Paralympic Classes: Swimming S14/SB14 Table Tennis Class 11 Track & Field T20/F20 World Taekwondo Para Class P20 The USGA's U.S. Open Adaptive Golf</p>	<p>Athletes with Intellectual and Developmental Disabilities who have: Full-Scale IQ score of 75 or lower; Significant limitations in adaptive behaviour; onset before 22.</p> <p><i>This group includes athletes with developmental disabilities, Autism, Mosaic Down syndrome, or other diagnosis who have co-occurring Intellectual Disability (IQ 75 or lower.)</i> <i>Note: Athletes with Tri21 or Translocation Down syndrome may need dual eligibility in this group for events that don't offer a separate II-2 group.</i></p>	<p>II-1 EVIDENCE REQUIRED:</p> <ol style="list-style-type: none"> 1. WAIS, WISC or Stanford Binet IQ Assessment, Report and Summary of Scores (Shortened WASI is not accepted) 2. Vineland, ABAS, or AAMR Adaptive Behavior Assessment, Report and Summary of Scores 3. IQ or other relevant scores or diagnosis from before age 22 referenced in a report. <p><i>For full International Level II1 Eligibility IQ and Adaptive testing must be WITHIN LAST 5 YEARS unless the athlete applying also has Tri21 or Translocation Down syndrome in which case older assessments will be accepted.</i></p>
<p>*Virtus II-2: Additional Impairment or Down Syndrome Separate competition group offered at AWL/Virtus Events Only (Also offered at WKF Karate and some EDGA-Golf-check with event)</p>	<p>A. Athletes with Tri 21/Translocation Down syndrome who are Atlantoaxial Instability (AAI) clear.</p> <p>OR</p> <p>B. Athletes with Intellectual Disability (Virtus -II Criteria above) who have additional physical or visual impairment.</p> <p><i>We recommend II-2 athletes competing in Golf, Swimming, Table Tennis, Taekwondo and Track & Field apply for dual eligibility in the Virtus II-1 to be eligible for events that follow Paralympic classification and are only open to Virtus-II1)</i></p>	<p>II-2 EVIDENCE REQUIRED:</p> <p>A) <ol style="list-style-type: none"> 1. Copy of cytogenetic testing showing type of Down syndrome as Trisomy 21 or Translocation, 2. Copy of AAI scan and 3. AAI Form signed by Physician (Application Page 3) OR</p> <p>B) All Virtus II-1 IQ and Adaptive evidence above and medical report describing additional physical impairment (to be confirmed by FAST assessment with Virtus Staff.</p>
<p>*Virtus II-3: Autism (does not meet IQ and adaptive for Virtus II1 Intellectual Disability) Separate competition group offered at AWL/Virtus Events Only (May be offered at some EDGA-badged - events, check with event)</p>	<p>Athletes with Autism who have:</p> <ol style="list-style-type: none"> 1. A Full-Scale score IQ of 76 or higher, OR no diagnosis of intellectual disability, and; 2. A formal diagnosis of Autism/ASD <p><i>Athletes w/Autism who meet criteria for Intellectual Disability should apply for II-1.</i></p> <p>II-3 Athletes with Autism who have an Iq of 76 or higher are not eligible for Paralympics.</p>	<p>II-3 EVIDENCE REQUIRED:</p> <ol style="list-style-type: none"> 1. A formal diagnosis of Autism or ASD carried out by a licensed psychologist, with background history and evidence must include accepted diagnostic techniques/ assessments such as: ADOS, ADR-I, CARS, DISCO, GARS, AAA, RIMLAND, ASRS ISAA and/or evidence mapped against ICD 11 or DSM 5 frameworks. 2. Athletes should include IQ and Adaptive Behavior assessments so we can determine if they meet II-1 Criteria.

***Virtus recently began piloting two additional eligibility groups II2 AND II3 to be recognized at Virtus events. The criteria for these groups will be revised/expanded as the project progresses/research data becomes available.**



Athletes Without Limits (AWL) is a nonprofit dedicated to helping athletes with intellectual and developmental disability (IDD) compete at their highest level in sport. As the US Member of Virtus we oversee US athletes' applications for Virtus & Paralympic sports eligibility. Athletes Without Limits selects and organizes US Teams participating at Virtus World Championships & Global Games, has integrated teams, hosts high level events and advocates for the inclusion of athletes with IDD in mainstream sport.



Virtus: World Intellectual Impairment Sport (formerly called Inas) is responsible for managing and overseeing the eligibility process for athletes wishing to compete at Virtus and Paralympic competition. Virtus is a founding member of the International Paralympic Committee (IPC) and hosts high-level International events open to athletes with Intellectual Disability, Down Syndrome, and High Functioning Autism competing in 10+ sports.

Virtus Class II1: Intellectual Impairment

II1 CRITERIA:

Based upon the definition of intellectual disability by The American Association on Intellectual and Developmental Disability (AAIDD, 2010) and consistent with that of the World Health Organisation (WHO, ICD-10 and ICF, 2001) athletes must meet all 3 Virtus Eligibility criteria below:

- 1. Significant impairment in intellectual functioning which is defined as a Full-Scale IQ score of 75 or lower**
- 2. Significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills.** This is defined as performance that is at least 2 standard deviations below the mean of in one or more individual domain or in the overall score; and
- 3. Intellectual impairment must be evident during the developmental period, which is from conception to 22 years of age.**

II1 Virtus EVIDENTIAL REQUIREMENTS:

A full and detailed athlete assessment should be undertaken by a qualified psychologist to support the diagnosis of intellectual impairment as follows: In order for an athlete to confirm eligibility and compete internationally Virtus requires the **exact** documentation below.

A. Copy of a Weschler Family WAIS/WISC (WASI NOT ACCEPTED), Stanford Binet or Raven Matrice IQ assessment given within the last 5 years

that demonstrates Full Scale IQ of 75 or below. Report must include narrative report and a copy of the summary score sheets. The report should explain any factors which may have affected results. Particular attention should be paid to cases where there's a large difference between sub-scale IQ scores that may require the full-scale IQ to be interpreted differently or invalidate it. Reporting should follow guidelines in IQ test manual and detailed analysis/comment should be included along with a summary of scores.

B. Copy of Vineland Adaptive Behaviour Scales, ABAS or AAMR Adaptive Behaviour Scales report and scores from within the last 5 years.

Significant Limitations in Adaptive Behaviour must be assessed using an internationally recognised and professionally administered standardised measure (given within the last 5 years) that has been norm-referenced on the general population including people with disabilities. Assessment and reporting should be made in the areas of communication, self-care, self-direction, social/interpersonal skills and ability to respond to life changes and environmental demands. The report should include a summary and interpretation of scores achieved under each domain (Communication, Self-care, Self-direction, Social/interpersonal skills, Ability to respond to life changes and environmental demands) The report should contain the psychologist's narrative report and a copy of the summary score sheets.

C. Proof of Age of Onset prior to 22: Must be demonstrated by a full and detailed relevant history including education and family background together with a copy of or mention of an IQ score achieved before age 22 or a psychologist's statement explaining evidence on which a diagnosis of intellectual disability before age 22 is based.

In the case of both intellectual functioning and adaptive behaviour, the testing psychologist must provide a report that:

- Is typed (no handwritten reports) and presented on formal letter-headed paper stating the psychologists name and qualifications, membership number and details of any professional bodies, address, phone/fax number and email
- States when and where the assessment was done (i.e. date, location)
- States the name and version of the IQ test used, the method of assessment of Adaptive Behaviour and why this approach to assessment was chosen.
- Includes general information regarding the athletes background, relevant history and previous assessments
- Includes a detailed analysis and discussion of IQ and Adaptive Behaviour assessment findings concluding with a clear diagnosis/statement of Intellectual functioning and Adaptive Behaviour.
- Includes a copy of the original summary sheet/record form of IQ and standardised Adaptive Behaviour assessments showing all scores. Where these sheets are not available, the psychologist should explain why within the report and type a table of scores and subscores.

[See Also Page 5 **ATTACHMENT A: PSYCHOLOGIST'S SAMPLE REPORT FOR INTELLECTUAL DISABILITY**]

Visit www.athleteswithoutlimits.org/eligibility for more information or email info@athleteswithoutlimits.org to set up a call.

WHO SHOULD APPLY FOR II1 ELIGIBILITY?

- **This class is open to any athlete who meets IQ, Adaptive and Age of Onset criteria for Intellectual Impairment regardless of various Diagnosis.**
- **For example...**
- **Athletes with Autism and co-occurring Intellectual Disability** should apply for II1 Eligibility since the Trial II3 High Functioning Autism Sports Class is only for those athletes with Autism who *do not* meet the II1 criteria.
- **Athletes with MOSAIC Down Syndrome and co-occurring Intellectual Disability** only compete in the II1 Class for Intellectual Disability
- **Athletes with Trisomy21 Down Syndrome** who are eligible for the Virtus II-2 Additional Impairment group at Virtus events, may also need to apply for II1 Eligibility for (non-Virtus hosted) events with only one competition group for Virtus II-1 eligible athletes including: *USGA Golf, Para S14 Swimming, Para 11 Table Tennis, Para P20 Taekwondo or Para T20/F20 Track & Field*

Virtus II-2: Intellectual Disability with Additional Physical Impairment OR Down Syndrome (Tri21)

CRITERIA: (Last updated Jan 2022)

- A) Athletes with a diagnosis of Trisomy21 or Translocation Down Syndrome, and clear of symptomatic Atlantoaxial Instability (AAI)
OR
B) Athletes who meet the IQ and Adaptive Criteria for Virtus II-1 Intellectual Disability who have additional physical or visual impairment

In recognition of the challenges faced by athletes with intellectual impairment who have additional physical impairment Virtus has created a separate competition group for Athletes Without Limits and Virtus-hosted events. (World Karate Federation is also offering this competition group and some EDGA-badged Golf events. (Note the USGA's 2022 U.S. Adaptive Championships is only offered to athletes in the Virtus II-1 group so players with Down syndrome should apply for dual eligibility in that group and provide all Virtus-II1 evidence required (IQ & Adaptive assessment within the last 5 years).

Criteria for this Virtus competition group may be revised/expand as research becomes available.

Virtus EVIDENTIAL REQUIREMENTS:

- A) **A copy of the results of a blood test (cytogenetic analysis) for that athlete confirming Trisomy 21 or Translocation Down Syndrome,**
A signed statement by a doctor which confirms a diagnosis of Trisomy 21 or Translocation Down Syndrome may be accepted for National Level eligibility only.
- B) **Atlanto-Axial Instability Evidence Requirements:** Atlanto-Axial Instability (AAI) is a rare condition that leads to an increased flexibility in the neck joint and can sometimes make a person more at risk of injury in some sports. It can be more prevalent amongst people with Down Syndrome. Screening for AAI can only be done by a medical professional and involves an x-ray of the neck joint.

Athletes with symptomatic (i.e. diagnosed AAI) may not participate in Virtus competition due to the risk of injury.

Athletes with asymptomatic AAI (i.e. no evidence of AAI) may compete at their own risk subject to the following provisions:

- A doctor or physician signs the Virtus Athlete Application Form AAI Section giving the appropriate clearances.
- Legal consent to compete is given (from a parent/guardian where the athlete is under 18 or without legal capacity to give consent).
- There should be no sign of progressive myopathy (muscle degeneration). Some signs of progressive myopathy are:
 - Increase in muscle weakness
 - Loss of sensation
 - Onset of incontinence
 - Alteration in muscle tone
 - Decreasing co-ordination
 - Diminishing kinaesthetic awareness
 - Change in walking pattern
 - Pins and needles.
- That neck flexion to allow the chin to rest on the chest is possible.
- That the person has good head/neck muscular control.

**IMPORTANT FOR ATHLETES WITH DOWN SYNDROME (any type):
The medical practitioner should be sure to sign AAI form on page 3 of the Virtus Athlete Application form on AAI status and provide copies of AAI screenings/results.**

- C) **We recommend II-2 Athletes with Tri21 Down Syndrome also provide IQ & Adaptive Behavior evidence of II1 Intellectual Disability:**

A separate competition group for Virtus II-2 athletes is currently only offered at Athletes Without Limits and Virtus-hosted events (and WKF Karate as of 2021 and some EDGA-badged International events (check with event)

Therefore athletes with Down syndrome competing in Golf, Swimming, Table Tennis, Taekwondo, and Track & Field may find additional opportunities to compete in the II-1 Intellectual Impairment group for events hosted by the USGA, U.S. Paralympics, Move United, USA Table Tennis, and World Taekwondo (USAT), which follow the Paralympics model of offering one class for athletes intellectual impairment.

Virtus Class II3: High Functioning Autism

CRITERIA:

Autism or Autism Spectrum Disorder (ASD) as it is now commonly known, is defined by the World Health Organisation (WHO) as 'a group of complex brain development disorders. This umbrella term covers conditions such as autism and Asperger syndrome. These disorders are characterised by difficulties in social interaction and communication and a restricted and repetitive repertoire of interests and activities' (WHO Autism Q&R Factsheet, 2016)

Based upon this, the Virtus eligibility criteria for athletes with autism is:

1. A Full-Scale score IQ above 75 and/or NO diagnosis of co-occurring intellectual disability (Athletes with ID compete in Class II1), and;
2. A formal diagnosis of Autism, ASD or Asperger's syndrome, carried out by a licensed psychologist, using accepted diagnostic techniques (such as ADOS, ASRS, ICD-10 Criteria for Autism) along with full developmental, educational and family history.

Virtus wishes to advise that these criteria are subject to change following the trial project.

Virtus EVIDENTIAL REQUIREMENTS:

A full and detailed report should be undertaken by a licensed psychologist to support the diagnosis of autism; this can be based on one of two approaches:

1. **A report based on previous assessments which they have reviewed/evaluated and an interview with the athlete** to ensure that the reports relate to that individual and to consider any important changes since the assessment was completed. Such a report should include the following:
 - a) Copies of the previous assessment reports diagnosing autism/ASD/Asperger's Syndrome;
 - b) A developmental, educational and family history;
 - c) Comments on the validity, reliability and findings of the assessment report, using the criteria below (2 c-f);
 - d) A signed declaration stating that in their professional opinion the previous assessment was sufficient to diagnose Autism/ASD/Asperger's syndrome.

OR

2. **A full and detailed new assessment carried out by an appropriately qualified psychologist** for the purpose of diagnosing the presence of Autism/ASD/Asperger's syndrome. Such an assessment report should include the following:
 - a) Details of their professional qualifications and expertise to assess for autism.
 - b) A full developmental, educational and family history;
 - c) Details of the assessment methods used and rationale for their use
 - d) Full results of the assessment, including copies of summary results/score sheets of any formal assessments used;
 - e) A detailed analysis and discussion of assessment findings;
 - f) Explains any factors which may have affected the results.
 - g) A clear conclusion including a signed declaration stating that in their professional opinion the diagnosis of Autism can be confirmed.

Whether the psychologist is interviewing the athlete while reviewing previous assessments (option 1) or giving new assessments (option 2), he/she must have done so in an interview with the athlete some time within the last 5 years.

****NOTE: Athletes with Autism who have co-occurring Intellectual Disability will be classified into that Class (See page 1).**

Therefore Psychologists should consider whether Virtus-accepted IQ and Adaptive Behavior assessments should be administered if there is possibility an athlete with Autism meets the criteria for the "Intellectual Disability Class II1" and these assessments are not already in the athlete's record as having been administered within the last 5 years. These include an **IQ assessment (Stanford Binet or Weschler WISC/WAIS (WASI is not accepted))** and an **Adaptive Behavior Assessment (Vineland, ABAS, or AAMR).**

[See also Page 7 **ATTACHMENT B: Psychologist's Sample Assessment Confirming Autism Diagnosis**]

Attachment A:

Psychologist's Sample Assessment Report for II1 Intellectual Impairment

This template should be used as a general guide by licensed psychologists to better understand the type of assessments and reports preferred by Virtus to determine athlete eligibility in intellectual impairment sports classes.

This template can also be used as a guide for athletes with Down Syndrome who are applying for II1 Eligibility.

(Report should be typed and on Psychologist's Letterhead)

Psychologists Name:

Psychologist's Address:

Psychologist's Phone Number:

Psychologist's Qualifications:

Membership of Professional Bodies/Membership numbers:

Athletes Full Name:

Athletes Date of Birth:

Date of Assessment:

Age at Assessment:

1. Introduction

Here the psychologist should explain the purpose of the assessment, a description of the assessment tools and methods used (i.e. which IQ and Adaptive Behaviour assessments were used) and why they have been chosen.

2. Background to the assessment

Here the psychologist should explain any relevant background to the athlete including education, family background, medical background (if relevant to the assessment) and the results of any previous tests. The aim is to build a general picture of the athlete. The psychologist should also explain the athlete's attitude towards the assessment, whether they are accompanied by parents/carer etc, and any issues that may affect the outcome of the assessment.

We would expect this section to be no shorter than 2 paragraphs.

3. New IQ Assessment (or review of previous if there is an Virtus-accepted test within last 5 years)

Here the psychologist should explain the results of the assessment commenting specially on each domain. For example, in the WAIS test this would include a summary of Verbal and Performance subtests, including scores achieved. The psychologist should explain in detail any significant variation in subtest scores and the implications for interpretation of the full IQ score, following the instructions in the test manual.

We would expect this section to be no shorter than 5 paragraphs and would include a summary of the scores achieved. E.g. (using WAIS-IV) either as an attached summary score sheet or typed in table format like below:

SCORES	Standard Score	95% Confidence Range
Verbal Comprehension		
Perceptual Reasoning		
Working Memory		
Processing Speed		
Full Scale Score:		

4. New Adaptive Behaviour Assessment (or review of previous if there is one within last 5 years)

Here the psychologist should explain how the Adaptive Behaviour assessment was conducted, who was consulted, and then summarise the results of the assessment commenting specifically on each domain. If the assessment has been carried out by clinical observation it is important that as much information as possible is provided about the assessment. This should include when, where and for how long the individual was observed, what they were doing and the findings of this observation. This should be supplemented by any available records and interviews with people who know them well such as relatives or carers. The source of such additional evidence should be noted in the report. It usually takes more time to assess an individual by observation than through administering a standardised assessment such as the Vineland, ABAS or AAMR.

Communication - Score achieved and findings:

The psychologist should provide an interpretation/summary of results/findings in this area

Daily Living - Score achieved and findings:

The psychologist should provide an interpretation/summary of results/findings in this area

Socialisation - Score achieved and findings:

The psychologist should provide an interpretation/summary of results/findings in this area

Motor Skills - Score achieved and findings:

The psychologist should provide an interpretation/summary of results/findings in this area

Overall Adaptive Behaviour Score/Assessment findings. Score achieved and findings:

Here the psychologist will provide a final diagnosis of adaptive behaviour

The image shows two side-by-side official summary score sheets. The left sheet is a WISC-IV report, featuring a grid of scores for various subtests and a summary section. The right sheet is a Vineland Adaptive Behavior Scales report, also featuring a grid of scores and a summary section. Both sheets are filled with data and have a professional, clinical appearance.

Sample of typical official summary score sheets (WISC-IV & Vineland)

5. Age of Onset

If the athlete is aged 18 or over at the time of assessment then the psychologist would explain here what evidence is being submitted from before the age of 18, or will provide a statement explaining what evidence they have based their diagnosis on.

6. Final Diagnosis

Here the psychologist will summarise the main findings and will provide a clear final diagnosis. They will also explain whether there are any circumstances that may have affected the test results.

7. Attachments

The psychologist will then **attach the summary sheets from the IQ and Adaptive Behaviour assessments** (unless a full table has been typed into the report). The psychologist would then sign and date the report like below.

Signature of the Psychologist

Date Signed

All athletes with Down Syndrome must also include the following with his/her Virtus application:

- a) Copy of genetic report confirming type of Down Syndrome
- b) copy of AAI scan /results and
- c) AAI Page 3 of the Virtus application signed off by the Physician.

Attachment B:

Psychologist's Sample Assessment Report Confirming Autism Diagnosis for I13

This template should be used as a general guide by licensed psychologists to better understand the type of assessments and reports preferred by Virtus to determine athlete eligibility in intellectual impairment sports classes.

(Report should be typed and on Psychologist's Letterhead)

Psychologists Name:

Psychologist's Address:

Psychologist's Phone Number:

Psychologist's Qualifications:

Membership of Professional Bodies/Membership numbers:

Athletes Full Name:

Athletes Date of Birth:

Date of Assessment:

Age at Assessment:

1. Introduction

Here the psychologist should explain the purpose of the assessment, a description of the assessment tools and methods used (i.e. which autism assessments were used, any additional tests such as IQ or adaptive behaviour) and why they have been chosen.

2. Background to the assessment

Here the psychologist should explain any relevant background to the athlete including education, family background, medical background (if relevant to the assessment) and the results of any previous tests. The aim is to build a general picture of the athlete. The psychologist should also explain the athlete's attitude towards the assessment, whether they are accompanied by parents/carer etc, and any issues that may affect the outcome of the assessment. *We would expect this section to be no shorter than 2 paragraphs.*

3. Previous or New Autism Diagnostic Assessment(s) (eg. ADOS, ASRS, etc.)

Here the psychologist should present and explain the results of any Autism diagnostic assessments commenting specially on how the ICD-10 criteria for Autism has been met as evidenced through the assessment. The length of this section will depend on the assessments given but is likely to be several paragraphs. *Please include a summary of scores and subscores either within narrative as a table or as attachment.*

4. Previous or New IQ Assessment (e.g. Weschler WAIS/WISC or Stanford Binet)

Here the psychologist should present and explain the results of the assessment commenting specially on how the ICD-10 criteria for Autism has been met as evidenced through the assessment. Such evidence is useful as it can provide further credibility to the Autism diagnosis (e.g. significant fluctuations across a WAIS profile). *We would expect this section to be no shorter than 5 paragraphs. Be sure to state full scale IQ and either attach summary score sheet or include a table like the one below:*

	Standard Score	95% Confidence Range
Verbal Comprehension		
Perceptual Reasoning		
Working Memory		
Processing Speed		
Full Scale Score:		

Note: If there is any possibility the athlete's IQ is 75 or below and there is no Virtus-accepted IQ assessment within the last 5 years on record, the athlete should be administered a new Weschler WAIS, Weschler WISC or Stanford Binet IQ Assessment (WASI is not accepted).

5. Previous or new Adaptive Behaviour Assessments (e.g. Vineland, ABAS or AAMR)

It is important to include an assessment of adaptive behavior to confirm how Autism is impacting on the individual's life, and that it has a significant impact. Here the psychologist should explain how the Adaptive Behaviour assessment was conducted, who was consulted, and then summarise the results of the assessment commenting specifically on each domain.

[Note: If there is any possibility the athlete's IQ is 75 or below the athlete should either be administered or already have an Adaptive Behavior assessment from within the last 5 years to confirm eligibility for Class II Intellectual Disability.]

If the assessment has been carried out by clinical observation it is important that as much information as possible is provided about the assessment. This should include when, where and for how long the individual was observed, what they were doing and the findings of this observation. This should be supplemented by any available records and interviews with people who know them well such as relatives or carers.

The source of such additional evidence should be noted in the report. It usually takes more time to assess an individual by observation than through administering a standardised assessment such as the Vineland.

Communication - Score achieved and findings:

The psychologist should provide an interpretation/summary of results/findings in this area

Daily Living - Score achieved and findings:

The psychologist should provide an interpretation/summary of results/findings in this area

Socialisation - Score achieved and findings:

The psychologist should provide an interpretation/summary of results/findings in this area

Motor Skills - Score achieved and findings:

The psychologist should provide an interpretation/summary of results/findings in this area

Overall Adaptive Behaviour Score/Assessment findings. Score achieved and findings:

Here the psychologist will provide a final diagnosis of adaptive behaviour

6. Age of Onset

If the athlete is aged 22 or over at the time of assessment then the psychologist would explain here what evidence is being submitted from before the age of 22, or will provide a statement explaining what evidence they have based their diagnosis on.

7. Final Diagnosis

Here the psychologist will summarise the main findings and will provide a clear final diagnosis. They will also explain whether there are any circumstances that may have affected the test results.

8. Attachments

The psychologist will then attach the summary score sheets from the Autism assessments, and any IQ and Adaptive Behaviour assessments (unless they are typed up in detail in the report.)

(The psychologist will then sign and date the report at the end)

Sample of typical official summary score sheets (WISC-IV & Vineland)

Signature of the Psychologist

Date Signed