

Examiner Record Form

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Section 1. Identifying Information

Name _____ Female Male Grade _____

Date Tested _____
 Date of Birth _____
 Age* _____

Year _____ Month _____ Day _____

School* _____
 Examiner's Name _____
 Examiner's Title _____

*Use years and months. Do not round up. *If appropriate

Section 2. Record of Scores

Core Subtests	Raw Score	Age Equiv.	%ile Rank	Scaled Score	SEM	Descriptive Term
Written Word Vocabulary (WWV)	_____	_____	_____	_____	(1)	_____
Rapid Orthographic Naming (RON)	_____	_____	_____	_____	(1)	_____
Silent Orthographic Efficiency (SOE)	_____	_____	_____	_____	(1)	_____
Sum of Scaled Scores =				<input type="text"/>		
Early Reading Index (ERI)				<input type="text"/>	(4)	_____
Supplemental Subtests						
Phonological Awareness (PA)	_____	_____	_____	_____	(1)	_____
Receptive Vocabulary (RV)	_____	_____	_____	_____	(1)	_____

Section 3. Descriptive Terms

Scaled Score	1-3	4-5	6-7	8-12	13-14	15-16	17-20
Descriptive Term	Very Poor	Poor	Below Average	Average	Above Average	Superior	Very Superior
Index Score	< 70	70-79	80-89	90-110	111-120	121-130	> 130

Section 4. Interpretation and Recommendations
